

Indoor air quality at home

Consultation on draft scope Stakeholder comments table

10/02/2017 to 09/03/2017

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
	6	5	We understand why acute exposure to CO is excluded, but chronic low-level exposure to CO is also important and should be covered by the guideline.	Thank you for this comment. Chronic low level exposure to CO is included in the outcomes section of the scope.
	8	13	Consider also data and studies from Fire and Ambulance Services related to their attendance at incidents involving indoor air pollution and involvement in proactive education programmes.	Thank you for this comment. The reviews will look at intervention data. If fire and ambulance services have trialled interventions that meet the inclusion criteria then these will be included.
Action on Smoking and Health (ASH)	1	12	<p>Why the guideline is needed. ASH agrees that there is a need for guidance on reducing indoor air pollution which can cause respiratory and other diseases. This response focuses on the importance of including environmental tobacco smoke (ETS) and vaping as part of the guideline. Environmental tobacco smoke is more commonly known as secondhand smoke and we would suggest this wording be used in the guidance.</p> <p>Exposure to tobacco smoke is a major health hazard and since the implementation of smokefree laws the home is the greatest source of such exposure (see comment 9 below for more information). We are therefore pleased to note that tobacco smoke is included in the scope.</p>	Thank you for your support.
Action on Smoking and Health (ASH)	1	19	<p>In addition to the harm caused by exposure to ETS in the home from members of a household or visitors who smoke, some people are affected by tobacco smoke entering their home from neighbouring properties. Smoking in common parts is prohibited by legislation, however, there can be significant problems from smoke drift from neighbouring properties or from outside.</p> <p>To date, no survey has been carried out in the UK to explicitly measure the extent to which people are affected by neighbours' smoke. However, ASH is contacted</p>	Thank you for this information. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and health , which is about road-traffic-

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			<p>regularly by members of the public distressed by their exposure to ETS from smoke drift primarily from people living in multi-unit dwellings, usually rented, affected by smoking in neighbouring properties. We have produced a briefing for callers but unless the landlord is sympathetic there is little redress for those affected.</p> <p>[See ASH briefing on smoke drift in the home and the workplace. (This is currently in the process of being updated).]</p>	<p>related air pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline.</p> <p>It is not within NICE's remit to make recommendations on national policy or regulation. Smoke free places are considered a national policy or legislative issue as with smoke free cars and workplaces by NICE and not within remit.</p>
Action on Smoking and Health (ASH)	3	1	<p>Who the Guideline is for ASH is frequently contacted by members of the public wanting help on secondhand smoke (environmental tobacco smoke). We have also been contacted by local authorities and housing associations looking at developing policy on smoking in their properties and they would find NICE guidance on this issue helpful.</p>	Thank you for this comment.
Action on Smoking and Health (ASH)	4	17-21	<p>Settings. ASH agrees with the proposed settings for this guidance. We note that the draft scope proposes not to include prisons and other secure environments in this guidance. However, it is possible that some lessons could be learned from the rolling out of the smokefree prisons policy by the National Offender Management Service (NOMS). We would therefore recommend that NICE approach NOMS for information about this process.</p>	Thank you for this comment.
Action on Smoking and Health (ASH)	4	4-15	<p>Equality considerations: ASH supports the proposal to ensure that the guidance is applicable to the whole population but that particular consideration will be given to those at increased risk of high levels of indoor air pollution. Smoking</p>	Thank you for this comment. Disadvantaged groups have been added to the list.

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			<p>rates are particularly high in disadvantaged populations and all the groups identified as needing particular protection are disproportionately affected by exposure to ETS. We believe that all groups with high levels of smoking should be given particular consideration, which would include, for example, people with mental health conditions.</p> <p>The inclusion of ETS in this guidance will also support the recommendations made jointly by ASH and the Fostering Network to protect the wellbeing of looked-after children. These include supporting foster carers and adoptive parents to quit or abstain from smoking in front of their children.</p>	
Action on Smoking and Health (ASH)	6	1	<p>ASH supports the inclusion of environmental tobacco smoke in the guideline as this is a major source of indoor air pollution in the homes of people who smoke.</p> <p>Whilst we note that smoking is correctly included in the list of indoor air pollutants (p1, line16) the reference to environmental tobacco smoke as an 'intervention' (p6 line 1) is confusing. The appropriate interventions to be listed here should be smoking cessation and temporary abstinence. While there is a reference to vaping this would more appropriately be listed as switching to non-smoked nicotine products such as NRT and e-cigarettes.</p> <p>While the most effective behaviour change is to quit smoking and other NICE guidance covers how best to do this (PH1, PH10, PH45, PH48), those smokers who do not want to quit need to be encouraged not to smoke indoors to reduce the harm their smoking causes to them and to those around them. The guidance should include temporary abstinence of smoking and use of non-smoked nicotine products. (Covered to some extent by guidance PH45)</p>	<p>Thank you for this comment. It is not the intention of the guidance to examine interventions related to smoking cessation per se. NICE has published a suite of guidelines on smoking, including the smoking cessation guidelines, which are currently being updated (PH1 and PH10), smoking: harm reduction (PH45) and smoking: stopping in pregnancy and after childbirth (PH26). Environmental tobacco smoke (ETS) and vaping have been removed from section 3.3 and added to the main outcomes in section 3.6 of the</p>

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				scope. As noted in the scope, no level of ETS is safe so we will only look at interventions to remove ETS. In relation to vaping, if harmful pollutants or evidence of harm are identified, the committee will consider them.
Action on Smoking and Health (ASH)	6	1	<p>In the footnote of line 1, whilst acknowledging the health harms caused by secondhand smoke, the draft scope states that the evidence that tobacco is an indoor air pollutant will not be reviewed. We accept that the evidence of the harm caused by ETS is robust and does not need further review. However, ASH believes the evidence on the levels of exposure to tobacco smoke and what can be done to minimise this exposure should be reviewed.</p> <p>The review should ensure that studies are identified that will enable policy recommendations to be made and to identify what kind of policy measures are likely to be effective. The review should also include evidence as to why ventilation as a means of reducing exposure to tobacco smoke is not sufficient.</p> <p>Currently, the best measure of exposure to ETS in the home is from the Health Survey for England which takes cotinine samples in adults and children (cotinine is a by-product of nicotine). Salivary cotinine levels in children in the HSE fell progressively, by nearly 70% between 1996 and 2007. The biggest decrease occurred between 2005 and 2006 a period of significant media campaigns and public debates about passive smoking in the period preceding the introduction of smokefree legislation. The reductions in passive smoke exposure have occurred in all sectors of society, but a significant proportion of children are still exposed.</p>	Thank you for this comment. Studies meeting the inclusion criteria which report on effects of interventions to remove environmental tobacco smoke will be reported.

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			<p>Exposure is still greatest among lower socio-economic status households, where smoking rates are highest.</p> <p>Source: Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2010.</p>	
Action on Smoking and Health (ASH)	6	2	<p>ASH supports the inclusion of vaping in the guideline. Current evidence suggests that passive exposure to the vapour exhaled by users of e-cigarettes does not pose any significant health risks.</p> <p>Nevertheless vapour from electronic cigarettes (sometimes called ENDS, for example by WHO) is an issue of public concern, which has received widespread negative media coverage. Currently e-cigarette vapour is not covered by smokefree legislation, although a proposal to revise the legislation to include e-cigarette vapour was consulted on by the Welsh Government in 2015.</p> <p>The Royal College of Physicians and Public Health England have both published reports concluding that the risk of harm from electronic cigarette vapour is likely to be low whilst a recent WHO report noted that the vapour was <i>“a new air contamination source for particulate matter which includes fine and ultrafine particles”</i>.</p> <p>[Sources: Royal College of Physicians. Nicotine without smoke: Tobacco Harm Reduction. April 2016. Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS) Report by WHO. FCTC/COP/7/11. August 2016.</p>	<p>Thank you for this comment. Studies meeting the inclusion criteria which report on effects of interventions to remove pollutants will be included. In relation to vaping, if harmful pollutants or evidence of harm are identified these will be reported and considered by the committee.</p>

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			<p>UK Centre for Tobacco and Alcohol Studies. Commentary on WHO report on ENDS and ENNDS. October 2016]</p> <p>The evidence needs to be reviewed and NICE needs to provide evidence-based guidance in this area.</p> <p>Recently Philip Morris International launched a new “heat not burn” tobacco product and other tobacco transnationals have plans to do the same. Heat not burn tobacco products are likely to deliver higher levels of exposure to toxicants than e-cigarettes.</p> <p>ASH therefore believes it essential that NICE include an appraisal of both e-cigarette vapour and of secondhand exposure to the emissions of heat not burn products, and an assessment of the relative risks in comparison to both tobacco smoke and other sources of indoor air pollution.</p>	<p>In relation to the final point, as noted in the scope, no level of environmental tobacco smoke (ETS) is safe. It is not the intention to review ETS as an outcome for key question 1 (in section 3.5 of the scope).</p>
Action on Smoking and Health (ASH)	7	14-17	<p>Material & structural interventions: In order for exposure to ETS to be reduced in the home, attitudes and behaviour have to be changed so that smokers stop smoking indoors. Since there is no safe level of exposure (ETS is a Group 1 carcinogen according to the WHO), mechanical ventilation solutions are not sufficient and have not been shown to be effective in reducing risks from ETS. However, research is needed to determine whether improvements to the structure of buildings are able reduce the incidence of smoke drift between premises.</p>	<p>Thank you for this comment. This guideline will look at material, structural and behavioural interventions.</p> <p>This guideline is about poor air quality from pollutants generated</p>

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				<p>within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and health which is about road-traffic related air pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline, including managing exposure particularly at times of high pollution.</p>
Action on Smoking and Health (ASH)	7	22-24	<p>Effective interventions: As noted above, the key to reducing the health harms from tobacco is to encourage smokers to stop smoking in the home. ASH recommends that a review of current policies to tackle this issue is carried out, in particular to look at the extent to which mass media and public education campaigns can change attitudes and behaviour with regard to smoking indoors.</p> <p>There is evidence that such campaigns can increase knowledge about health risks and change behaviour. See for example: RCP report: Passive smoking and children. (Section 10.3.1). This noted that during implementation of the smokefree law, when a campaign about the health risks of secondhand smoke was being broadcast, an evaluation found that the proportion of respondents reporting that secondhand smoke was a risk to public health increased from 28% before to 50% after the campaign, and there was a decline in children's exposure to tobacco smoke in the home.</p>	<p>Thank you for this comment. As detailed in the scope document, NICE will not review the evidence around environmental tobacco smoke risk or smoking cessation. However the committee will consider recommendations from other published NICE guidelines and adopt, adapt or cross refer to them as applicable. It will consider any environmental tobacco smoke outcomes that are included as part of other interventions already included in the scope.</p>

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			<p>Campaigns to raise awareness of the dangers of exposure to ETS and make homes smokefree have been found to be effective. For example the 'Take 7 steps out' campaign run by Fresh NE and Healthier Futures provided a clear message to take smoking 'right outside' the home. This resulted in 19% of smokers who saw the campaign reporting that they went outside to smoke. The campaign also helped 54% of smokers to think about cutting down and 42% more likely to seek help quitting. This suggests that NICE guidance backed up by further similar campaigns could help protect both adults and children from exposure to secondhand smoke as well as encouraging adult smokers to cut down or quit smoking.</p> <p>Source: Take 7 Steps Out http://www.freshne.com/what-we-do/our-campaigns/take-7-steps-out/results</p> <p>Another example is the REFRESH project which measured air quality within the homes of families where parents smoke and provided tailored feedback as a means of engaging and supporting them to create smoke-free homes.</p> <p>Source: http://www.ashscotland.org.uk/go-smoke-free/refresh-project/</p>	
Action on Smoking and Health (ASH)	7	4-8	<p>Exposure to pollutants: Tobacco smoke contains over 7000 chemicals in the form of particles and gases. The particulate phase includes benzene and benzo(a)pyrene. The gas phase includes carbon monoxide, ammonia, dimethyl nitrosamine, formaldehyde, hydrogen cyanide and acrolein. Some of these have marked irritant properties and there are more than 50 cancer-causing chemicals in secondhand smoke.</p>	Thank you for this information. It is not within NICE's remit to make recommendations on national policy or regulation. Smoke free places are considered a national policy or legislative issue as with smoke free

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			<p>There is strong evidence of the harms of exposure to ETS. Immediate effects include eye irritation, headache, cough, dizziness and nausea. Adults with asthma can experience a significant decline in lung function when exposed. In the longer term people exposed to ETS are at increased risk of lung cancer, COPD and coronary heart disease.</p> <p>Children living in a home where people smoke are at increased risk of a range of lower increased risk of lower respiratory tract infections, onset and exacerbation of asthma, middle ear infection and meningitis.</p> <p>Source: ASH factsheet. Secondhand Smoke. February 2014</p> <p>The RCP has estimated that ETS exposure in children, primarily in the home, is responsible annually for:</p> <ul style="list-style-type: none"> • over 20,000 cases of lower respiratory tract infection • 120,000 cases of middle ear disease • at least 22,000 new cases of wheeze and asthma • 200 cases of bacterial meningitis • 40 sudden infant deaths – one in five of all SIDs. <p>Each year, these cases have been estimated to generate over 300,000 UK GP consultations and about 9,500 hospital admissions, and cost the NHS about £23.3 million.</p> <p>Source: Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2010.</p>	cars and workplaces by NICE and not within remit.

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			<p>There is a growing body of evidence to show that where smokefree laws have been implemented, reductions in secondhand smoke exposure of between 80% and 90% have been recorded. This has resulted in significant health benefits including:</p> <ul style="list-style-type: none"> • In England, there was a 2.4% reduction, equivalent to an estimated 1200 fewer emergency admissions to hospital for heart attack in the 12 months following implementation of the smokefree law. [Sims M, Maxwell R, Bauld L, Gilmore A Short term impact of smoke-free legislation in England: retrospective analysis of hospital admissions for myocardial infarction. BMJ 2010; 340:c2161] • A further meta-analysis of 17 studies across six countries found a reduction of 10% in the incidence of acute coronary events following the implementation of smokefree laws. [D.F. Mackay, M.O. Irfan, S. Haw, J.P. Pell. Meta-analysis of the effect of comprehensive smoke-free legislation on acute coronary events. Heart, 2010. 96: 1525–1530] • Research has shown reductions in hospital admissions for childhood asthma following the introduction of the smokefree laws. [Mackay, D., et al., Smoke-free legislation and hospitalizations for childhood asthma. New England Journal of Medicine, 2010. 363(12): 1139-1145], [Millett, C., et al., Hospital Admissions for Childhood Asthma After Smoke-Free Legislation in England. Pediatrics, 2013. 131(2): p. E495-E501] • In the Republic of Ireland there was an immediate 13% decrease in all-cause mortality following the smokefree law, with an estimated 3,726 deaths prevented.[Stallings-Smith S, Zeka A, Goodman P, et al. 	

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			<p>Reductions in Cardiovascular, Cerebrovascular, and Respiratory Mortality following the National Irish Smoking Ban: Interrupted Time-Series Analysis. Plos One 2013;8(4)]</p> <p>Whilst measures to reduce exposure to ETS in the home will require a different approach, the evidence above demonstrates the extent to which public health can be improved by eliminating exposure to tobacco smoke.</p> <p>A YouGov survey for ASH in 2011 found that while 80% of adults in England prohibit smoking in their home, 10% of non-smokers in England reported that they were exposed to tobacco smoke in their home. Of those experiencing smoke in their home, 6% reported that the smoke was from someone other than a friend or family member who did not live in the household.</p> <p>[Source: YouGov Plc for ASH. Total sample size was 10238 adults. Fieldwork was undertaken: 3-15 March 2011. The survey was carried out online. The figures have been weighted and are representative of all England adults (aged 18+)]</p> <p>People on low income are more likely to smoke and to be exposed to secondhand smoke in the home. A YouGov survey commissioned by ASH found that 88% of people in professional and managerial occupations did not allow smoking in their home or only in places that were not enclosed, compared to 77% of people in casual or low grade work, pensioners and unemployed people.</p> <p>[Source: ASH YouGov Smokefree GB survey. Total sample size was 12269 adults. Fieldwork was undertaken between 5th to 14th March 2014. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+)]</p>	

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			<p>In addition to tobacco smoke exposure in the home from those who live in the premises, tobacco smoke can enter the home from neighbouring premises, for example via shared ducting or gaps in floors and walls.</p> <p>As noted above, to date, no survey has been carried out in the UK to explicitly measure the extent to which people are affected by neighbours' smoke but from the calls that ASH receives from members of the public this is clearly a significant cause of distress to many people.</p> <p>Surveys to measure the proportion of people affected by smoke drift have been carried out in Canada, a country with similar smoking rates to the UK, the findings of which are in line with the concerns raised with us.</p> <p>A survey in British Columbia in April 2013 found that of 833 renters and owners in multi-unit dwellings (MUDs):</p> <ul style="list-style-type: none"> • Exposure to secondhand smoke was very common and increasing: 50% of residents report exposure to unwanted smoke in 2013 compared to 34% in 2008 • Exposure to secondhand smoke was a very real concern: Nearly 40% were very bothered by secondhand smoke; and a solid majority see it as a health hazard • There was strong support for smokefree housing: 62% prefer to live in a completely smokefree building; while 75% support converting rental units to smokefree after a tenant moves out. <p>Overwhelmingly residents want to know facts about smoking in the building where they are considering living:</p>	

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			<ul style="list-style-type: none"> • 96% want to know if smoking is permitted in units and on balconies; • 90% want to know which units permit smoking; • 87% want to know if previous resident was a smoker; • 84% want to know if there have been previous complaints of secondhand smoke. <p>There are signs that MUDs residents need support in dealing with SHS exposure:</p> <ul style="list-style-type: none"> • A very large majority of respondents have never complained to their landlord or condominium board about SHS. • Only half of those who did complain were satisfied with the response. • Two-thirds said there was no way to address formal complaints for their residence. • Half said their building lacks a no-smoking policy. <p>We have been unable to find similar research for the UK. NICE recommendations for such research to be carried out in the UK would be helpful.</p>	
Action on Smoking and Health (ASH) Wales	1	12	<p>Why the guideline is needed.</p> <p>ASH Wales agrees that there is a need for guidance on reducing indoor air pollution which can cause respiratory and other diseases. We believe the guidelines produced should specifically address the issue of environmental tobacco smoke (ETS) and vaping.</p> <p>Exposure to tobacco smoke is a major health hazard and since the implementation of smokefree laws the home is the greatest source of such</p>	

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Action on Smoking and Health (ASH) Wales	1	19	<p>exposure (see comment 9 below for more information). We are therefore pleased to note that tobacco smoke is included in the scope.</p> <p>In addition to the harm caused by passive exposure to ETS in the home from members of a household or visitors who smoke, some people are affected by tobacco smoke entering their home from neighbouring properties as well as from outside.</p> <p>It is difficult to infer the extent people are affected by neighbours' smoke given the absence of a detailed survey directly measuring this. However, we are aware of smoke drift from neighbouring properties as an issue given the fact we have been contacted on several occasions by members of the public living in multi-unit dwellings who are distressed by their exposure to ETS from smoke drift arising from neighbouring properties.</p> <p>Our colleagues at ASH England have produced a briefing for callers but unless the landlord is sympathetic there is little redress for those affected.</p> <p>[See ASH briefing on smoke drift in the home and the workplace. (This is currently in the process of being updated).]</p>	
Action on Smoking and Health (ASH) Wales	3	1	<p>Who the Guideline is for</p> <p>ASH Wales has on occasions been contacted by members of the public wanting help on how to deal with exposure to ETS. They frequently want to know what actions they can take to address this issue and are keen to know what their rights are. Such individuals would clearly benefit from the Guideline as would landlords/owners of multi-dwelling properties who are responsible for dealing with complaints from their residents.</p>	

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Action on Smoking and Health (ASH) Wales	4	17-21	Settings. ASH Wales agrees with the proposed settings for this guidance. We note that the draft scope proposes not to include prisons and other secure environments in this guidance. However, it is possible that some lessons could be learned from the rolling out of the smokefree prisons policy in Wales by the National Offender Management Service (NOMS). We would therefore recommend that NICE approach NOMS for information about this process.	
Action on Smoking and Health (ASH) Wales	4	4-15	Equality considerations: ASH Wales supports the proposal to ensure that the guidance is applicable to the whole population but we also feel that particular consideration should be given to those at increased risk of high levels of ETS, and thus indoor air pollution. Smoking prevalence in Wales is far higher among individuals from the most deprived areas of Wales relative to those from the least deprived (29% versus 11%). Given the higher smoking rates amongst the most disadvantaged within the population it follows that the problem of exposure to ETS will also be worse in these areas. In our view all groups with high levels of smoking should be given particular consideration, which would include, for example, people with mental health conditions.	
Action on Smoking and Health (ASH) Wales	6	1	ASH Wales supports the inclusion of environmental tobacco smoke in the guideline as this is a major source of indoor air pollution in the homes of people who smoke. Whilst we note that smoking is correctly included in the list of indoor air pollutants (p1, line16) the reference to ETS as an 'intervention' (p6 line 1) is confusing. The appropriate interventions to be listed here should be smoking cessation and temporary abstinence. While there is a reference to vaping this would more appropriately be listed as switching to non-smoked nicotine products such as NRT and e-cigarettes.	

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[10/02/2017 to 09/03/2017]

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			While the most effective behaviour change is to quit smoking and other NICE guidance covers how best to do this (PH1, PH10, PH45, PH48), those smokers who do not want to quit need to be encouraged not to smoke indoors to reduce the harm their smoking causes to them and to those around them. The guidance should include temporary abstinence of smoking and use of non-smoked nicotine products. (Covered to some extent by guidance PH45)	
Action on Smoking and Health (ASH) Wales	6	1	<p>In the footnote of line 1, whilst acknowledging the health harms caused by secondhand smoke, the draft scope states that the evidence that tobacco is an indoor air pollutant will not be reviewed. We accept that the evidence of the harm caused by ETS is robust and does not need further review. However, ASH Wales believes the evidence on the levels of exposure to tobacco smoke and what can be done to minimise this exposure should be reviewed.</p> <p>The review should ensure that studies are identified that will enable policy recommendations to be made and to identify what kind of policy measures are likely to be effective. The review should also include evidence as to why ventilation as a means of reducing exposure to tobacco smoke is not sufficient.</p> <p>Currently, the best measure of exposure to ETS in the home in Wales is from the Welsh Health Survey which reports on the extent of passive smoke exposure among non-smoking adults. The 2015 survey showed that 4% of non-smokers aged 16+ were regularly exposed to passive smoke within their own home, with 11% regularly exposed to passive smoke in other people's homes¹. Whilst these figures have fallen over the last 10 years they still remain far too high and a significant proportion of children are still exposed. In 2014, 22% of children aged 10/11 in Wales reported that one or more parent figures smoked in the home².</p> <p>¹ Welsh Government (2016). Welsh Health Survey 2015.</p>	

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[Indoor air quality at home]

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			<p>² Moore G, Moore L, Ahmed N, et al. (2014). Exposure to second-hand smoke in cars and homes, and e-cigarette use among 10-11 year old children in Wales: CHETS Wales 2</p>	
Action on Smoking and Health (ASH) Wales	6	2	<p>ASH Wales supports the inclusion of vaping in the guideline. Current evidence suggests that passive exposure to the vapour exhaled by users of e-cigarettes does not pose any significant health risks.</p> <p>Nevertheless vapour from electronic cigarettes (sometimes called ENDS, for example by WHO) is an issue of public concern, which has received widespread negative media coverage. Currently e-cigarette vapour is not covered by smokefree legislation, although a proposal to revise the legislation to include e-cigarette vapour was consulted on by the Welsh Government in 2015.</p> <p>The Royal College of Physicians³ and Public Health England⁴ have both published reports concluding that the risk of harm from electronic cigarette vapour is likely to be low whilst a recent WHO report⁵ noted that the vapour was <i>“a new air contamination source for particulate matter which includes fine and ultrafine particles”</i>.</p> <p>The evidence needs to be reviewed and NICE needs to provide evidence-based guidance in this area.</p> <p>Recently Philip Morris International launched a new “heat not burn” tobacco product and other tobacco transnationals have plans to do the same. Heat not burn tobacco products are likely to deliver higher levels of exposure to toxicants than e-cigarettes.</p>	

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			<p>ASH Wales therefore believes it essential that NICE include an appraisal of both e-cigarette vapour and of secondhand exposure to the emissions of heat not burn products, and an assessment of the relative risks in comparison to both tobacco smoke and other sources of indoor air pollution.</p> <p>³ Royal College of Physicians (2016). Nicotine without smoke. Tobacco harm reduction.</p> <p>⁴ McNeill A, Hajek P et al (2015). E-cigarettes: an evidence update. A report commissioned by Public Health England.</p> <p>⁵ WHO (2016). Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS) Report by WHO. FCTC/COP/7/11.</p>	
Action on Smoking and Health (ASH) Wales	7	14-17	<p>Material & structural interventions: In order for exposure to ETS to be reduced in the home, attitudes and behaviour have to be changed so that smokers stop smoking indoors. Since there is no safe level of exposure (ETS is a Group 1 carcinogen according to the WHO), mechanical ventilation solutions are not are not sufficient and have not been shown to be effective in reducing risks from ETS. However, research is needed to determine whether improvements to the structure of buildings are able reduce the incidence of smoke drift between premises.</p>	
Action on Smoking and Health (ASH) Wales	7	22-24	<p>Effective interventions: As noted above, the key to reducing the health harms from tobacco is to encourage smokers to stop smoking in the home. ASH Wales recommends that a review of current policies to tackle this issue is carried out, in particular to look at the extent to which mass media and public education campaigns can change attitudes and behaviour with regard to smoking indoors.</p>	

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			<p>There is evidence that such campaigns can increase knowledge about health risks and change behaviour. See for example: RCP report: Passive smoking and children. (Section 10.3.1). This noted that during implementation of the smokefree law, when a campaign about the health risks of secondhand smoke was being broadcast, an evaluation found that the proportion of respondents reporting that secondhand smoke was a risk to public health increased from 28% before to 50% after the campaign, and there was a decline in children's exposure to tobacco smoke in the home.</p> <p>Campaigns to raise awareness of the dangers of exposure to ETS and make homes smokefree have been found to be effective. For example the 'Take 7 steps out' campaign run by Fresh NE and Healthier Futures provided a clear message to take smoking 'right outside' the home¹³. This resulted in 19% of smokers who saw the campaign reporting that they went outside to smoke. The campaign also helped 54% of smokers to think about cutting down and 42% more likely to seek help quitting. This suggests that NICE guidance backed up by further similar campaigns could help protect both adults and children from exposure to secondhand smoke as well as encouraging adult smokers to cut down or quit smoking. Another example is the REFRESH project which measured air quality within the homes of families where parents smoke and provided tailored feedback as a means of engaging and supporting them to create smoke-free homes¹⁴.</p> <p>¹³ Take 7 Steps Out http://www.freshne.com/what-we-do/our-campaigns/take-7-steps-out/results</p> <p>¹⁴ http://www.ashscotland.org.uk/go-smoke-free/refresh-project/</p>	

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Action on Smoking and Health (ASH) Wales	7	4-8	<p>Tobacco smoke contains over 7000 chemicals in the form of particles and gases. The particulate phase includes benzene and benzo(a)pyrene. The gas phase includes carbon monoxide, ammonia, dimethyl nitrosamine, formaldehyde, hydrogen cyanide and acrolein. Some of these have marked irritant properties and there are more than 50 cancer-causing chemicals in secondhand smoke.</p> <p>There is strong evidence of the harms of exposure to ETS. Immediate effects include eye irritation, headache, cough, dizziness and nausea. Adults with asthma can experience a significant decline in lung function when exposed. In the longer term people exposed to ETS are at increased risk of lung cancer, COPD and coronary heart disease.</p> <p>Research has reported that worldwide an estimated 603,000 deaths were attributed to secondhand smoke (SHS) in 2004, which was approximately 1.0% of worldwide mortality⁶. These deaths were from ischaemic heart disease (379,000 deaths), lower respiratory tract infections (165,000 deaths), asthma (36,900 deaths) and lung cancer (214,000 deaths)⁶. It has been estimated that domestic exposure to SHS in the UK causes around 2,700 deaths in people aged 20-63 and a further 8,000 deaths a year among people aged 65 years and older⁷.</p> <p>Children, in particular, are especially vulnerable to exposure from SHS as they breathe more rapidly, inhaling more pollutants per pound of body weight (a higher relative ventilation rate) than adults⁸. Children also ingest higher quantities of tobacco smoke pollutants due to more hand-to-mouth behaviours⁹. In addition, children have little control over their environment and are often unable to remove themselves from the risk of exposure to tobacco smoke. Research has found that after exposure to similar levels of tobacco smoke, cotinine levels (a metabolite of nicotine used to measure SHS exposure) in children are about 70% higher than in</p>	

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			<p>adults¹⁰. In Wales around 570 hospital admissions in children aged 0-14 were attributable to SHS exposure in 2010¹¹, with the majority due to lower respiratory infections.</p> <p>The principle source of SHS among children is the home. They spend most of their time at home and they are far less likely to be able to leave a smoke-filled room if they want to: babies cannot ask, some children may not feel confident about raising the subject and others may not be allowed to leave even if they do ask. SHS exposure in the home increases young infants' risks of lower respiratory tract infections (including flu, bronchitis and pneumonia) by around 50%¹², whilst it is also found to more than double a child's risk of invasive meningococcal disease.</p>	
Action on Smoking and Health (ASH) Wales	7	4-8	<p>⁶ Oberg M, Jaakkola M, Woodward A, Peruga A, Pruss-Ustun A. (2011). Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. <i>Lancet</i>. 377(9760): 139-46.</p> <p>⁷ Jamrozik K. (2005). Estimate of deaths among adults in the United Kingdom attributable to passive smoking. <i>BMJ</i>, published online 1 March 2005.</p> <p>⁸ Canadian Institute of Child Health (1997). <i>Environmental hazards: Protecting children</i>. Canada.</p> <p>⁹ Matt GE, Quintana PJE, Hovell MF, Bernert JT, Song S, Novianti N, et al. (2004). Households contaminated by environmental tobacco smoke: sources of infant exposures. <i>Tobacco Control</i>. 13(1):29-37.</p>	

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			<p>¹⁰ Willers S, Skarping G, Dalene M, Skerfving S. Urinary cotinine in children and adults during and after semiexperimental exposure to environmental tobacco smoke. Archives of Environmental Health. 1995. 50(2): 130-138.</p> <p>¹¹ Public Health Wales Observatory (2012). Tobacco and Health in Wales. Welsh Government.</p> <p>¹² Jones LL, Hashim A, McKeever T, Cook DG, Britton J, Leonardi-Bee J. (2011). Parental and household smoking and the increased risk of bronchitis, bronchiolitis and other lower respiratory infections in infancy: systematic review and meta-analysis. Respiratory Research. 12: 5.</p>	
Alliance for Sustainable Building Products		8	You might also consider a subset; proximity to busy roads	Thank you for this comment. The focus of this guideline is on indoor generated poor air quality so proximity to busy roads is not a focus for this guideline. Please see the NICE guideline on Air pollution: outdoor air quality and health which is about road-traffic-related air pollution. This guideline makes recommendations for local government to mitigate exposure through planning decisions around housing. The scope has been updated to note the related Air pollution guideline up front.

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Alliance for Sustainable Building Products	1	15	You might consider inserting building materials and finishes...and flooring, which is particular pertinent for toddlers. NB. We work with Allergy UK, who report on average one call a week to their helpdesk (2% of their 800 calls a month) appertaining to flooring. Please contact Leigh George at Allergy UK for more information.	Thank you for this comment. We have amended the scope as you suggest.
Alliance for Sustainable Building Products	2	27	Please note BB 101 iaq has been out to consultation and revised guidance is due March 2017. This process has been led by Richard Daniels at the EFA.	Thank you for this information. We note the Department of Education website states that the consultation has closed and the government website notes that the outcome of the feedback is yet to be released (Accessed September 2017).
Alliance for Sustainable Building Products	2	29	UK Building Regulations Applied Document F contains guidance on VOCs and Part D guidance on toxic substances	Thank you for this information. A link to this document has been added to the list.
Alliance for Sustainable Building Products	3	16	and their professional bodies RICS, RIBA, RTPI as well as UKGBC and WGBC	Thank you for this comment. We have added 'professional bodies' to the scope.
Alliance for Sustainable Building Products	5	11	It should be noted my colleague Ian Mawditt at Four Walls tested in 2016, 55 new build homes against compliance with Part F 2010, on behalf of DCLG. The report has yet to be published but the Architects Journal 1 Nov 2016 suggests of 55 homes, only 2 met the guidance. Similar findings are reported by Professor Tim Sharpe. Please see hemac.org https://www.architectsjournal.co.uk/buildings/airtightness-blamed-for-health-risks-in-homes/10014252.article	Thank you for this comment. Reporting on compliance to standards is outside the remit of this guideline.

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Alliance for Sustainable Building Products	5	23	I might suggest you consider including a note on measurement. IAQ home tests are reasonably robust and cost effective now (about £140). Please see http://www.waverton-iaq.com/ by way of example. A detailed report is generated within a week. It might be of interest that Waverton and their colleagues in USA have conducted over 4,000 iaq tests over the last 4 years. My suggestion is that iaq testing might be included in Building Regulations, much like air tightness testing.	Thank you for this comment. IAQ assessments (if this is part of interventions on enabling occupants to manage their exposure) would be included although this level of detail is for the protocol.
Alliance for Sustainable Building Products	5	25	You might include tips and tools to aid this process....	Thank you for this comment. This is beyond the remit of the scope.
Alliance for Sustainable Building Products	5	3	I'm not sure if this list is intended as hierarchical....I might be tempted to split this into new build, refurbishment, DIY and every day lifestyle. There are a number of no cost/no carbon options I might list first; checking for water ingress, ventilating by opening a window (not so by a busy road of course), reminders to use the extractor fan when cooking, spinning washing, smoking outdoors, etc, etc. N.B. WHO recommend any sign of damp should be dealt with immediately and tenants should be reminded that they should write to their provider if damp/mould persist.	Thank you for this comment. The list is not intended as hierarchical but is simply to highlight some of the major structural and behavioural interventions that may be found in the literature. As noted, these are key areas that may be further developed during the development period.
Alliance for Sustainable Building Products	5	7	I worry this is a highly complex process also involving the passage of moisture both in and out. It can be modelled in WUFI.	Thank you for this useful information. We will be careful to report the types of insulation used and the committee

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			Please note that not all insulations are the same or have the same properties. Recent monitoring reports by SPAB support this. The UK Centre for Moisture in Buildings based at UCL IEDE are experts in this area. STBA Responsible Retrofit report and moisture wheel are good tools.	will interpret that in the context of the expert knowledge of the topic members.
Alliance for Sustainable Building Products	6	17	I'm fairly sure we'll all be dead by then....	Thank you for noticing this typo. We have corrected the expected publication date.
Alliance for Sustainable Building Products	8	26	I would like to draw to your attention that Tim Robinson from Waverton spoke at our Expo 15 th February 2017 at UCL and detailed a school in Manchester where formaldehyde levels were tested to be 10 x WHO limits on 2 tests carried out some 12 months after occupation. I contacted the developer and provided him with a briefing note on formaldehyde and how to specify for low formaldehyde. He was honest and said he know nothing about this as not explicitly mentioned in BB 101. We have just prepared a briefing note for BWF members on formaldehyde, which I would be pleased to share with you. Tim's slides are available from our website www.asbp.org.uk	Thank you for this information.
Apex Acoustics Ltd	5	17	Noise may be included as an example of a constraint that deters use of domestic mechanical ventilation systems	Thank you for this comment. Noise will be included as an unintended consequence of an intervention when considering outcomes that are reported in the literature.
Apex Acoustics Ltd	7	19	Additional line needed to be inserted after this one, to say: "what noise levels are acceptable from domestic ventilation systems in bedrooms, living rooms, kitchens, and wet rooms from continuously running and from intermittent systems"	Thank you for this comment. Noise will be included as an unintended consequence of an intervention when considering outcomes that are reported in the literature. The committee will consider how to

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				mitigate against unintended consequences.
Apex Acoustics Ltd	8	30	The outcome of asking the above question would be to change people's behaviour in preventing the manual over riding of mechanical ventilation systems	Thank you for this comment. Noise will be included as an unintended consequence of an intervention when considering outcomes that are reported in the literature. The committee will consider how to mitigate against unintended consequences.
Apex Acoustics Ltd	General	General	Noise should be considered because it can significantly constrain occupants' use of ventilation systems. Excessive noise externally can deter window opening for purge vent purposes. Excessive noise from mech vent systems is a significant cause of occupants turning down or off the systems, with many studies reaching this finding. Some references are listed here: http://www.apexacoustics.co.uk/noise-and-ventilation-in-dwellings/ This aspect should be included in this study.	Thank you for this comment. Noise will be included as an unintended consequence of an intervention when considering outcomes that are reported in the literature.
BEAMA Specifically, the BEAMA Ventilation Group	2	10 onwards	The document makes reference to Policy, Legislation and Commissioning. It would be wise if, in the list that is included in the scope, the relevant building regulations are also included. These regulations are critical to achieving good indoor air quality. Specifically, they are: <ul style="list-style-type: none"> • Building Regulations, Approved Document F1, Means of Ventilation. 	Thank you for this comment and helpful suggestions. Building Regulations, Approved Document F has been added to the list. The aim of this section is to highlight the most recent legislations and guidelines and it not intended to be an exhaustive list. It is also restricted to areas that directly overlap with the areas covered by the guideline.

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			Please insert each new comment in a new row <ul style="list-style-type: none"> Appendix A in Part F also details existing domestic IAQ exposure rates for NO₂, Carbon Monoxide and TVOC's among others. 	Please respond to each comment
BEAMA Specifically, the BEAMA Ventilation Group	5	17	The document refers to installing ventilation units and trickle vents in new buildings – in order to cover all means of ventilation installation, this should simply refer to 'installing ventilation systems in new buildings'.	Thank you for this comment. We have amended the scope as you suggest.
BEAMA Specifically, the BEAMA Ventilation Group	5	9 and 10	The document says 'Making the building more airtight (for example, by draught proofing or 10 installing double glazing)' – this should also include 'by insulating', so that it reads: 'Making the building more airtight (for example, by insulating, draught proofing or installing double glazing)'.	Thank you for this comment. We have added this to section 3.3 of the scope as you suggest.
BEAMA Specifically, the BEAMA Ventilation Group	General	General	The scope makes numerous references to installation, BEAMA would like to suggest that when the scope does look at installation, this also includes looking at interventions such as 'best practise installation' and commissioning by accredited members of a Competent Persons Ventilation Installer Scheme, like the NICEIC (National Inspection Council for Electrical Installation Contracting) audited installer course.	Thank you for this comment. If we find robust evaluations of best practice installation interventions then these will be reported in the reviews undertaken by NICE.
BEAMA Specifically, the BEAMA Ventilation Group	General	General	BEAMA's members think that the scope is generally very well thought out and covers the majority of the key issues surrounding poor indoor air quality.	Thank you for your support.

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British Thoracic Society	6	17	Is the expected date for publication of 'housing:planning to improve health and wellbeing' really 2098?	Thank you for pointing out this typo. We have corrected it.
British Thoracic Society	General		Impact of secondhand smoke from tobacco on children and other household occupants of smokers are considerable. We suggest that consider previous work on second hand smoke -especially in cars should be considered. There is a major RCP report in this area.	Thank you for this comment. It is not our aim to review this evidence. The remit of this guideline is to examine interventions that are effective against indoor air pollutants such as environmental tobacco smoke (ETS), for example ventilation interventions. As noted NICE has taken a stance that no ETS is safe so total removal is needed.
British Thoracic Society	General		The proposed guideline is very relevant to a wide range of patients with common lung diseases that may be exacerbated by indoor environments, particularly those with asthma and COPD. It may also help prevent certain individuals developing asthma an extrinsic allergic alveolitis.	Thank you for your comment.
British Thoracic Society	General		It would be very helpful if the NICE guidance could provide guidance to clinicians as to what to do if they have a patient whose lung disease is being caused or exacerbated by a home environment. This is particularly an issue for patients in rented accomodation - what does the law require and who should the patient contact for assistance	Thank you for this comment. This is the purpose of reviewing the evidence to address this in question 2, section 3.5 of the scope.
British Thoracic Society	General		The scope is potentially very wide-ranging covering areas such as indoor allergen exposure, passive smoking and building-related asbestos exposure.	Thank you for this comment. We will limit the range of pollutants to those listed in the scope.
British Thoracic Society	General		1.5 million individuals work from home in the UK, and many others visit people's homes. It would be helpful to clarify how this will be dealt with in this document i.e. their indoor environment is their home and their workplace.	Thank you for this comment. The focus of this guideline is on home-related not work-related pollutants.

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				In relation to people visiting homes, this is not within the remit of the scope. In relation to indoor environment being a home and workplace, the guideline will look at only pollutants generated from general household and not work related sources we have clarified this in the scope.
British Thoracic Society	General		Many of the areas in the scope of this document have potential cross-over with the existing literature relating to improving air quality in workplaces eg use of ventilation in preventing occupational asthma.	Thank you for this comment. Studies that report on workplace interventions will not be included. Section 3.3 of the scope has been amended to note 'work related indoor air pollution' will be one of the areas not covered.
British Thoracic Society	General		There are many people who live in caravans, not just the Travellers or holiday makers -many of them being elderly and or socially deprived groups- the scope should cover those living in those type of abodes as they will presumably be at higher risk from tobacco and other indoor pollutants.	Thank you for this comment. We will report on material, structural or behaviour change interventions to improve indoor air quality in these settings.
British Thoracic Society	General		Routine screening of urinary cotinine in children presenting with respiratory illnesses in primary and secondary care. This has been validated children over 1 year. There are test strips available. Positive levels could prompt provision of information on Smokefree homes and offer of referral to smoking cess services. A (small) study showed testing children for cotinine was acceptable to parents.	Thank you for this comment. This guideline is about interventions to improve indoor air quality. Key outcomes reported in section 3.6 are the main outcomes that will be considered.

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Cancer Research UK	1	16	Examples list should include heating (e.g. 'such as cooking, <u>heating</u> and smoking') to recognise the contribution of burning wood and coal to particulate matter concentrations indoors	Thank you for this comment. The list in section 1 is exemplar and is not intended to be exhaustive. 'Burning of wood or coal for heating or cooking' has now been added to section 3.3 of the scope.
Cancer Research UK	1	19	It may be worth noting the migration of pollutants from neighbouring properties. This effect is particularly felt in multi-unit dwellings (see http://ash.org.uk/download/smoke drift -in the home and workplace dec11b-1-pdf/)	Thank you for this comment. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and health , which relates to road-traffic-related air pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline, including advice on how individuals at risk can take action at times of high outdoor air pollution to reduce their own exposure. It is not within NICE's remit to make recommendations on national policy or regulation. Smoke free places are considered a national policy or legislative issue as with smoke free

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				cars and workplaces by NICE and not within remit.
Cancer Research UK	2	1	There needs to be recognition that the health effects of indoor air pollution are likely to be cumulative over time, and that indoor air pollution may present a higher risk to people with pre-existing health conditions	Thank you for this comment. This guideline is concerned with interventions to reduce indoor air pollution, with a particular focus on those whose conditions may be associated with or exacerbated by poor air quality.
Cancer Research UK	3	27	Urban/rural inequalities should also be considered, particularly if migration of outdoor air pollution indoors is to be investigated. Additionally, marginal populations, such as people in temporary housing, should be considered if not encompassed by 'low income' groups.	Thank you for this comment. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and health , on road-traffic related air pollution. The actions to manage ingress from outside sources are covered in this guideline, including advice on how individuals at risk can take action at times of high outdoor air pollution to reduce their own exposure. The equality impact assessment acknowledges the link between

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				socioeconomic status and air pollution.
Cancer Research UK	4	23	It would be useful to clarify why prisons and secure environments are not included, and what advice exists for these. Or, especially in the absence of other comprehensive advice, to retain the option of identifying recommendations that would be applicable in these environments. This is particularly important in the interests of not introducing or exacerbating inequalities.	Thank you for this comment. Prisons and secure environments are excluded following advice from the prisons estate that they are adequately covered by existing building regulations this setting is therefore not included.
Cancer Research UK	4	26-27	In areas where there is insufficient evidence for a recommendation to be made, it would be useful if the guideline could state this as well as highlighting key research questions across all areas included in the scope.	Thank you for this comment. All NICE public health guidelines include research recommendations to drive future research priorities.
Cancer Research UK	4	4	List should encompass all groups of lower socio-economic status. Can also consider the effects on different ethnic groups and marginal populations (see above comment).	Thank you for this comment. The equality impact assessment acknowledges air pollution affects all population groups although some may be more vulnerable than others and there may be a link between socioeconomic status and air pollution. In relation to different ethnic groups, we have been advised there is no clear evidence for this but it will be a consideration in the protocols and evidence of risk identified for the committee's consideration.

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Cancer Research UK	5	21	Should also include burning wood/coal for heating or cooking	Thank you for this comment. We have added this.
Cancer Research UK	6	1	<p>Tobacco smoke should be the first priority. We suggest rewording this point so it is phrased as an intervention to align with the other points e.g. "How best to stop smoking or minimise harms to others from smoking"</p> <p>We suggest changing the wording around vaping to "Use of alternative non-combustible nicotine products" to be consistent with other interventions and to include new Heat Not Burn tobacco products.</p> <p>The footnote suggests that evidence on tobacco smoke as an indoor pollutant does not need to be reviewed as it is well established. But it may be appropriate to review different exposure levels in different environments and the best measures to reduce exposure.</p>	Thank you for this comment. Stopping smoking is not in the remit of this guideline. The guideline will look at interventions to reduce exposure to indoor air pollutants, including those in tobacco smoke.
Cancer Research UK	6	17	Please correct – currently reads 'expected to publish 2098'	Thank you for this comment. This has been corrected.
Cancer Research UK	6	4	We strongly recommend that the balance between exposures to radon and outdoor-sourced indoor air pollution is considered, particularly with regard to interventions, as measures to reduce indoor air pollution may increase radon exposure. This is especially relevant with regard to ventilation and energy efficiency e.g. https://www.ncbi.nlm.nih.gov/pubmed/24415631	Thank you for this comment. Radon is excluded from this guideline as it is already covered by national standards. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and health which is about road-traffic-related air pollution. The actions to manage ingress from

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				outside sources are covered in the Air pollution guideline, including advice on how individuals at risk can take action at time so high outdoor air pollution to reduce their own exposure.
Cancer Research UK	7	13	It would be useful to also consider where people can be referred, in particular whether it is possible for a GP to refer their patient to e.g. their housing association. Please also consider signposting options for health professionals, to aid their own and their patients' knowledge, understanding and ability to act, within this question.	Thank you for this comment. Please see questions 2.1 and 2.2 in section 3.5 of the scope.
Cancer Research UK	7	22	Effective interventions for reducing exposure should include behavioural interventions such as Stop Smoking Services and awareness campaigns on indoor pollution	Thank you for this comment. Smoking cessation is not within the remit of this guideline.
Cancer Research UK	7	27	We welcome the inclusion of this important aspect.	Thank you for this comment.
Cancer Research UK	7	4	We advise including a question about the prioritisation of different components of indoor air pollution to achieve maximum health benefits Further questions around exposure to pollutants due to neighbours would also be welcome. Especially for those living in multi-unit dwellings.	Thank you for this comment. The focus of this guideline is on effective interventions, not the prioritisation of different components. This may vary for different groups and will be considered by the committee. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air

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				<p><u>pollution: outdoor air quality and health</u>, which is about road-traffic-related pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline. It is not within NICE's remit to make recommendations on national policy or regulation. Smoke free places are considered a national policy or legislative issue as with smoke free cars and workplaces by NICE and not within remit.</p>
Cancer Research UK	general	general	Cancer Research UK welcomes the opportunity to comment on this draft scope. We believe that indoor air pollution is an important factor in people's health generally and as a cause of cancer. The draft scope should recognise that presence/absence of environmental tobacco smoke (second-hand smoke) is likely to be the biggest determinant of indoor air quality in the UK	Thank you for this comment. The scope intends to recognise a range of pollutants that impact indoor air quality, including environmental tobacco smoke. This is now included under main outcomes in section 3.6 the scope.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	1	14	It should be acknowledged that there are people who spend 100% of their time at home / indoors and that this demographic is likely to be more vulnerable to the effects of poor indoor air quality because of already existing health or mobility problems (e.g. in the lower or upper body, or more specifically, with e.g. hands).	Thank you for this comment. The guideline will pay particular attention to people with limited mobility. Please see section 3.1 of the scope.

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Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	1	15	As reference is made to biological sources in line 17, it would seem appropriate to acknowledge that the sources listed at the start of this paragraph are chemical sources.	Thank you for this comment and suggestion but we have not made this edit in this instance.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	1	15-18	It is noted that there is no mention of malfunctioning appliances. Such malfunctions may be a significant exposure source in terms of, for example: 1) A fossil fuelled or wood burning appliance where health effects are associated with a) low level, non-lethal exposure to CO; b) a malfunction that manifests itself such that exposure to a high and potentially lethal level of CO occurs; c) a very low level exposure that does not produce symptoms, but that manifests into a higher level of exposure that does produce symptoms due to a change in the ventilation of the home; 2) Where a ventilation system malfunctions or is turned off resulting in an increase in pollutants (chemical or biological) in the home.	Thank you for this comment. The guideline will focus on interventions to improve air quality, so faulty appliances would only be covered within that context, for example the intervention might be a regular safety check to prevent or find a malfunction.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	1	15-18	It is also noted that there are many other sources of indoor air pollution that are not listed such as DIY / hobby products / air freshening products / personal care products / domestic use of pesticides / cars with engines running in attached garages / shisha pipe smoking.	Thank you for this comment. This is not intended to be an exhaustive list of pollutants.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	1	25	There is increasing evidence that suggests an association with indoor air pollutants and effects on the neurological system in both adults and children. There is also a clear association of risk to the cardiovascular system. It is felt that by only mentioning respiratory effects, this does not provide an adequately balanced picture regarding the effects indoor air pollutants have on health.	Thank you for this comment. The text you refer to does not only mention respiratory diseases, but ' <i>respiratory and other diseases</i> '.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	10	Pathway	These boxes need to be updated along with comments for amendments made throughout the document.	Thank you for this comment. The pathway will be updated in line with the final scope.
Carbon Monoxide Medical Sub-group	2	1-3	The most vulnerable also include the fetus and those with pre-existing illnesses of the respiratory, cardiovascular and neurological system.	Thank you for this comment. Unborn children are covered by legal

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(COMed) – Policy Connect				obligations and equalities legislations that cover pregnant women. Therefore this has not been added to the list in section 2. We will note 'unborn children' in the review protocols as a group to consider if any evidence is available. Section 3.1 of the scope covers people with conditions associated with or exacerbated by indoor air pollution.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	2	1-3	This section should include a section on what makes someone vulnerable – age, environment, existing health and the likelihood of being exposed and ability to reduce that exposure.	Thank you for this comment. This section only aims to provide a very broad background to the topic. It is not intended to be a comprehensive overview. The key questions on risk and risk stratification will help address this issue.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	2	14-29	Although pre-WHO Indoor Air Quality Guidelines, NICE might consider the inclusion of the COMEAP report 'Guidance on the Effects on Health of Indoor Air Pollutants, 2004'.	Thank you for this comment. The aim of this section is to present the most recent policies and legislations and not intended to be exhaustive. It is also restricted to areas that directly overlap with the areas covered by the guideline. A reference to the COMEAP 2004 report is now included in the Key facts and figures section of the final scope.

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Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	2	4-9	This section sets out current practice regarding Government responsibility only. It would be useful if information could be provided on where the public could get advice / information. Likewise, for the audience of the Guideline. For example, healthcare professionals could search TOXBASE® or phone the National Poisons Information Service for information relating to exposures to indoor air pollutants.	Thank you for this comment. This is not the role of the scope document. The scope sets out what NICE will do to produce the guideline and to set the parameters of that guideline.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	3	11	This line should be amended to ...'whose symptoms may be exacerbated or caused by poor indoor air quality'.	Thank you for this comment. We have been advised evidence for causality is not available. We have amended this sentence to read 'associated with or exacerbated by...'
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	3	11	That the Guideline is aimed at healthcare professionals, the key areas covered throughout the rest of the document are not directly relevant to healthcare professionals.	Thank you for this comment. Some of the key questions are specifically about healthcare professionals. Please see questions 2.1 and 2.2 in section 3.5 of the scope.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	3	18	This list should include 'appliances'.	Thank you for this comment. We have added the text you suggest.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	3	28	This list should include 'the fetus'.	Thank you for this comment. Unborn children are covered by legal obligations and equalities legislations that cover pregnant women therefore this has not been added to the list. However, we will note 'unborn children' in the review

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Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	3	3	What will the Guideline help the public make decisions on? Perhaps such information could be included here as a list?	protocols as a group to consider if any evidence is available. Thank you for this comment. The sentence has been amended to 'The public will be able to use the guideline to find out more about what NICE recommends and to help them improve indoor air quality in their own home.' Including information on what the public can make decision on would not be possible until after the guideline is written since we do not know in advance what the guideline will recommend.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	3	4-13	The Guideline should indicate whether it is also for home owners and occupants of indoor environments: it would seem strange for the Guideline not to be aimed at preventing or assisting the people who are at risk of exposure or for those in whom exposure is being prevented.	Thank you for this comment. Section 2 of the scope refers to the agencies/organisations that would be responsible for implementing the recommendations and also notes that the public be able to use the guideline to find out more about what NICE recommends and help them make decisions. The guideline may be of relevance to private home owners/dwellers. However, we will not be recommending any actions specifically aimed at private individuals.

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Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	4	11	This point should include those who are incapacitated.	Thank you for this comment. People who are incapacitated are included under 'people with disabilities'
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	4	16-21	This list of indoor environments needs to be broadened to include flats, mobile homes, caravans, tents, boats etc..	Thank you for this comment. Mobile homes has been added to the list. Please note, the list is exemplar and does not purport to be exhaustive. It includes all indoor places where people live except for prisons and secure environments. Please see section 3.2 of the scope.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	4	23	It should be made explicit that work environments are not being covered.	Thank you for this comment. The scope explicitly includes places where people live. Section 3.3 of the scope has been amended to note 'work related indoor air pollution' will be one of the areas not covered.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	4	8-15	This list should include those who are house-bound.	Thank you for this comment. People who are house-bound would be included under 'people with disabilities'.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	11-12	Installing new appliances can also solve the problem of indoor air pollutants associated with older heating and cooking appliances.	Thank you for this comment. Interventions that evaluate the effectiveness of existing or new appliances or heating are identified as key areas within the scope.

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Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	11-12	Installing new heating systems such as mechanical ventilation with heat recovery (MVHR) will not necessarily improve the indoor air quality, particularly if that system is not properly used or maintained. If the system is turned off or malfunctions, consideration of the build-up of levels of pollutants and risks to health need to be considered. There is no registration scheme for the maintenance and fixing of MVHR systems.	Thank you for this comment. The purpose of the reviews is to evaluate the effectiveness (or not) of these technologies.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	14	Asbestos is not mentioned anywhere else in the document, so we are not sure why it is included here.	Thank you for this comment. Asbestos as an indoor air pollutant is within the remit of this guideline. However, asbestos has been removed and this example has been amended to note 'hazardous building materials'.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	24	It is suggested that this line should be re-written to include appliance and flue / chimney maintenance and safety. Suggested revision: 'Using and maintaining heating systems effectively and safely, including associated chimneys and flues.'	Thank you for this comment. Maintenance of appliances will be considered (unless covered by legislation). Question 4.2 in section 3.5 of the scope, has been amended to note that maintenance such as for ventilation or filtration systems could be included when assessing what are the most effective interventions to reduce exposure to indoor air pollution.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	29-30	This line should be more defined: to read 'the use and maintenance of cooking appliances and their associated chimneys, flues, including use of extractor fans and ventilation'.	Thank you for this comment. Maintenance of appliances will be considered (unless covered by legislation). Question 4.2 in section

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				3.5 of the scope, has been amended to note that maintenance such as for ventilation or filtration systems could be included when assessing what are the most effective interventions to reduce exposure to indoor air pollution.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	3	It should be noted that the fitting of an extractor fans in a room where there is also a chimney can affect the draw of the chimney, causing exhaust fumes to be drawn into the room instead of extracted via the chimney. However, the fitting of extractor fans is a sensible intervention as long as the situation above is considered.	Thank you for this information.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	30	Electric fires are not combustion appliances so this is not a correct example.	Thank you for this comment. We have removed this example.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	30	There should be a separate point that highlights the 'use and maintenance of combustion appliances and their associated chimneys and flues'. This point should warn against the use of appliances for outdoor use in the indoor environment.	Thank you for this comment. This is not the purpose of the scope. The scope sets out what areas the guideline will cover. Maintenance will be considered (unless covered by legislation). Question 4.2 in section 3.5 of the scope, has been amended to note that maintenance such as for ventilation or filtration systems could be included when assessing what are the most effective interventions to reduce exposure to indoor air pollution.

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Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	5	9-10	It should be noted that making a building more air tight in isolation, can negatively affect indoor air quality. Such action can increase the concentrations of pollutants found in the indoor environment.	Thank you for this comment. This is the driver for question 4.3 in section 3.5 of the scope.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	6	1	It is suggested that the activity of shisha / waterpipe smoking be referred to due to the nature of the activity requiring the burning and heating of charcoal and high CO emissions (in addition to the environmental tobacco smoke aspect).	Thank you for this comment. We will not be reviewing the evidence on environmental tobacco smoke.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	6	4	If this pollutant (radon) is not to be included, there should be a signpost within the document to information relating to radon and health, as it is an important indoor air pollutant. We are aware that such specific and comprehensive information exists.	Thank you for this comment. This is not the purpose of the scope. The scope sets out what areas the guideline will cover.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	6	5	There needs to be an explicit definition of acute exposure made if acute exposure is to be excluded from the Guideline. The definition as it stands suggests that the terms 'acute / chronic' are to be used as a measure of exposure time, with no consideration of levels of exposure and thus, no consideration of dose. When discussing the clinical effects of CO poisoning, discussion usually focusses on short term exposure to high concentrations; and long term exposure to low concentrations of CO,	Thank you for this comment. This is not the purpose of the scope. The scope sets out what areas the guideline will cover. The review protocol will set clear definition of inclusion and exclusion criteria.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	6	5	How is an acute exposure to be defined in comparison with a chronic exposure? How would the definition be applied practically? How is the definition supposed to relate to severity of symptoms, CO levels and carboxyhaemoglobin levels (will the wash-out phase be considered)? As it stands, it suggests that the Guideline cannot be used for someone who has become unwell very quickly, where the advice provided in the Guideline would be likely to prevent re-exposure of a patient in such a scenario. Another exclusion scenario would be someone who is	Thank you for this comment. This is not the purpose of the scope. The scope sets out what areas the guideline will cover. The review protocol will set clear definition of inclusion and exclusion criteria.

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			exposed for a long time at levels that do not cause symptoms may appear to stay well and never refer to the Guidelines, at least not until a sudden deterioration in the functioning of the CO source occurs. This would then appear to be an acute exposure, but in a situation where the chronic exposure aspect was missed. In such circumstances, the Guidelines would not be referred to.	
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	6	5	A poorly maintained, improperly installed or inappropriately used appliance, or partially blocked or poorly maintained chimney or flue, can suddenly malfunction; a fossil fuelled appliance or device inappropriately brought indoors or used in an enclosed space can all lead to an acute exposure to high levels of CO that can kill, seriously injure and permanently debilitate or disable all the occupants, irrespective of whether they fall into a vulnerable category or not. We strongly believe that a guideline that has health at its core must consider the prevention of acute high level exposure to CO, the most dangerous indoor air pollutant that frequently kills or permanently disables. CO is one of the major non-pharmaceutical cause of poisonings and is considered one of the major public health poisoning-related problems.	Thank you for this comment. Interventions to prevent exposure to CO as a result of appliance failure are already well established and do not need to be rehearsed in this guideline.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	6	5	If a healthcare professional attends to their patient in the home environment, they are at risk of being poisoned, possibly repeatedly. Clarification on whether their repeated exposures constitute an acute or chronic exposure needs to be considered regarding this exclusion criteria.	Thank you for this comment. We do not think this requires clarification.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	6	5	Chronic low level exposure to CO is noted as an important indoor air pollutant, that has wide ranging, life changing and debilitating effects on health in those exposed. Low level exposure is, in many cases, a precursor to a high level exposure that can be fatal. We are pleased that there is not only a focus on chronic exposure to lower levels of CO, but hope that such work will aid the prevention of short term higher level exposures.	Thank you for this comment.

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[Indoor air quality at home]

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Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	7	11	The use of 'indoor air pollution' seems too general for a healthcare professional. It could be more appropriately re-phrased to read: '...consider exposure to an indoor air pollutant in people presenting to health....'.	Thank you for this comment. The suggested edit has been made to question 2.1 of the scope.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	7	13	If onward referral is appropriate, will the Guideline provide information for the healthcare professional as to whom they should be referring their patient?	Thank you for this comment. Any recommendations made in this area will be based on the evidence reviewed and committee's discussions that will include to whom referral may be appropriate an example has been provided in part 2 of section 3.3.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	7	13	Will NICE be defining referral criteria or management plans to assist healthcare professionals who are seeing patients with CO poisoning?	Thank you for this comment. Any recommendations made in this area will be based on the evidence reviewed and committee's discussions.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	7	9	Additional questions that might be considered specifically for healthcare professionals: <ul style="list-style-type: none"> a) What tools and guidance are available? b) What sources of advice are available? c) How much training have front line healthcare professionals received to suspect, identify and diagnose 'indoor air pollution' as a cause of illness? d) What types of equipment (and associated training) are provided to healthcare employees to identify and protect themselves and their patient from levels of indoor air pollutants that might affect health? 	Thank you for this comment. The intention of key question 2 is to identify people affected by indoor air pollution in the context of initial presentation and recommendations on risk-stratifying people in terms of onward referral will be based on the evidence reviewed and the committee's considerations. If there is evidence available about education in relation to identification

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				or diagnosis this will be covered in the above question.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	7	General	In making an assessment on what interventions should be used, explicit consideration of the effects the intervention will have on other pollutant exposures, building and appliance function, need to be considered.	Thank you for this comment. We anticipate that many structural or building interventions will impact on several different pollutants concurrently, for example extraction fans.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	8	10	These health-related outcomes should include and refer to delayed effects that appear in the longer term.	Thank you for this comment. To note in review protocol.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	8	10-18	The basic scientific understanding of the mechanisms of effect that indoor air pollutants have on health need to be assessed. This should include the findings reported in the toxicological literature; the results of investigations of potential mechanisms of effect, particularly of low level exposures; the hypotheses being put forward, but which are currently only supported by limited evidence; and information provided in case study reports.	Thank you for this comment. Key questions 1 and 2 in section 3.5 of the scope cover identification of risk and identification and diagnosis, respectively. The remit of NICE guidelines is to use the available evidence to make recommendations, which you note is limited
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	8	19-29	This list should contain chemical and biological pollutants.	Thank you for this comment. The list has been amended.
Carbon Monoxide Medical Sub-group	8	22	How will CO levels and concentrations be considered if NICE is to exclude (presumably) high levels associated with faulty appliances. How will a cut-off level of CO be made when searching for and assessing the evidence and what will this	Thank you for this comment. This will be discussed with the committee during development of the review

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(COMed) – Policy Connect			relate to: levels associated with symptom severity, carboxyhaemoglobin level, vulnerability etc.? How this is derived must be made explicit.	protocols. Establishing harmful levels of pollutants is outside the remit of this guideline. This guideline will focus on interventions to improve indoor air quality.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	8	23	Oxides of nitrogen (NOx), rather than just nitrogen dioxide should be included, particularly as this can also indicate a malfunctioning appliance as well as the importance of its effects on health.	Thank you for this comment. This has been amended.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	9	1-3	Changing behaviours in an area where the benefits of change are relatively unknown is likely to be difficult. It is suggested that in making considerations in this area, that the report by the All-Party Parliamentary Carbon Monoxide Group 'Carbon Monoxide From Awareness To Action: bringing behavioural insights to poisoning prevention efforts' be consulted. A change in behaviour is unlikely to be realised by consideration of 'intentions, knowledge and attitudes' alone.	Thank you for this comment. The outcome on changes in behaviour has been amended to include 'translated into action'.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	General		The development of this Guideline is of value, particularly as a means for the initiation of processes that consider indoor air quality in the domestic environment and health. Given the scope of this document, it is likely that the development of separate Guidelines for individual pollutants, may, in some cases, prove of specific value to the audience at which it is aimed. This Group currently consider this the case with respect to carbon monoxide (CO).	Thank you for this comment. It is not our intention to develop separate guidelines for different pollutants, however it may be that specific pollutants have their own recommendations or interventions associated with them, depending on the evidence that is found and reviewed.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	General		There should be some information that provides an indication of the level of risk of exposure and risk to health associated with each pollutant.	Thank you for this comment. This will be informed by the findings of review 1 (exposure to pollutants) (see key questions 1.1 and 1.2 in section 3.5

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				of the scope) and a matter for committee discussion.
Carbon Monoxide Medical Sub-group (COMed) – Policy Connect	General		Will gaps in the evidence be highlighted to assist with recommendations for further research?	Thank you for this comment. NICE public health guidelines always include recommendations for research.
CETEC	1	14	It would be useful to clarify that the large difference in time spent in the indoor environment (total minus at home) is taken up by people in their working environment. Some reference to what is being done in terms of public health in these spaces might be useful.	Thank you for this comment. Substantial guidelines already cover air quality at work and therefore this guideline will only look at places where people live. Section 3.3 of the scope has been amended to note 'work-related indoor air pollution' is an area that will not be covered.
CETEC	1	15-18	It is important to refer to all sources of pollution associated with the domestic space. Added to the current list should be sources such as, heating systems, ventilation equipment, materials used in decorations, air freshers and adjacent garages. It is important to emphasise that when we talk about indoor AIR quality that we realise that some of the pollutants reside on surfaces and can be transferred by direct skin contact, as well as stirred up to briefly suspend in air.	Thank you for this comment. This list is not intended to be exhaustive. All of these things are mentioned except for adjacent garages.

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CETEC	1	19-22	It is important to realise that there may be a better match between IAQ and urbanisation than deprivation. Deprived rural locations are not affected as much by IAQ problems. Less deprived urban locations can still be badly affected.	Thank you for this comment.
CETEC	1	23-24	All other measurements should be based on approved, certified and calibrated scientific instruments. Use of sensors is not recommended.	Thank you for this comment. This guideline will not look at ways of measuring pollution.
CETEC	1	23-25	SVOCs should be added to the list of pollutants.	Thank you for this comment. SVOCs are a subgroup of VOCs.
CETEC	2	5-6	Much clearer organisational ownership of IAQ is required to assist the public and stakeholders identify where they can take up issues. Energy consumption during manufacture of various products and how this might change over time might suggest that Dept. for Business, Energy & Industrial Strategy were also relevant stakeholders.	Thank you for this comment. A list of registered stakeholders is kept on the webpage associated with this guideline.
CETEC	3	5-13	An appendix containing a list of competent organisations capable of delivering IAQ assessments should be made available for these stakeholders. Reference to guidelines on IAQ monitoring from professional bodies such as BRE, CIBSE, etc. should be included within information presented to stakeholders identified.	Thank you for this comment. IAQ assessments (if included as part of interventions on changing behaviours or raising awareness) will be considered. However it is not NICE's role to provide details on organisations delivering IAQ assessments.

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CETEC	4	23	Are military homes excluded?	Thank you for this comment. All places where people live are included apart from prisons and secure environments. See section 3.2 of the final scope.
CETEC	4	5-6	In assessing those particularly at risk this should look at projected growth in these numbers over the medium to longer term (increase in aged population / increase in proportion of children developing allergies).	Thank you for this comment. This may be covered by the key questions on risk stratification and also consideration of inequalities by the committee based on the equality impact assessment.
CETEC	4	8-15	The guidelines developed should build on the research that is currently out there concerning affected groups, but should also seek to plug gaps in knowledge where discovered.	Thank you for this comment. The guideline will be based on systematic reviews of the evidence for the effectiveness of interventions to improve indoor air quality. Based on the committee's deliberations, call for evidence or expert testimonies may be considered to address any gaps in the evidence.
CETEC	5	1-20	IAQ needs to be assessed before and after interventions to ensure true impact of change is scientifically evaluated.	Thank you for this comment. That will be a requirement of included studies.
CETEC	5	1-30	As a general observation guidance on IAQ would be best if it followed a simple logic tree; i. Reduce and/or eliminate pollution sources	Thank you for suggesting this potential framework for looking at the evidence.

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			<ul style="list-style-type: none"> ii. Create barrier against sources that cannot be eliminated iii. Consider localised extract to deal with source iv. Consider whole room ventilation approach where source is present v. Consider personal protection from source where other options fail. <p>These issues need to be looked at separately for each type of pollutant.</p>	
CETEC	6	18-26	Economic calculations should include costs to the economy from lost days of work due to indoor domestic pollution. Cost impact on the NHS should also be modelled.	Thank you for this comment. We will take this into consideration when planning the economic modelling.
CETEC	7	27-30	People will require clear information that identifies the balance required between adequate ventilation in homes for health versus maintaining an energy efficient lifestyle. For vulnerable groups some consideration as to how this might be achieved through use of technologies should be given.	Thank you for this comment. This is listed as one of the key questions in section 3.5 (question 4.3).
CETEC	general	general	A labelling scheme should be developed that provides a domestic rating of pollution levels in different homes. This could be on a similar basis to how buildings are rated under established schemes such as NABERS / BREEAM / WELL, but for the domestic scene.	Thank you for this comment. That is outside the remit of this guideline.
CETEC	general	general	Measurements of VOCs should be based on accurate sample tube methodologies as opposed to using probes. Measurement probes require very regular calibration	Thank you for this comment. That is outside the remit of this guideline.

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			which is often not appreciated (often between measurement episodes or once a week/month).	
Department of Health	general		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for this comment.
Department of Health Sciences, University of York	1	23	The list of indoor air pollutants should have tobacco specific nitrosamines (TSNA) and the list of conditions should include cancers	Thank you for this comment. Section 1 of the scope is a brief background to the topic and is not intended to be an exhaustive list of pollutants. TSNA and cancer are included in the list of outcomes in section 3.6 of the scope.
Department of Health Sciences, University of York	10	4	Interventions should also include indoor air quality monitoring	Thank you for this comment. Indoor air quality monitoring per se is not an intervention.
Department of Health Sciences, University of York	2	4	Audience should specifically mention health and social care staff that work with children and who observe the effects of indoor air pollution on children's health and well being It should also mention health workers who works in perinatal care (midwives and health visitors) who see the effect on neonates and have an opportunity to address indoor environment in which neonates are looked after	Thank you for this comment. These are a sub-set of health and social care professionals and so do not need a specific mention.
Department of Health Sciences, University of York	4	19	Multiunit housing and social housing should be mentioned here	Thank you for this comment. The examples given are examples. This is not an exhaustive list.
Department of Health Sciences, University of York	6	1	I did not follow the caveat on interventions addressing environmental tobacco smoke (ETS). ETS is the most important indoor air pollutant in the UK and interventions addressing it should be at the centre stage of this guidance. The	Thank you for this comment. At the stakeholder workshop, stakeholders stated that they did not wish ETS to

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			scope should include interventions like smoke free homes and use of indoor air quality monitoring that addresses ETS and other forms of indoor air pollution.	<p>be at centre stage for this guideline as other areas are under recognised and that is where guidance is needed. There is a suite of NICE smoking guidelines in the public domain, including smoking cessation guidelines which are currently being updated (PH1 and PH10), smoking: harm reduction (PH45) and smoking: stopping in pregnancy and after childbirth (PH26). The 'Related NICE guidance' section of the scope has been updated.</p> <p>It is not within NICE's remit to make recommendations on national policy or regulation. Smoke free places are considered a national policy or legislative issue as with smoke free cars and workplaces by NICE and not within remit.</p>
Department of Health Sciences, University of York	8	30	Individuals changes in behaviour list should include change in behaviour as well e.g. voluntary smoking bans	Thank you for this comment. We will not be reviewing the evidence for smoking behaviour change in terms

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				of cessation/choosing times of abstinence as substantial guidance already exists in this area. The NICE smoking cessation guidelines (PH1 and PH10) are currently being updated. There are existing guidelines on <u>smoking: harm reduction</u> (PH45) and <u>smoking: stopping in pregnancy and after childbirth</u> (PH26). These are now included in the 'Related NICE guidance' section of the scope.
Department of Health Sciences, University of York	8	7	Main outcomes should also include changes in exposure biomarkers such as cotinine levels in plasma and urine of individuals	Thank you for this comment. Outcomes related to environmental tobacco smoke are now included in section 3.6 of the scope. As noted in the scope, there is no safe level of environmental tobacco smoke so this will not be an outcome of interest for questions relating to exposure of pollutants (1.1 and 1.2) in section 3.5 of the scope.
Ecological Design Association Northern Ireland	2	14	Instead of it may this should say IT WILL	Thank you for this comment. This is our standard template.
Ecological Design Association Northern Ireland	Page 10	4	The Indoor air pollution overview figure should include making buildings more breathable with the use of vapour permeable materials following making buildings more air tight	Thank you for this comment. We have added .text in reference to using vapour-permeable materials to

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				make buildings more breathable in section 3.3 of the scope.
Ecological Design Association Northern Ireland	Page 10	4	Using hygroscopic materials should be included here	Thank you for this comment. We have added a reference to hygroscopic materials in section 3.3 of the scope.
Ecological Design Association Northern Ireland	Page 10	4	Under changing peoples knowledge it should also include changing the practice of architects, designers, specifiers and building control officials to ensure better indoor air quality	Thank you for this comment. If evidence is identified to support this the committee will consider whether this can be translated into recommendations.
Ecological Design Association Northern Ireland	Page 5	13	<i>Removing indoor sources of pollution for instance building materials that contain asbestos ...this should also say and other carcinogenic materials, endocrine disrupting materials , asthmagens, hazardous timber treatments, pesticides, fungi cides etc etc</i>	Thank you for this comment. Asbestos was given as an example. This has been amended to 'hazardous building materials'.
Ecological Design Association Northern Ireland	Page 5	15	Using construction materials with low VOC emissions should also say with low carcinogenic , flame retardants	Thank you for this comment. We do not feel this is a necessary addition since it is already made clear that carcinogens are of interest.
Ecological Design Association Northern Ireland	Page 5	25	Using building materials with low VOC emissions...this should be more explicit to include paints and stains, varnishes, adhesives, sealants as often people do not realise these are building materials . There needs to be a critique of the way in which some products are labelled as low VOC when the vocs emitted can still contribute to bad indoor air quality	Thank you for this comment. The materials included will to a large extent depend on the interventions that are found through the systematic reviewing process. This level of detail can be captured in the review protocols in agreement with the committee.

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Ecological Design Association Northern Ireland	Page 5	7	Insulation in itself does not change the dew point, this is a very complicated issue of building physics. The dew point will vary depending on the build up of the wall, roof or floor and the complexity needs to be understood here	Thank you for this comment. The aim of the scope is to briefly outline why a guideline in this topic is needed and set out the areas that the guideline will look at.
Ecological Design Association Northern Ireland	Page 5	9	Making the building more air tight OR using more breathable and vapour permeable materials to regulate humidity. Simply making a building more airtight may aggravate rather than solve the problem	Thank you for this comment. Balancing the need for energy efficiency and ventilation is an area of interest and is covered in one of the key questions (4.3 in section 3.5 of the scope). When evaluating the effectiveness of interventions, the committee will also take into consideration any adverse effects. Making building more breathable, for example by using of vapour permeable materials or hygroscopic materials is now included in section 3.3 of the scope.
Ecological Design Association Northern Ireland	Page 7	31	Interventions : What are the most effective and affordable methods to assess and measure indoor air pollution that can then provide information to designers, building owners and occupants as to what problems exist. There are a range of testing methods and air sampling equipment as well as monitors and even apps on smart phones. Some of the latter are very crude and give little detail but can alert the occupant to a problem. This is a crucial aspect of key issues and questions	Thank you for this comment. Monitoring per se is not an intervention. We have been advised not to assess apps as another directorate in NICE has responsibility of this area.

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Ecological Design Association Northern Ireland	Page 7	After 18	The use of so-called scavenging materials should be added here. Some manufacturers claim that their products will absorb formaldehyde and other pollutants and convert them into less harmful chemicals, such as sheep's wool insulation There are also products on the market that provide a quilt that can be installed in walls and floors that can absorb moisture and pollutants. The effectiveness of these needs to be evaluated	Thank you for this comment. We will appraise any evidence we find for these interventions.
Ecological Design Association Northern Ireland	Page 7	After 18	There is a need for a new section here 3.2 which sets out guidance on how to design new buildings and retrofit solutions that include the specification of materials with minimum pollutant risk . This is an essential part of the Key Issues and Questions	Thank you for this comment. The remit of this guideline is to assess the effectiveness of interventions to improve indoor air quality. Structural interventions such as retrofitting ventilation units in existing buildings are included in section 3.3 of the scope.
Ecological Design Association Northern Ireland	Page 8	19	<i>Levels and concentrations</i> see comment above Page 7 line 31	Thank you for this comment. 'Levels and concentrations' is included in the heading for part 2 in section 3.6 of the scope.
Ecological Design Association Northern Ireland	Page 8	21-29	I assume this is just an indicative list and other pollutants will also be considered	Thank you for this comment. The review protocols will include detailed information on relevant outcomes of interest this will be agreed with the committee.
Ecological Design Association Northern Ireland	Page 8	21-29	This should include an inventory of standards for indoor air emission such as LCIs and other European and WHO levels plus an evaluation of those levels currently in BREEAM and the building regulations	Thank you for this comment. That is beyond the remit of this guideline. NICE does not make recommendations on regulation.

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Ecological Design Association Northern Ireland	Page 9		Suggest an extra section here : Guidance to designers, architects, specifiers, builders and the owners of buildings as how to achieve good indoor air quality byt eliminating the use of polluting materials or reducing the risk from them	Thank you for this comment. This will depend on the nature of the intervention studies we find for review question 3.1 in section 3.5 of the scope.
Faculty of Public Health	4		<p>To bring it up to date we would add data from HSE 2014 and 2015:</p> <p><i>Cotinine levels have continued to fall since then, and the proportion of children not exposed to ETS has continued to rise. However, by 2014/15 marked inequalities remained for children who are exposed in the home. Non-smoking children aged 4-15 living in households where one or more people smoked in the home on most days, or who have one or more parents who currently smoked cigarettes, are much more likely to have detectable cotinine in their saliva, indicating ETS exposure. 95% of the children who provided saliva samples lived with at least one adult smoker who smoked at home on most days had detectable cotinine levels, compared with 31% among children with no adult smoking at home on most days. Although the former category are a decreasing proportion of the population, there are still one in 11 children who are so affected.</i></p> <p>Reference: Scholes S, Mindell J. 'Children's smoking and exposure to other people's smoke'. In Fuller E, Mindell J (Eds). Health survey for England 2016. Leeds: NHS Digital, 2016. http://www.content.digital.nhs.uk/catalogue/PUB22610/HSE2015-Child-smo.pdf</p>	Thank you for this information.
Faculty of Public Health	General		The UK Faculty of Public Health is keen for NICE to note that we endorse the response to NICE's draft scope on Indoor Air Pollution submitted by Action on Smoking and Health.	Thank you for this comment.

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Fresh	2	10-29	We note that there will be shortly be a national tobacco control plan for England which we anticipate will include recommendations for reducing exposure to secondhand smoke and as such and we recommend that this be included in the list of policy documents outlined.	Thank you for this comment. We are aware this document has now been published (July 2017). The document highlights actions to be taken in relation to exposure from second hand smoke in relation to smoke free places. Smoke free places are considered a national policy or legislative issue as with smoke free cars and workplaces by NICE and not within remit.
Fresh	4	22-23	We note that living accommodation in prisons and secure environments are not included in the scope. We would argue that populations in prison accommodation and those working in the prisons estate must also be protected from exposure to indoor air pollution and we recommend that NICE makes contact with the National Offender Management Service in order to learn any relevant lessons from their programme of work around smokefree prisons.	Thank you for this comment. NICE has been in contact with National offender Management Service who agree that the inclusion of prisons and secure environments in this guideline would be inappropriate.
Fresh	4	4-15	We welcome the special consideration that will be given to priority groups who are at increased risk of exposure or adverse effects. We note that many of these groups also demonstrate high smoking prevalence. Much good work has taken place in the North East to engage with these groups. We recommend that this list also includes people with mental health needs. Of particular concern for us is the need to protect children, who are particularly vulnerable to exposure to secondhand smoke, and pregnant women whose unborn babies are affected by breathing in tobacco smoke.	Thank you for this comment. The list is only intended to give some examples. Review question 1 in section 3.5 of the scope will identify people at risk.

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[Indoor air quality at home]

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Fresh	6	1	We would prefer to see ETS/SHS framed here as a statement of intent to reduce exposure to it e.g. '...by protecting people from exposure to SHS.' The primary interventions in order for this to happen would be to quit smoking or to introduce temporary abstinence from smoking while indoors.	Thank you for this comment. Smoking cessation is outside the remit of this guideline. There is an extensive suite of NICE guidelines on smoking , including smoking cessation guidelines which are currently being updated (PH1 and PH10), smoking: harm reduction (PH45) and smoking: stopping in pregnancy and after childbirth (PH26).
Fresh	6	2	We recommend that a distinction is made between the dangers of exposure to tobacco smoke and the dangers of exposure to vaping. As stated by Public Health England in July 2016: <i>"In contrast to the known harm from exposure to secondhand smoke, there is currently no evidence of harm from secondhand e-cigarette vapour and the risks are likely to be extremely low."</i> https://www.gov.uk/government/news/vaping-in-public-places-advice-for-employers-and-organisations . Indeed, Fresh would argue that there is a role to play for electronic cigarettes by replacing tobacco smoking in order to prevent other people from being exposed to harmful toxins.	Thank you for this comment. This is an unnecessary distinction in the scope which makes no association between smoking and vaping. E-cigarette vapours are listed as an outcome of interest in section 3.6 of the scope. (NICE are undertaking a TA that will consider e-cigarettes. Checking on status.)
Fresh	6	9-17	We recommend including NICE guidance related to tobacco smoking in the list of related NICE guidance i.e. smoking: harm reduction and smoking: acute, maternity and mental health services. https://www.nice.org.uk/Guidance/PH45 https://www.nice.org.uk/Guidance/PH48/	Thank you for this comment. The 'Related NICE guidance' section in the scope has been updated. NICE has published a suite of guidelines on smoking - the smoking cessation

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				guidelines, which are currently being updated (PH1 and PH10), smoking: harm reduction (PH45) and smoking: stopping in pregnancy and after childbirth (PH26).
Fresh	7	10-13	<p>We would encourage healthcare professionals to recognise tobacco smoking as a sign of exposure to indoor air pollution in both the smokers and those living with them. Onward referral to a local stop smoking services can and ideally should be offered by all healthcare professionals who are in contact with smokers.</p> <p>We would point out the findings of a recent report from the British Thoracic Society on hospital admissions for asthma among children whose authors <i>"point to the need for healthcare professionals to always discuss the issue of environmental tobacco smoke with parents or carers and, where appropriate, provide education about the role of tobacco smoke in worsening asthma, and the pivotal need to minimise exposure in children. Smoking cessation support should also be given as appropriate."</i> (https://www.brit-thoracic.org.uk/pressmedia/2016/hospital-treatment-for-children-experiencing-severe-asthma-attacks-is-very-effective/)</p>	Thank you for this comment. Smoking cessation is outside the remit of this guideline. There is an extensive suite of NICE guidelines on smoking, including smoking cessation guidelines, which are currently being updated (PH1 and PH10), smoking: harm reduction (PH45) and smoking: stopping in pregnancy and after childbirth (PH26). The 'Related NICE guidance' section has been updated.
Fresh	7	15-18	<p>Ventilation must not be put forward as a potential solution to eliminating exposure to tobacco smoking indoors. The tobacco industry are known to say that ventilation is sufficient, and that separate smoking and non-smoking areas are sufficient to protect people from exposure - http://www.jti.com/sustainability/product-responsibility/environmental-tobacco-smoke/. This is not accurate.</p> <p>The only way to protect fully against SHS exposure is through eliminating smoking indoors: https://www.ncbi.nlm.nih.gov/books/NBK44328/#rpt-smokeexp.ch1.s6</p>	<p>Thank you for this comment. The reviews undertaken will report the outcomes of any studies of the effects of ventilation on ETS along with an appraisal of their risk of bias.</p> <p>We note in the scope that NICE agrees with WHO that no level is safe for ETS.</p>

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Fresh	7	20-21	<p>Effective, targeted and sustained media and communications campaigns encouraging people to keep their homes smokefree (or better still, quit smoking altogether) are one of the most effective strategies for raising awareness of the risks of tobacco smoking as an indoor air pollutant amongst those most at risk.</p> <p>Fresh, with partners, delivered a successful secondhand smoke campaign 'Take 7 Steps Out' in 2010 and 2011. Campaign evaluation showed that the proportion of homes in the North East which were smokefree increased from 43% in 2010 to 52% in 2011. Nationally, there was a rise of just 2% across the same timeframe. There was a similar rise in awareness around sudden infant death syndrome (SIDS), which is strongly linked to exposure to tobacco smoke. In the North East, the belief that smoke has an impact on SIDS increased from 41% to 50%, compared to a 1% decrease nationally.</p> <p>Media and communications can also be supported by a concerted effort to empower all frontline staff to raise the issue of smoking with their clients and, as a minimum, promote the message of keeping homes smokefree but ideally deliver a brief intervention encouraging the smoker to quit. Fresh ran a 'Smokefree Families' training programme to embed these messages amongst the health and social care workforce in the North East.</p>	<p>Thank you for this comment. Interventions by health and social care professionals to reduce indoor air pollutants will be examined.</p>
Fresh	7	25-26	<p>We believe that supporting smokers to quit is the single most effective intervention to change people's behaviour to prevent or reduce their exposure to tobacco smoke as an indoor air pollutant. This needs to be backed up by communication strategies, as outlined above, and programmes encouraging people to keep their homes smokefree.</p>	<p>Thank you for this comment. Smoking cessation is outside the remit of this guideline.</p>
Fresh	7	5-6	<p>Smoking tobacco, or breathing in other people's tobacco smoke, is clearly a key risk factor in increasing the likelihood of a person being exposed to indoor air pollutants.</p>	<p>Thank you for this comment.</p>

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Fresh	7	7-8	Smoking rates, and associated risks of exposure, are highest amongst some of the most vulnerable and deprived groups in society, many of which are listed earlier in the scope document, and people with mental health needs should also be included in this list. Those living in multi-unit dwellings, where 'smoke drift' is often a problem, are at increased risk of exposure to SHS. Many of our local authorities are regularly contacted about the problem of 'smoke drift' and are taking proactive approaches to help minimise the problem. Guidance from NICE on this topic would be particularly helpful to local authorities and housing associations.	<p>Thank you for this comment. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and health, which is about road-traffic related air pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline.</p> <p>It is not within NICE's remit to make recommendations on national policy or regulation. Smoke free places are considered a national policy or legislative issue as with smoke free cars and workplaces by NICE and not within remit.</p>
Fresh	General	General	We welcome the inclusion of 'environmental tobacco smoke' (ETS) in the scope of the guideline. However, we note that ETS is a term commonly used by the tobacco industry and as such we would prefer the term 'secondhand smoke' (SHS) to be used in the guideline once it is developed. SHS is also the term most widely used by the public.	Thank you for this comment and suggestion. We have opted to retain the term 'environmental tobacco smoke'. Second hand smoke will be a term used for searching the evidence.

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			<p>Tobacco smoke contains around 6,000 chemicals in the form of particles and gases, around 60 of which are cancer causing. Many of the particulates and gases are present in higher concentrations in sidestream smoke (smoke emitted from the burning tip of a cigarette) than in mainstream smoke (which is breathed in by the smoker) and nearly 85% of the smoke in a room results from sidestream smoke. It is entirely appropriate that tobacco smoke is recognised as an indoor pollutant.</p> <p>Secondhand smoke exposure can increase a child's risk of developing coughs and colds, chest infections, glue ear, wheeze and asthma and meningitis. At its worst, exposure among babies can lead to sudden infant death syndrome.</p>	
Healthier Futures	1	12	<p>Why the guideline is needed Healthier Futures agrees that there is a need for guidance on reducing indoor air pollution which can cause respiratory and other diseases. This response focuses on the importance of including environmental tobacco smoke (ETS) and vaping as part of the guideline. Environmental tobacco smoke is more commonly known as secondhand smoke and we would suggest this wording be used in the guidance.</p> <p>Exposure to tobacco smoke is a major health hazard and since the implementation of smokefree laws the home is the greatest source of such exposure (see comment 9 below for more information). We are therefore pleased to note that tobacco smoke is included in the scope.</p>	Thank you for this comment. We feel that environmental tobacco smoke is a commonly understood term.
Healthier Futures	1	19	In addition to the harm caused by exposure to ETS in the home from members of a household or visitors who smoke, some people are affected by tobacco smoke entering their home from neighbouring properties. Smoking in common parts is prohibited by legislation, however, there can be significant problems from smoke drift from neighbouring properties or from outside.	Thank you for this information. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has

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				developed a guideline on Air pollution: outdoor air quality and health which is about road-traffic related air pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline.
Healthier Futures	3	1	Who the Guideline is for Housing Associations looking at developing policies around smokefree estates and smokefree homes may find NICE guidance on this issue helpful.	Thank you for this information. Housing associations are included in the key audiences for the guideline.
Healthier Futures	4	4 – 15	Equality considerations Particular considerations should be given to those at increased risk of high levels of indoor air pollution. Smoking rates are particularly high in disadvantaged populations such as people with mental health conditions.	Thank you for this comment. Disadvantaged groups have been added to the list.
Healthier Futures	6	1	Healthier Futures supports the inclusion of environmental tobacco smoke in the guideline as this is a major source of indoor air pollution in the homes of people who smoke. While the most effective behaviour change is to quit smoking and other NICE guidance covers how best to do this (PH1, PH10, PH45, PH48), those smokers who do not want to quit need to be encouraged not to smoke indoors to reduce the harm their smoking causes to them and to those around them. The guidance should include temporary abstinence of smoking and use of non-smoked nicotine products. (Covered to some extent by guidance PH45)	Thank you for this comment. The committee will consider existing NICE guidelines on tobacco prevention and may adopt, adapt or cross refer to them as applicable.

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Healthier Futures	7	22 - 24	<p>Effective interventions The key to reducing the health harms from tobacco is to encourage smokers to stop smoking in the home. Healthier Futures recommends that a review of current policies to tackle this issue is carried out, in particular to look at the extent to which mass media and public education campaigns can change attitudes and behaviour with regard to smoking indoors.</p> <p>Campaigns to raise awareness of the dangers of exposure to ETS and make homes smokefree have been found to be effective. For example the 'Take 7 steps out' campaign run by Healthier Futures and Fresh NE provided a clear message to take smoking 'right outside' the home. This resulted in 19% of smokers who saw the campaign reporting that they went outside to smoke. The campaign also helped 54% of smokers to think about cutting down and 42% more likely to seek help quitting. This suggests that NICE guidance backed up by further similar campaigns could help protect both adults and children from exposure to secondhand smoke as well as encouraging adult smokers to cut down or quit smoking.</p> <p>Source: Take 7 Steps Out http://www.healthierfutures.org/our-work/campaigns/take-7-steps-out-secondhand-smoke</p>	Thank you for this comment. As detailed in the scope document, NICE will not review the evidence around ETS. However the committee will consider recommendations from other published NICE guidelines and adopt, adapt or cross refer to them as applicable. It will consider any environmental tobacco smoke outcomes that are included as part of other interventions already included in the scope.
Healthier Futures	7	4 - 8	<p>Exposure to pollutants Tobacco smoke contains over 7000 chemicals in the form of particles and gases. The particulate phase includes benzene and benzo(a)pyrene. The gas phase includes carbon monoxide, ammonia, dimethyl nitrosamine, formaldehyde, hydrogen cyanide and acrolein. Some of these have marked irritant properties and there are more than 50 cancer-causing chemicals in secondhand smoke.</p>	Thank you for this information.

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			<p>There is strong evidence of the harms of exposure to ETS. Immediate effects include eye irritation, headache, cough, dizziness and nausea. Adults with asthma can experience a significant decline in lung function when exposed. In the longer term people exposed to ETS are at increased risk of lung cancer, COPD and coronary heart disease.</p> <p>Children living in a home where people smoke are at increased risk of a range of lower increased risk of lower respiratory tract infections, onset and exacerbation of asthma, middle ear infection and meningitis.</p> <p>The RCP has estimated that ETS exposure in children, primarily in the home, is responsible annually for:</p> <ul style="list-style-type: none"> • over 20,000 cases of lower respiratory tract infection • 120,000 cases of middle ear disease • at least 22,000 new cases of wheeze and asthma • 200 cases of bacterial meningitis • 40 sudden infant deaths – one in five of all SIDs. <p>Each year, these cases have been estimated to generate over 300,000 UK GP consultations and about 9,500 hospital admissions, and cost the NHS about £23.3 million.</p> <p>A 2016 study into secondhand smoke amongst residents in Suffolk commissioned by Suffolk County Council and delivered by Healthier Futures found that almost all knew secondhand smoke is dangerous, with 86% stating that secondhand smoke presents a risk to children. However, limited knowledge of specific associated risks, such as, stroke, cot death, ear infections, but better awareness of respiratory</p>	

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			conditions. The insight also revealed that almost 6% of smokers smoke in the home with children present and do not usually open a window when smoking.	
IEH Consulting Ltd Royal College of Physicians	1	15-18	This list needs to include fuel-burning appliances (cookers, stoves, heaters etc.), furniture, DIY/decorating products (paints, glues, etc.), and personal care products (perfumes, deodorants, etc.). Soil and bedrock should also be included as potential sources of indoor air pollution.	Thank you for this comment. This section aims to provide brief scene setting, not an exhaustive overview. In relation to fuel-burning appliances, furniture, DIY/decorating products and personal care products are covered elsewhere in the scope. In relation to soil and bedrock, these are emission sources for radon pollution. Radon is excluded from the scope.
IEH Consulting Ltd Royal College of Physicians	1	23-25	Formaldehyde is an important indoor pollutant and should be included here.	Thank you for this comment. This section aims to provide brief scene setting, not an exhaustive overview. Formaldehyde is covered elsewhere in the scope.
IEH Consulting Ltd Royal College of Physicians	1	25-26	What is 'it' referring to?	Thank you for this comment. In this context, 'it' refers to exposure to indoor air pollutants (which is the subject of the previous sentence).
IEH Consulting Ltd Royal College of Physicians	2	10 et seq.	This list should include the COMEAP report 'Guidance on the Effects on Health of Indoor Air Pollutants' (December 2004) – available at:	Thank you for this comment. This section is restricted to the latest policies, guidelines and legislations and is not intended to be exhaustive. It is also restricted to areas that directly overlap with the areas

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				covered by the guideline. A reference to the COMEAP 2004 report is now included in the Key facts and figures section in the final scope.
IEH Consulting Ltd Royal College of Physicians	2	1-3	People with pre-existing health conditions such as chronic heart and lung disease are also more susceptible to poor indoor air quality. It should be made clear that susceptibility has two elements - relating to biological factors and also propensity for exposure.	Thank you for this comment. The scope identifies people with pre-existing conditions in sections 2 and 3 of the scope. Review question 1 in section 3.5 of the scope will help to address what aspects increase the likelihood of a person being exposed to indoor air pollutants and how is this different by different populations, dwellings or pollutants.
IEH Consulting Ltd Royal College of Physicians	3	12	This should read: "...whose symptoms may be caused by or affected by..."	Thank you for this comment. We have been advised evidence for causality is not available and we have amended this sentence to read 'associated with or exacerbated by...'
IEH Consulting Ltd Royal College of Physicians	3	2-3	It seems rather introspective and unnecessary (obvious) to say that the public will be able to use the guideline 'to find out more about what NICE recommends'.	Thank you. We will pass your comment on to our editorial team.
IEH Consulting Ltd Royal College of Physicians	3	28	This list should include the fetus.	Thank you for this comment. Unborn children are covered by legal obligations and equalities

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				legislations that cover pregnant women therefore this has not been added to the list. However, we will note 'unborn children' in the review protocols as a group to consider if any evidence is available.
IEH Consulting Ltd Royal College of Physicians	3	4 et seq.	Surely the guideline is also for the public (home owners/home-dwellers)?	Thank you for this comment. This guideline may also be relevant for home owners/home-dwellers however we will not be recommending any actions specifically aimed at private individuals. They are free to use NICE guidelines for their own decision making if they wish
IEH Consulting Ltd Royal College of Physicians	4	18-21	This list should specifically include flats (apartments), mobile homes and similar temporary accommodation, and residential (boarding) schools.	Thank you for this comment. Mobile homes has been added to the list. Please note, the list is exemplar, not exhaustive. All places where people live are included apart from prisons and secure environments. Please see section 3.2 of the scope.
IEH Consulting Ltd Royal College of Physicians	4	8 et seq.	This list should include people who are in their home almost all the time due to illness or incapacity.	Thank you for this comment. People who are house-bound would be included under 'people with disabilities'.
IEH Consulting Ltd	5	13-14	We would suggest avoid referring to asbestos-containing materials as this is a separate specialist area.	Thank you for this comment. Asbestos as an indoor air pollutant is

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Royal College of Physicians				within the remit of this guideline. However, asbestos is now removed from the example and this has been amended to 'removal of hazardous building materials'.
IEH Consulting Ltd Royal College of Physicians	5	15-16	We would suggest "...with low VOC and formaldehyde 'emissions' as formaldehyde is an important and significant indoor air pollutant.	Thank you for this comment. Formaldehyde is listed as a key outcome in section 3.6.
IEH Consulting Ltd Royal College of Physicians	5	21 et seq.	Additional important interventions relate to: servicing and properly maintaining cooking and heating appliances; avoiding condensation, damp and mould; controlling the growth of house dust mites and exposure to HDM allergen; having ready access to appropriate advice and information.	Thank you for this comment. If intervention studies are found that report on the effectiveness of these then they will be included in the reviews (unless aspects of maintenance are already covered by legislation).
IEH Consulting Ltd Royal College of Physicians	5	30	Electric fires are not combustion appliances.	Thank you for this comment. This example has been removed.
IEH Consulting Ltd Royal College of Physicians	5	9-10	This intervention will make indoor air quality worse.	Thank you for this comment. The effectiveness (or harmful effects) of any interventions will be determined based on a systematic review of the literature and the committee's interpretation of the evidence.
IEH Consulting Ltd Royal College of Physicians	7	7-8	It should be perhaps made clear that by 'different populations' you mean different sub-populations covering differing individual health statuses and socio-economic situations, as well as age, sex, etc.	Thank you for this comment. This level of detail will be outlined in the review protocol.
IEH Consulting Ltd	8	1	As above.	Thank you for this comment.

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IEH Consulting Ltd Royal College of Physicians	8	10-18	This list needs to include the toxicology of indoor air pollutants and previous assessments of the impact of indoor air quality on health (including the development of indoor air guidelines).	Thank you for this comment. Establishing harmful levels of pollutants is outside the remit of this guideline. This guideline will focus on interventions to improve indoor air quality.
IEH Consulting Ltd Royal College of Physicians	8	19-29	I suggest this list includes temperature and humidity (certainly the latter) and also fungi and bacteria.	Thank you for this comment. The list has been amended to include biological agents.
IEH Consulting Ltd Royal College of Physicians	8	23	And other oxides of nitrogen	Thank you for this comment. This outcome has been amended in section 3.6 of the scope.
IEH Consulting Ltd Royal College of Physicians	8	26	And acetaldehyde	Thank you for this comment. The list is not intended to be exhaustive.
IEH Consulting Ltd Royal College of Physicians	8	28-29	It is increasingly being acknowledged that, at only moderately high levels, CO2 can affect concentration, learning and productivity.	Thank you for this information.
IEH Consulting Ltd Royal College of Physicians	General		The Royal College of Physicians (RCP) plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. The RCP provides physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing 32,000 fellows and members worldwide, the RCP advises and works with government, patients, allied healthcare professionals and the public to improve health and healthcare.	Thank you for your support.

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			<p>IEH consulting provides the best available information, independent advice and opinion on the hazards and risks posed by exposure to environmental and workplace chemicals, dusts and fibres, and in relation to European chemicals policy and regulation. Our focus is on providing client-focused, high quality advice and assistance tailored to meet client needs in the fields of environmental and human health hazard and risk assessment.</p> <p>The RCP and IEH consulting welcome this consultation and the government's commitment to address the health harms associated with indoor air quality. We welcome the recommendations contained in the guideline and believe that it presents a good overview of the issues relating to indoor air quality in the home.</p>	
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art		general	Building Standards make reference to health of the occupants, but provide no metrics	Thank you for this comment.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	1	15-18	This should include consumer products (such as air fresheners, scented candles, personal care products) and combustion sources (such as open fires, stoves). This should also include internal finishes such as paints, varnishes, carpets and sheet flooring. Indoor air pollutants may also include electromagnetic radiation and radio waves (e.g. WiFi)	Thank you for this comment. Candles and diffusers have been added to the list. However, this is not intended to be an exhaustive list of pollutants. The guideline will focus on chemical, biological and combustion sources.
Mackintosh Environmental Architecture	1	19-22	While outdoor sources are important and should be considered, emphasis on addressing outdoor sources may lead to occupants ventilating less, which (although reduces exposure to pollutants of outdoor origin) will lead to higher	Thank you for this comment. This guideline is about poor air quality

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[Indoor air quality at home]

**Consultation on draft scope
Stakeholder comments table**

[10/02/2017 to 09/03/2017]

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Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Research Unit, Glasgow School of Art			concentrations of pollutants of indoor origin. The significance of outdoor sources will depend on location, ventilation levels, filtration etc. It is worth noting that agricultural rural areas can be at increased risk of outdoor pollution e.g. from pesticide spraying, field dust, pollen etc	from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and health . The actions to manage ingress from outside sources are covered in the Air pollution guideline.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	1	23-26	The list should include formaldehyde.	Thank you for this comment. This is not intended to be an exhaustive list. Formaldehyde is specified in the main outcomes in section 3.5 of the scope.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	10	4	As mentioned previously, increasing airtightness is not considered a strategy to improve IAQ and may actually result in IAQ problems in some cases.	Thank you for this comment. The need to balance the effectiveness (of an intervention (and any potential harms associated with any interventions is listed as a specific question (4.3) in section 3.5 of the scope will be discussed by the committee.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	10	4	There should also be a section on changing knowledge and attitude of the UK construction profession, to include guidance on materials with low toxicity and low VOC emissions. How do we change the practice of UK construction industry to ensure IAQ is not detrimentally affected in the drive towards energy efficiency, improved fabric performance and lower ventilation levels to reduce heat loss?	Thank you for this comment. The need to balance the effectiveness of an intervention and any potential harms associated with the interventions is listed as a specific question (4.3) in section 3.5 of the

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				scope. The scope notes the guideline may also be relevant to the construction industry. If relevant evidence is identified that have trialled interventions that meet the inclusion criteria then these will be included.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	10	4	<p>Source control is the most effective means of reducing exposure to indoor air pollutants. This, together with education, must be prioritised in the guidance.</p> <p>Specific measures and strategies e.g. pollutant buffering materials and ventilation, should be developed to be the second line of defence in minimising exposure. These must be holistic and integrated to avoid unintended consequences.</p> <p>Simply by suggesting installation of extract fans or ventilation units is not likely to have a significant impact. A key issue to be addressed is the lack of compliance with existing regulations on ventilation provision in new build (and existing) homes. Studies have highlighted issues with design, installation, commissioning, operation and maintenance of mechanical ventilation systems, and also ineffectiveness of trickle ventilators under typical conditions (even when designed as per building regulations).</p>	<p>Thank you for this comment. Compliance in not within the remit of this scope.</p> <p>The effectiveness (or not) of an intervention in improving air quality will be considered in the evidence.</p>
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	2	1-3	This should include people with pre-existing medical conditions and immunocompromised individuals. It is important to note that unborn children are also at risk.	Thank you for this comment. Section 3.1 of the scope acknowledges special consideration should be given to people with conditions associated with or exacerbated by

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				indoor air pollution, such as stroke, heart disease and asthma. In relation to unborn children, this group is covered by legal obligations and equalities legislations that cover pregnant women therefore this has not been included. However, we will note 'unborn children' in the review protocols as a group to consider if any evidence is available.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	3	14-18	The guidance should be relevant to home-owners and occupiers, given that occupant behaviour can have a significant influence on IAQ and pollutants from occupant activities (such as cleaning products or cooking) can be more dominant than emissions from building materials indoors Designers and policy makers in main users of guidance.	Thank you for this comment. This guideline may also be relevant for home-owners and occupiers, however not aiming for recommendations specifically targeted to private individuals.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	3	28	Pregnant women should include unborn children, as identified in p. 4 (12).	Thank you for this comment. Unborn children are covered by legal obligations and equalities legislations that cover pregnant women therefore this has not been added to the list. However, we will note 'unborn children' in the review protocols as a group to consider if any evidence is available.

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Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	4	18-21	The list should include residential tenures, such as owner-occupied, social and private rented sectors. The list could also include hotels or any other accommodation where people are expected to sleep	Thank you for this comment. It is not intended to be an exhaustive list. This guideline may also be relevant for home owners/home-dwellers however we will not be recommending any actions specifically aimed at private individuals. They are free to use NICE guidelines for their own decision making if they wish.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	5	11-12	MVHR is not a heating system. Defining MVHR as a heating system will impact occupant expectations and may lead to dissatisfaction and/or misuse (potentially resulting in occupants deactivating MVHR systems during the summer season	Thank you for this comment. Section 3.3 has been amended and installation of mechanical ventilation with heat recovery systems is listed separately.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	5	13-14	Asbestos is mentioned here but not elsewhere. Asbestos is not a pollutant until it is disturbed. A better example might be smoking or use of cleaning products and air fresheners	Thank you for this comment. This was given as an example. However, asbestos is now removed from the example and this has been amended to 'hazardous building materials'.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	5	15-16	Other examples should include building materials containing chemicals of concern including carcinogens, endocrine disruptors, neurotoxins and mutagens.	Thank you for this comment. Asbestos has been removed and the example has been amended to 'hazardous building materials'.

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Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	5	17	Installing trickle vents in new buildings may be ineffective in airtight homes, particularly in some building types (e.g. single aspect flats) or tenure types (high occupancy).	Thank you for this comment. Review question 1.2 will examine how the risk is stratified by different types of dwelling and type of population. The committee will consider the effectiveness (or not) of any interventions based on a systematic search of the literature. The committee will take these into account and will make targeted recommendations if there is evidence to do so.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	5	23-30	How to reduce risks and loads – eg This should include drying clothes indoors, effectively maintaining ventilation systems and adequate operation of ventilation systems (including ensuring trickle vents remain open, adequate operation of extract fans etc.) The maintenance and redecoration of buildings covered by this guidance deserves particular focus to ensure pollutants are not introduced after the initial completion or refurbishment.	Thank you for this comment. These issues are highlighted in section 3.3 of the scope -the key areas that will be covered
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	5	25	This should include chemicals of concern (as mentioned previously)	Thank you for this comment.
Mackintosh Environmental	5	30	Electric fires should not be classified as a combustion appliance, but some types eg wood burning stoves should be emphasised.	Thank you for this comment. This example has been removed.

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Architecture Research Unit, Glasgow School of Art				
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	5	9-10	Making buildings more airtight will not in itself result in improved indoor air quality. In fact, making buildings more airtight without subsequent improvement of ventilation provision and source control of pollutants will lead to higher concentrations of pollutants of indoor origin.	Thank you for this comment. The committee will consider both the potential benefits and harms associated with any interventions they recommend.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	5	general	Source control should be prioritised as a means of reducing indoor pollutants. Extract fans should also be commissioned. Dehumidifiers cause financial burden to those on low incomes: high humidity levels can be reduced by using moisture buffering materials.	Thank you for this comment. The equality impact assessment notes the link between socioeconomic status and air pollution. The EIA has been amended to note the financial burden caused by dehumidifiers.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	6	18	To what extent should those responsible for the manufacturing, selling and prescribing products that negatively affect health be held accountable for "clean up" costs e.g. additional healthcare, remediation costs for removal of installed polluting materials etc?	Thank you for this comment. This is beyond NICE's remit as these are governmental or legislative issues. NICE will attempt to identify those at most risk of indoor air pollution, how to identify those who may need an intervention i.e. signs and symptoms and what interventions work.
Mackintosh Environmental Architecture	7	20	Awareness raising strategies must be aimed at everybody – not just those perceived to be at most risk.	Thank you for this comment. The review question 4.1 in section 3.5 of the scope has been amended to

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Research Unit, Glasgow School of Art				include everyone but in particular those at most risk. The review questions 1.1 and 1.2 will identify those at most risk based on the evidence not those 'perceived' to be at most risk.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	7	7-8	This should include different building characteristics, and different locations and risk factors (eg urban/rural, external noise, pollution, security etc).	Thank you for this comment. Details on the types of risk factors will be listed in the review protocol.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	7	general	Trade-offs between energy efficiency and IAQ should not be limited to behavioural issues. For example, what are the risks and benefits of airtight construction? What additional measures are required to ensure robustness of ventilation systems in airtight homes? What are the risks of energy efficiency measures, and also what are the potential benefits? What are the benefits of source control?	Thank you for this comment. The committee will consider both the potential benefits and harms associated with any interventions they recommend.
Mackintosh Environmental Architecture Research Unit, Glasgow School of Art	8	12	Outcomes need to measure pre-natal effects of pollutants.	Thank you for this comment. Where available in the evidence, health-related outcomes will be reported.
Mackintosh Environmental Architecture	8	21-29	This list should include biological sources, such as bacteria and fungi and HDM. It should also include common ingredients in indoor cleaning products, cosmetics etc e.g. phthalates, BPA, EDTA, parabens, Perchloroethylene	Thank you for this comment. Biological sources, such as HDM

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Research Unit, Glasgow School of Art				has been added to section 3.6 of the scope. The list of pollutants are not intended to be exhaustive.
NHS England	General		We welcome the focus on indoor air quality for this draft scope.	Thank you for this comment.
NHS England	General		Will it cover passive smoking specifically?	Thank you for this comment. The guideline will not cover passive smoking except for interventions to remove ETS from the indoor environment and whether they eliminate it or not.
NHS England	General		What about people who may work at home (e.g hairdressers)	Thank you for this comment. The guideline will only cover pollutants generated in the home from general household sources. The guideline will not cover occupational exposures, so in your example, pollution of the home from work related sources such as hairdressing fluids would not be included.
NHS England	P3		Should there be specific mention of health care workers in a health care setting?	Thank you for this comment. We believe this is covered in the current wording.
NHS England	P4, L15		Please make a specific mention of patients with COPD as a particularly vulnerable group of patients	Thank you for this comment. People with respiratory diseases are highlighted at various points in the document. Further details, such as specific mention of people with

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Nicoventures	General	General	<p>As regards the second limb of our Proposition – that the guideline should make recommendations that foster an environment whereby indoor vaping policies are properly informed by the evidence on the health risks of vaping to bystanders, we refer to the scientific evidence (discussed at comment 2 above), which demonstrates that there is no reliable evidence of vaping causing harm to bystanders.</p> <p>Nicoventures confirms its support of Public Health England's (PHE) recognition of the potential use of e-cigarettes in a public health strategy. It concluded that "<i>PHE's ambition is to secure a tobacco-free generation by 2025. We believe e-cigarettes have the potential to make a significant contribution to its achievement. Realising this potential depends on fostering an environment in which e-cigarettes can provide a route out of smoking for England's eight million smokers, without providing a route into smoking for children or non-smokers.</i>"¹</p> <p>PHE has also proposed 5 key principles intended to: "<i>guide the development of evidence-based policies that maximise the potential for e-cigarettes to improve public health while managing the risks in any particular setting.</i>"² We have set out these principles below, as they may be useful in supporting the development of the guidance.³</p>	<p>COPD will be included in the review protocols.</p> <p>Thank you for this comment. Indoor vaping policies are outside of the remit of this guideline. However, any interventions (for example structural interventions) that report effects on indoor air quality from vapours arising from vaping will be included.</p>

¹ Public Health England (2016). Use of e-cigarettes in public places and workplaces – Advice to inform evidence-based policy making, available at <https://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces>.

² Public Health England (2016). Use of e-cigarettes in public places and workplaces – Advice to inform evidence-based policy making, available at <https://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces>.

³ Public Health England (2016). E-cigarettes in public places and workplaces: a 5-point guide to policy making, available at <https://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces>.

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			<p>1. Make clear the distinction between vaping and smoking.</p> <p><i>E-cigarette use does not meet the legal or clinical definitions of smoking. Furthermore, international peer-reviewed evidence suggests that e-cigarettes carry a fraction of the risk of cigarettes and have the potential to help drive down smoking rates, denormalise smoking and improve public health. So policies need to be clear on the differences between vaping and smoking.</i></p> <p>2. Ensure policies are informed by the evidence on health risks to bystanders</p> <p><i>[International peer-reviewed evidence indicates that the risk to the health of bystanders from secondhand e-cigarette vapour is extremely low and insufficient to justify prohibiting e-cigarettes. This evidence should inform risk assessments.</i></p> <p>3. Identify and manage risks of uptake by children and young people</p> <p><i>E-cigarette use is not recommended for young people and this is reflected in the UK's age of sale and advertising restrictions. However, because adult smokers use e-cigarettes to quit smoking and stay smokefree, the products can help reduce children's and young people's exposure to smoking role models. In developing policies for child and youth settings, guarding against potential youth uptake should be balanced with fostering an environment where it is easier for adults not to smoke.</i></p>	

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			<p>4. Support smokers to stop smoking and stay smokefree</p> <p><i>E-cigarettes are used almost exclusively by smokers and ex-smokers and are now the most popular stop-smoking aid in England. To help smokers to stop smoking and stay smokefree, a more enabling approach to vaping may be appropriate to make it an easier choice than smoking. In particular, vapers should not be required to use the same space as smokers, as this could undermine their ability to quit smoking and stay smoke free.</i></p> <p>5. Support compliance with smokefree law and policies</p> <p><i>Maintain and support compliance with smokefree requirements by emphasising a clear distinction between smoking and vaping. Indicate accurately where vaping is permitted or prohibited.</i></p>	
Nicoventures Holdings Limited ("Nicoventures")	7	4	<p>We note that one of the specific key issues that has been identified for consideration within the draft scope is "exposure to pollutants" (page 7, line 4), and what risk factors increase the likelihood of a person being exposed to indoor pollutants.</p> <p>We have set out the evidence regarding the impact of ENDS on bystanders in comment 2 above.</p> <p>Overly restrictive policies on vaping could be a missed public health opportunity if it discourages smokers from becoming vapers. Accordingly, we believe that, with the support of evidence based guidelines in line with the PHE principles outlined above, property owners should be able to decide whether vaping is allowed on their property based on their particular circumstances.</p>	Thank you for this comment.

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Nicoventures Holdings Limited ("Nicoventures")	General	General	<p>Nicoventures is engaged in the development and sale of high-quality (nicotine and non-nicotine containing) vaping products (including "e-cigarettes") - also known as Electronic Nicotine Delivery Systems (ENDS).</p> <p>Nicoventures' submission will focus on the proposal in the draft guideline to look at the evidence on vaping as an intervention to change people's knowledge, attitudes and behaviour in relation to indoor air pollution. As further discussed below, we believe that vaping could result in cost saving recommendations if included in the guideline.</p> <p>We believe that vaping has the potential to deliver significant public health benefits by reducing the harm caused by tobacco smoking. Additionally, and as discussed below, public health authorities have concluded on the evidence available to date that there is no significant risk of harm from e-cigarette vapour to bystanders, provided products adhere to appropriate quality standards. Accordingly, we believe that, appropriately managed, vaping can be seen as part of the solution to improving indoor air quality.</p> <p>Accordingly, we recommend that the proposed guideline on indoor air pollution should:</p> <ul style="list-style-type: none"> (a) aim to educate the public regarding the potential benefits of vaping; and (b) make recommendations that foster an environment whereby indoor vaping policies are properly informed by the evidence on the health risks of vaping to bystanders. 	<p>Thank you for this comment. A focus of this guideline is on interventions to improve indoor air quality. The recommendations made in this area will be based on the evidence reviewed and the committee's discussions.</p>

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			("Proposition").	
Nicoventures Holdings Limited ("Nicoventures")	General	General	<p>In order to contextualise our submissions to support our Proposition (as stated above), we have set out below a brief overview of the current state of evidence regarding e-cigarettes:</p> <ul style="list-style-type: none"> (a) E-cigarettes do not contain tobacco, they do not rely on combustion and, as a consequence, no smoke is formed when the e-liquid is "vaped" and no tobacco tar is produced. Instead, nicotine is delivered in an aerosol predominantly composed of inert glycerol or propylene glycol. E-cigarette vapour emits significantly lower levels of toxicants than conventional cigarette smoke, and it is widely acknowledged that it is the toxicants in cigarette smoke that cause the majority of smoking related disease, such as cancer, heart disease or pulmonary disease, not the nicotine. As reported by the Royal College of Physicians: "[t]he harm of smoking is therefore caused not by nicotine, but by other constituents of tobacco smoke."⁴ The UK National Institute for Health and Care Excellence similarly concludes: "<i>most health problems are caused by other components in tobacco smoke, not by the nicotine.</i>"⁵ (b) A panel of experts in nicotine science, medicine, toxicology and public health policy applied a multi-criteria decision analysis approach, developed by the Independent Scientific Committee on Drugs in 2010, to tobacco and nicotine products based on harms to users and harms 	<p>Thank you for this comment. It is not the intention of the guidance to examine interventions related to smoking cessation per se. NICE has published a suite of guidelines on smoking, including the smoking cessation guidelines, which are currently being updated (PH1 and PH10), smoking: harm reduction (PH45) and smoking: stopping in pregnancy and after childbirth (PH26). In relation to vaping, if harmful pollutants or evidence of harm are identified (following a systematic search of the literature on interventions to remove indoor air pollutants), the committee will consider them.</p>

⁴ Royal College of Physicians (2016), Nicotine without smoke: Tobacco Harm Reduction, available at: <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>
⁵ UK National Institute for Health and Care Excellence (NICE). 2013. *Tobacco: Harm reduction approaches to smoking*.

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			<p style="text-align: center;">Please insert each new comment in a new row</p> <p>to the wider society. The study attributed a relative harm score of 100% for conventional cigarettes, while giving a score of 4% for vaping products.⁶</p> <p>(c) Further, an independent expert review commissioned by Public Health England in 2016 (whose involvement in the development of the guideline scope we acknowledge and welcome), concluded that:</p> <p style="padding-left: 20px;">i. “[B]est estimates show e-cigarettes are 95% less harmful to your health than normal cigarettes, and when supported by a smoking cessation service, help most smokers to quit tobacco altogether.”⁷; and</p> <p style="padding-left: 20px;">ii. “[e-cigarette] use releases negligible levels of nicotine into ambient air with no identified health risks to bystanders.”⁸</p> <p>There is a growing consensus among leading public health organisations and experts that there is no evidence that vaping poses a risk to bystanders, including:</p> <p style="padding-left: 20px;">(a) The British Heart Foundation “[a]t this time, we do not believe that a ban on the use of electronic cigarettes in enclosed spaces can be justified, based on the evidence currently available.”⁹</p> <p style="padding-left: 20px;">(b) The Royal College of Physicians “[t]here is no evidence that smoking e-cigarettes in enclosed spaces poses a significant risk to other</p>	<p style="text-align: center;">Please respond to each comment</p>

⁶ Nutt et al, Estimating the Harms of Nicotine-Containing Products Using the MCDA Approach. Eur Addict Res 2014;20:218–225, at 224, Fig 3 at 223.
Public Health England, *E-cigarettes: an evidence update*, A report commissioned by Public Health England, p. 5. Available at <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England.pdf>
Public Health England, *E-cigarettes: an evidence update*, A report commissioned by Public Health England, p. 75. Available at <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England.pdf>

⁹ <http://www.clivebates.com/?p=3096>

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[Indoor air quality at home]

**Consultation on draft scope
Stakeholder comments table**

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			<p><i>people, and on the basis of available evidence, the [Royal College of Physicians] anticipates that electronic cigarettes and related products could actually generate significant falls in the prevalence of smoking in the UK, prevent many deaths and episodes of serious illness, and help to reduce the social inequalities in health that tobacco-smoking currently exacerbates.”¹⁰</i></p> <p>(c) Public Health England “[i]nternational peer-reviewed evidence indicates that the risk to the health of bystanders from exposure to e-cigarette vapour is extremely low... The evidence of harm from secondhand exposure to vapour is not sufficient to justify the prohibition of e-cigarettes. Managers of public places and workplaces should ensure that this evidence informs their risk assessments.”¹¹</p> <p>(d) Action on Smoking and Health (ASH): banning the use of vaping products in public places “may even have a negative impact upon current smokers who may otherwise have attempted to quit or harm reduce, potentially damaging rather than enhancing public health.”¹²</p> <p>(e) UK experts in the field of e-cigarettes (Professor Robert West of University College London, Professor Peter Hajek of Queen Mary University of London, Professor Ann McNeill, of Kings College London, Dr Jamie Brown of University College London and Deborah Arnott, the Director of Action on Smoking and Health): “From analysis of the constituents of e-cigarette vapour, e-cigarette use from popular brands</p>	

¹⁰ <http://www.clivebates.com/?p=3096>
¹¹ <http://www.clivebates.com/?p=3096>
¹² <http://www.clivebates.com/?p=3096>

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			<p><i>can be expected to be at least 20 times safer (and probably considerably more so) than smoking tobacco cigarettes in terms of long-term health risks...(and is) ...highly unlikely to be harmful to bystanders..."¹³</i></p> <p>(f) Fifty-three leading public health policy experts and nicotine scientists from around the world petitioned the World Health Organization in 2014 to refrain from banning and/or unduly restricting e-cigarettes, and commented that: <i>"It is inappropriate to apply legislation designed to protect bystanders or workers from tobacco smoke to vapour products. There is no evidence at present of material risk to health from vapour emitted from e-cigarettes."</i>¹⁴</p> <p>(g) Additionally, a previously proposed public place vaping ban in Wales in 2015 (that was later withdrawn), was subject to open criticism by Cancer Research UK which said that: <i>"There isn't enough evidence to justify a ban on using e-cigarettes indoors. The measure could create more barriers for smokers trying to quit tobacco."</i>¹⁵</p> <p>This evidence indicates that switching from smoking traditional cigarettes to vaping has the potential to deliver significant public health benefits by reducing the harm caused by tobacco smoking, and that there is no significant risk of harm from e-cigarette vapour to bystanders. Accordingly, we believe that, appropriately managed, vaping can be seen as part of a solution.</p>	

¹³ http://www.ash.org.uk/files/documents/ASH_918.pdf

¹⁴ Letter to Margaret Chan, Director General WHO. Signed by 53 leading public health leaders from around the world.
<http://nicotinepolicy.net/documents/letters/MargaretChan.pdf>

¹⁵ <http://www.cruk.cam.ac.uk/news/latest-news/welsh-government-proposes-banning-e-cigarettes-public-places>

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			Treating e-cigarettes in the same way as conventional cigarettes could be detrimental to public health, if it inhibits switching from combustible tobacco products to e-cigarettes.	
Nicoventures Holdings Limited ("Nicoventures")	General	General	<p>As regards the first limb of our Proposition – that the guideline should aim to educate the public regarding the potential benefits of vaping, we would re-emphasise the potential role of e-cigarettes as part of a public health strategy and that there is no significant risk of harm from e-cigarette vapour to bystanders -- which, together with their relatively novel status in the market, means that it is vital that consumers are made aware of the differences between e-cigarettes as a category distinct from conventional cigarettes. Consumers should be able to access objective and factual information about the products, and should be educated about the evidence regarding the absence of significant risk to bystanders posed by vaping (see discussion at comment 2 above). This has been recognised by NGOs including Action on Smoking and Health (ASH), which have found that "[o]f particular concern is the worsening understanding among smokers... Research has shown that perceptions of harm may be inhibiting some smokers' use of electronic cigarettes".¹⁶</p> <p>Further support for the provision of pro-active education in relation to e-cigarettes was provided in August 2016, by the Royal College of Physicians, which released a comprehensive analysis of nicotine and e-cigarettes in its report "<i>Nicotine without smoke: Tobacco harm reduction</i>".¹⁷ In this report the Royal College of Physicians</p>	Thank you for this comment. One of the aims of the guideline is to identify interventions to change people's knowledge, attitude and behaviour in relation to a range of actions to reduce their exposure to indoor air pollution. This will consider the most effective strategies for raising awareness of the risks of indoor air pollution, particularly in those at most risk.

¹⁶ ASH fact sheet May 2016, Use of Electronic Cigarettes (vapourisers) among adults in Great Britain. Available at <http://ash.org.uk/information-and-resources/fact-sheets/use-of-electronic-cigarettes-vapourisers-among-adults-in-great-britain/>
Royal College of Physicians (2016), Nicotine without smoke: Tobacco Harm Reduction, available at: <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>

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			recommended that <i>"in the interests of public health it is important to promote the use of e-cigarettes, NRT [nicotine replacement therapy] and other non-tobacco nicotine products as widely as possible as a substitute for smoking in the UK."</i> ¹⁸	
Nicoventures Holdings Limited ("Nicoventures")	General	General	<p>In conclusion, we believe that vaping has the potential to deliver significant cost saving recommendations if included in the guideline. In particular vaping has the potential to deliver significant public health benefits by reducing the harm caused by tobacco smoking. Additionally, public health authorities have concluded on the evidence available to date that there is no significant risk of harm from e-cigarette vapour to bystanders, provided products adhere to appropriate quality standards. Accordingly, we believe that, appropriately managed, vaping can be seen as part of the solution to improving indoor air quality.</p> <p>Accordingly, we recommend that the proposed guideline on indoor air pollution should:</p> <ul style="list-style-type: none"> (a) aim to educate the public regarding the potential benefits of vaping; and (b) make recommendations that foster an environment whereby indoor vaping policies are properly informed by the evidence on the health risks of vaping to bystanders. 	Thank you for this comment.
Public Health England	4	17	"Settings" section would benefit from a bit more clarity; it seems to be only about homes and care homes and to exclude other residential settings – such as other long-stay settings: hospital facilities/boarding schools. Is the guideline also relevant for managers of residential schools (page 3)?	Thank you for this comment. The list of settings is not intended to be exhaustive. Long stay hospitals are covered by estates and facilities

¹⁸ Ibid.

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				legislations and are not covered in this guideline.
Public Health England	6	19	Although biological agents are mentioned throughout the text, in the list of pollutants of the "Main outcomes" section, mould and House Dust Mite (HDM) should be explicitly mentioned and included.	Thank you for this comment. We have added these outcomes to section 3.6 of the scope.
Public Health England	6	4	Whilst the guidelines are not primarily about how to reduce exposure to radon, it needs to be acknowledged that some of the measures that could be taken may influence radon levels (by improving or by making worse). This needs to be acknowledged in the economic and guidelines sections as a potential confounder to the economic conclusions and guidelines.	Thank you for this comment. This will be noted in the review protocols and the reviews rather than part of the scope.
Public Health England	6	4-8	In "Areas that will not be covered" section, it should be explicitly mentioned that overheating and other indoor environmental hazards, such as noise, are not in scope, as clearly overlap.	Thank you for this comment. Noise from mechanical interventions and other potentially harmful outcomes will be included as adverse effects of an intervention when considering outcomes that are reported in the literature. Section 3.5 of the scope notes that all the key questions will consider any adverse effects.
Public Health England	6	5	This excludes CO from malfunctioning fuel appliances, but CO is included at line 22 of page 8. Some consideration of CO is important, if only to raise awareness of this "silent killer".	Thank you for this comment. The guideline will consider chronic exposure to CO.
Public Health England	general	general	There is little attention to the potential conflicts of achieving max energy efficiency without compromising IAQ.	Thank you for this comment. Question 4.3 in section 3.5 of the scope specifically addresses this issue.

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Public Health England	general	general	The performance issues of new buildings are also not highlighted; there is plenty of evidence that constructed buildings are not meeting the specifications, especially in the case of mechanical ventilation with heat recovery systems (MVHR may not be properly installed, operated or maintained).	Thank you for this comment. It is outside the remit of NICE to police adherence to specifications.
RCGP		General	<ul style="list-style-type: none"> The draft scope is ambitious but covers the essential areas while acknowledging and making reliable measurement of exposure given changing patterns-by age, by culture and class. Of food preparation-i.e. Frozen meals/microwave/daily cooking of one or more main meal, and where that occurs-separate kitchen, open plan kitchen/diner, bed-sit with gas ring and microwave. Of household heating from stoves and open fires to central heating topped up by wood-burning stoves, electric and gas fires. Of socialising- one main room for eating, television and sitting or people spending more time alone on a computer in their own space. Type of housing (large multi-roomed house to flat/room), and ownership (owner occupied, council tenant, private landlord) determines responsibility for paying repair and maintenance. 	Thank you for this comment.
RCGP	5		<ul style="list-style-type: none"> The scope needs to specifically cover wood burning stoves. Many people are installing them without full venting or following manufacturers' instructions especially related to ventilation or building regulations control. There is a need to vent all fuel-fired combustion appliances to the outdoors (including stoves, heaters and furnaces). Woodstoves need to proportionately sized and ensured that doors on all woodstoves fit tightly. Appropriate wood needs to be used in stoves and fireplaces. 	Thank you for this comment. Use of wood for heating or cooking is now included in section 3.3 of the scope. Any recommendations on use of such appliances will be based on a systematic search of the literature and the committee's discussion of the evidence.

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			<ul style="list-style-type: none"> Annual inspection by a trained professional to inspect, clean and tune-up central heating system (furnace, flues and chimneys) with proper repairs for any leaks. 	
Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop this guideline.	Thank you for this comment.
Royal College of Nursing	General	General	The draft scope seems very comprehensive and we have no further comments to add at this stage. We look forward to contributing to the development of the guideline.	Thank you for this comment.
Royal College of Physicians and Surgeons of Glasgow	General	General	The Royal College of Physicians and Surgeons of Glasgow supports this initiative from NICE on indoor air pollution. The scope also suggest a wider remit to cover other forms of indoor pollution such as damp encouraging poor housing conditions. This may be too wide for a single NICE project.	Thank you for this comment.
Royal College of Physicians and Surgeons of Glasgow	General	General	However the College is very supportive of this initiative as it's is in line with its policy of supporting projects to improve general health and wellbeing We are currently looking for prospective nominees for the guidelines committees from our public health and respiratory fellows.	Thank you for this comment.
Saint-Gobain	1	19	Clarify - 'gaps' in the building structure	Thank you for this comment. This has been amended as suggested.
Saint-Gobain	3	19	Clarify – Do NICE guidelines supersede HTM Design Guidance in healthcare buildings in England?	Thank you for this comment. NICE guidelines do not supersede Department of Health's advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. Further

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				information on the remit of NICE guidelines can be found here .
Saint-Gobain	3	2	It may be worth clarifying that this document is guidance only. It is not regulation and will not provide a process/tool or methodology to design a suitable building or system.	Thank you for this comment. Unlike decisions taken on medicines by the Centre for Health Technology Evaluation at NICE, NICE guidelines are not mandatory although they do represent evidence-based best practice. In addition, guidelines are not a tool for regulation or inspection but can be used towards quality improvement. Further information on the remit of NICE guidelines can be found here .
Saint-Gobain	4	19	Clarify – Hostels (does this mean tourist hostels? If so why not Hotels too?)	Thank you for this comment. Short-term living places such as tourist hostels or hotels are not included. The dwelling places listed in section 3.2 are examples and are not intended to be exhaustive. This guideline is aimed at public health professionals such as local authority staff as well as private and social landlords. Therefore any places where people live that come within this audience's remit will be included within the setting of the guideline.

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Saint-Gobain	5	11-12	MVHR systems should be separate from heating systems. An MVHR system warms incoming cold air to avoid wasting the heat already inside the building and prevent cold draughts being created at inlets into the space. An MVHR system alone will not heat the space. MVHR controls should also be considered along with flow rates and filters.	Thank you for this comment. Section 3.3 has been amended and installation of mechanical ventilation with heat recovery system is listed separately.
Saint-Gobain	5	13-14	Clarify what sort of pollution? Asbestos may not be the best example as this is a problem when it is disturbed (e.g. drilled into), not when it is encapsulated within a product.	Thank you for this comment. Asbestos has been removed as an example and this has been amended to 'hazardous building materials'
Saint-Gobain	5	15-16	It may also be useful to add an investigation into what type of conditions create peak levels of VOC emissions as emission rates may not be constant. Also emphasise that man-made and natural building materials will be considered.	Thank you for this comment. In relation to first point, this will be reported if this comes out of the evidence review. If both man-made and natural building construction materials will be considered if this is reported in the evidence.
Saint-Gobain	5	3	Extractor fan flow rates and controls?	Thank you for this comment. If the evidence reports differing flow rates and associated impact on levels or concentrations of pollutant level, this will be considered in the evidence review.
Saint-Gobain	5	7-8	May be better to re-phrase this, condensation is dependent on other variables besides insulation.	Thank you for this comment. This is an example of an intervention. Other material or structural interventions to prevent condensation will be considered if the evidence allows

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			e.g. Design of the building fabric, including the position and quantity of insulation to prevent condensation forming on internal surfaces or within walls etc to prevent mould growth.	this. Other aspects of insulation such as including the position and quantity will be noted in the review protocols and considered if the evidence allows this.
Saint-Gobain	5	9-10	Also include the installation of an airtightness membrane.	Thank you for this comment. The list is exemplar, not exhaustive. If studies look at installation of an airtightness membrane as a type of intervention to make the building more airtight then these will be reported.
Saint-Gobain	7	29	Agree with statement, but it is important to distinguish between the ventilation rate required to control indoor air quality and the ventilation rate required to control overheating within a space. In many situations, the ventilation rate required to control overheating will be much higher than that required for IAQ and may require large opening windows. Any recommendations will need to acknowledge this.	Thank you for this comment.
South Gloucestershire Council	general	general	Many of the issues are already covered by Building Regulations and Housing Health and Safety Rating System (HHSRS). The relationship between these legislative requirements and NICE guidance should be made clear. The HHSRS contains 7 criteria which are relevant to indoor air quality. Emphasis should be placed on this and the methods already in existence for remediating such hazards, such as Hazard Awareness Notices	Thank you for this comment. The Housing Health and Safety Rating System is referred to in section 1 of the scope. The aim of this guideline is to complement existing regulations and guidelines and recommendations or the committee's discussion in the guideline will refer to existing legislation.

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South Gloucestershire Council	general	general	Issues such as the use of cleaning chemicals / air fresheners / pesticides and the combination of such chemicals do not appear to be covered. We feel these sources of pollution are less well covered by existing legislation and should therefore be given greater focus in your document.	Thank you for this comment. Household cleaning products, hygiene products (such as deodorants), indoor pesticides and odourisation products (such as plug-in air fresheners and candles) are referred to in section 3.3 of the scope (key areas that are covered).
South Gloucestershire Council	general	general	Will the guidance also cover acute incidents, such as a kerosene spill?	Thank you for this comment. Indoor air quality issues following an acute incident is not covered within the guideline.
South Gloucestershire Council	general	general	Exploration of the evidence around alternative courses of action in relation to the design of new dwellings would be useful. For example, pressure on building land often leads to the construction of dwellings in less desirable locations such as adjacent to a motorway. The potentially harmful effects of the motorway (noise and air pollution) are supposedly mitigated through the design of the building, such as non-openable windows on facing elevations.	Thank you for this comment. When developing recommendations the committee will take into account both potential benefits and harms in relation to any recommended interventions. NICE has also developed a guideline on Air pollution: outdoor air quality and health . This guideline is about road-traffic related air pollution and includes actions for local government to mitigate exposure through planning decisions around housing.

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The Dirac Foundation	general	general	<p>In some respects this is a high-diversity study and so must inevitably need to become intrinsically larger than perhaps the title implies, even in regard to guidelines and thresholds, which should surely differ from person to person. It ideally needs an intensely evidence based approach in regard to the complex interactions that may plausibly be involved with nine content-rich dimensions. There seems no justification <i>a priori</i> in splitting of any one or more of these from the others “for practical purposes” or “for simplification as a first pass”. These dimensions are (1) endo-ecogenic (pollution from indoors) (2) exo-ecogenic effects (pollution from outdoors), (3) workplace exposures (e.g. exposure to fuel vapour in petrol stations and to airline crew), clinical ((4) disorders, (5) drugs taken, (6) smoking/alcohol /substance abuse, (7) nutritional (e.g. lower selenium levels may enhance risk of pancreatitis, (8) genetic/ molecular ethnicity, metabolic and toxico/pharmacogenomic (e.g. impaired sulphur metabolism can lead to lower glutathione levels removing a layer of protection), (9) pregnancy. Outdoor contributions are themselves complex and interacting, involving a variety of gases. busy roads, petrol/service stations, and landfill/waste dump exposure (e.g. chronic levels of low level exposure to hydrogen sulphide) any two or more of which may not uncommonly coincide. Evidently such an approach at its fullest goes beyond indoor guidelines and is in effect a matter of “personalized medicine”. It needs, or would naturally emerge from, such a study, requiring extension to current data and high dimensional data mining approaches. There are multiple aetiologies and multiple outcomes requiring careful consideration of adjoint relationships in the evidence, e.g. the conditional probabilities $P(\text{disease} \text{cause})$ (roughly speaking, typically clinical outcomes) versus $P(\text{cause} \text{disease})$ (roughly speaking, typically cause discovery, epidemiological/public health).</p>	<p>Thank you for this comment. Establishing harmful levels of pollutants is outside the remit of this guideline. This guideline will focus on interventions to improve indoor air quality.</p> <p>This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has also developed a guideline on Air pollution: outdoor air quality and health. This guideline is about road-traffic related air pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline, including advice on how individuals at risk can take action at times of high outdoor air pollution. It also includes actions for local government to mitigate exposure through planning decisions around housing. Workplace settings are outside the remit of the scope.</p>
The Royal Society for the Prevention of Accidents	10	3	<p>Include early detection measures (e.g. CO alarms) in overview as this is critical in enabling consumers to remove themselves from danger and tackle the problem.</p>	<p>Thank you for this comment. The interventions included in the</p>

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				evidence reviews will be based on a systematic search of the literature.
The Royal Society for the Prevention of Accidents	2	10	It might be useful to add the Furniture and Furnishings (Fire)(Safety) Regulations (FFRs) to the current policy and legislation section as these were critical in tackling indoor air pollution in relation to fire and household furnishings. Our understanding that is that these are currently under review with the Department for business Energy and Industrial Strategy (BEIS)	Thank you for this comment and suggestion. This has not been added to this section as this regulation is about setting levels of fire resistance for domestic upholstered furniture, furnishings and other products containing upholstery. Setting thresholds is not within the remit.
The Royal Society for the Prevention of Accidents	2	14	An intervention to strengthen The Smoke and Carbon Monoxide alarm regulations by extending the requirement for landlords to provide carbon monoxide alarms in properties with gas appliances as well as those with solid fuel appliances would provide increased protection to tenants and raise awareness of the dangers of CO.	Thank you for this comment. Any interventions recommended will be based on a systematic search of the literature and committee's considerations. It is not within NICE's remit to make recommendations on national policy or regulation.
The Royal Society for the Prevention of Accidents	2	18-21	PHOF indicator 3.01 does not currently contain any trend data. There is no direct mention of indoor air pollution in Domain 4. Deaths may be hidden within other disease categories or, for example, excess winter deaths. Currently the PHOF does not therefore adequately record or reflect the potential scale of the problem. Deaths or admissions from CO poisoning, inhalation of toxic substances due to fire and other poisonous substances may also be recorded among accidental injury data in Domain 2, but again will often not be clearly differentiated in order to be identifiable.	Thank you for this comment. NICE does not have a remit to make recommendations on what is covered in the Public Health Outcomes Framework (PHOF). Reference to PHOF has been removed from the scope.

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The Royal Society for the Prevention of Accidents	2	5-9	A more co-ordinated central government approach with a lead department for indoor pollution would significantly raise the profile and ensure clear leadership in tackling this issue. As they are not currently mentioned it should also be noted that Department for Business Energy and Industrial Strategy (BEIS) has responsibility for consumer safety and household products that may have an impact on indoor air pollution	Thank you for this comment. The Department for Business Energy and Industrial Strategy is now included in section 1 of the scope.
The Royal Society for the Prevention of Accidents	3	14	Local government elected members make critical budgetary decisions in relation to the services that provide enforcement and inspection related to indoor pollution regulations. Manufacturers of building materials and consumer products have a significant role in creating a safe indoor environment. The wording "it may be relevant" to "weaken the effect of the guidelines for these groups and make it less likely that they will be taken seriously. These groups should be added to "the guideline is intended for" list	Thank you for this comment. The first set of bullet points in section 2 is intended to indicate the audience who will be implementing the recommendations and the second list, include those who may be involved in decision making or interested in the guideline.
The Royal Society for the Prevention of Accidents	5	13	Inclusion of guidance on removal of hazardous materials and sources of indoor air pollution is welcome as this is of significant concern to householders. Clear recommendations on actions householders can take need to be included and disseminated.	Thank you for this comment. It is not the intention to make recommendations aimed at private individuals.
The Royal Society for the Prevention of Accidents	5	19-20	Inclusion of guidance on soft furnishing and flame retardant materials is welcome as, despite Furniture and Furnishings (Fire)(Safety) Regulations (FFRs) there will still be older non compliant furnishings in many homes.	Thank you for this comment. Interventions to change use of materials in soft furnishings and other interior design factors, including flame retardant and stain resistant treatments are included in section 3.3 of the scope.
The Royal Society for the Prevention of Accidents	5	9-10	There needs to be a recognition that making homes more airtight, whilst important for fuel efficiency and effective heating does have implications in ensuring	Thank you for this comment. The balance required between adequate ventilation in homes for health

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			adequate suitable ventilation required to reduce the impact of indoor air pollution, (specifically carbon monoxide)	versus maintaining an energy efficient lifestyle is noted as a key question in section 3.5 of the scope.
The Royal Society for the Prevention of Accidents	6	5-4	The exclusion of indoor air pollution caused by the acute malfunction of fuel appliances is inexplicable. Clear guidance in this respect both to consumers and to those organisations responsible for servicing and providing education and advice is critical to tackling this major issue, in particular the problem of carbon monoxide poisoning which claims 40-50 deaths every year. Guidance should also be given on the use of warning devices, such as carbon monoxide alarms which are effective in saving lives and, coupled with clear education campaigns, can help to significantly reduce the effects of this aspect of indoor air pollution.	Thank you for this comment. This was considered an exclusion criterion as issues such as boiler faults or issues covered by gas safety certificates were not deemed to be within the remit of the scope as these issues are covered in regulations.
The Royal Society for the Prevention of Accidents	7	15-24	This should include methods of early detection to enable people to avoid the worst effects of indoor pollution (e.g. carbon monoxide alarms)	Thank you for this comment. The interventions included in the evidence reviews will be based on a systematic search of the literature.
The Royal Society for the Prevention of Accidents	7	Section 3.5	We agree this is a comprehensive set of questions	Thank you for this comment.
UK Centre for Tobacco and Alcohol Studies	General		It is good that the draft now refers to environmental tobacco smoke (ETS) and vaping. However ETS generates extremely high levels of indoor particulate and other pollution, and whilst there is clearly no safe level of ETS exposure the fact remains that many people continue to smoke in their homes, in outside areas close to doors or windows, and in some public buildings exempt from smoke-free legislation including many prisons and residential homes. NHS and other staff visiting homes to deliver care or other services are thus commonly exposed to smoke. Smoking is also commonplace on stage in theatrical productions in England, exposing theatre staff, cast and audience unnecessarily to ambient and toxic pollution. The theatrical exemption does not apply in Scotland, where live	Thank you for this comment. Pollutants arising from environmental tobacco smoke (ETS) and vapours arising from vaping have been added to the outcomes in section 3.6 of the scope. As noted in the scope, no level of ETS is safe so we will only look at interventions to remove ETS from the indoor environment. In relation to vaping, if

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			<p>theatre continues to thrive, raising the question of why the exemption continues in England.</p> <p>Therefore, whilst it is correct to say that there should be no ETS exposure, the reality is that exposure happens, often to third parties, and is entirely preventable. It is also an exposure that, in the case of theatres, care homes and prisons, can be prevented through local authority or other local measures.</p> <p>So our request is that you include specific recommendations on ETS avoidance in circumstances such as those above.</p> <p>Vaping, which provides a very low hazard alternative to tobacco smoking, is a potential solution for many of the above instances.</p>	<p>harmful pollutants or evidence of harm are identified, the committee will consider them.</p>
UK Indoor Environments Group (UKIEG)	1	15-18	<p>This list needs to include fuel-burning appliances, furniture, DIY/decorating products and personal care products. Soil (including contaminated land) and bedrock should also be included as potential sources of indoor air pollution – although it is acknowledged the Guidance later states radon is not included in this guidance.</p> <p>Note this section refers to ‘pests or pet dander’ but later sections make little/no reference to these aspects, especially regarding pests.</p>	<p>Thank you for this comment. This section has been amended to include fitting and flooring. In relation to soil and bedrock, as these are emission sources for radon (which is excluded from the scope), these would not be included.</p>
UK Indoor Environments Group (UKIEG)	1	15-22	<p>The scope could be more explicit about whether this guidance is about domestic indoor exposures to (air-borne) pollutants of indoor and outdoor origin? (Only focusing on indoor sources may not provide a sufficiently comprehensive overview of indoor air quality issues). If so then line 15 should read “indoor sources of air pollution” and line 19 should be “outdoor sources of air pollution”. The paragraph on outdoor sources (line 19-22) could specify which are the most significant</p>	<p>Thank you for this comment. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and</p>

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			pollutants from outdoor origin that can be found typically in domestic environments (e.g. particulates etc).	<u>health</u> , which is about road-traffic-related air pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline.
UK Indoor Environments Group (UKIEG)	1	23-25	Formaldehyde is an important indoor pollutant and should be included. Also, semi-volatile organic compounds (SVOCs) released from building and consumer products with potential for dermal exposure and ingestion, as well as inhalation, e.g. plasticisers and flame retardants.	Thank you for this comment. The list is exemplar and is not intended to be exhaustive. Formaldehyde is included as one of the main outcomes in section 3.6 of the scope.
UK Indoor Environments Group (UKIEG)	10	graph	Airtightness does not necessarily improve IAQ. It is also noted that this graph gives the impression that the document will consider behavioural strategies for tobacco smoke – this is a wide field and would require extensive work. A key aspect of any intervention or guideline is ensure appropriate compliance. There is considerable evidence of a performance gap between requirements in building regulations and product standards and what is achieved in practice e.g. air flow delivered by fans in situ. As well as defining a guideline there is a need to ensure implementation with appropriate quality control and compliance certification.	Thank you for this comment. What you refer to is not a graph but an example of what the NICE pathway for indoor air quality might look like. The pathway will be updated in line with the final scope and in line with the recommendations in the final guideline. Behavioural strategies for tobacco smoke will not be included as NICE already has published a suite of <u>guidelines on smoking</u> , including the smoking cessation guidelines, which are currently being updated (PH1 and PH10), smoking: harm reduction (PH45) and smoking: stopping in

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				pregnancy and after childbirth (PH26).
UK Indoor Environments Group (UKIEG)	2	10 et seq.	This list should include the COMEAP report 'Guidance on the Effects on Health of Indoor Air Pollutants'. The list should also refer to the Buildings Regulation (especially AD Part F), as well as the EU's Energy Performance in Buildings Directive.	Thank you for this comment. The Building Regulations (Part F) has been added to the list. The list of links included in this section are the most recent policy and legislation. It is also restricted to areas that directly overlap with the areas covered by the guideline A reference to the COMEAP Guidance on the Effects on Health of Indoor Air Pollutants report is now included in the Key facts and figures in section 1 of the final scope.
UK Indoor Environments Group (UKIEG)	2	1-3	People with pre-existing health conditions such as chronic heart and lung disease are also more susceptible to poor indoor air quality. Note that susceptibility covers both biological factors and also propensity for exposure.	Thank you for this comment. Section 3.1 of the guideline notes special consideration will be given to some groups, including people with conditions that are associated with or exacerbated by indoor air pollution, such as stroke, heart disease and asthma.
UK Indoor Environments Group (UKIEG)	2	4-9	The list should include the Department for Business, Energy & Industrial Strategy as they are responsible for product safety and legislation. This section could include a brief outline of the main sources of guidance and advice for the general	Thank you for this comment. The Department for Business Energy and

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			public who is experiencing IAQ problems: what are the main public agencies providing this service and what is the current process/practice regarding accessing this service for members of the general public and/or relevant professionals?	Industrial Strategy has been added to this section. The aim of the scope is to briefly outline why a guideline in this topic is needed and set out the areas that the guideline will look at. The guideline will make recommendations for several organisations, including for local authority staff who will have responsibility of implementing the recommendations and for the public who will be able to use the guideline to help them make decisions.
UK Indoor Environments Group (UKIEG)	3	28	This should include the fetus.	Thank you for this comment. Unborn children are covered by legal obligations and equalities legislations that cover pregnant women therefore this has not been added to the list. However, we will note 'unborn children' in the review protocols as a group to consider if any evidence is available.
UK Indoor Environments Group (UKIEG)	3	4 et seq.	Is the guideline also for the public (home owners/home-dwellers)? If not, this would be not only a missed opportunity but also difficult in the sense that members of the public could still access this document: if so, is the information included in the document potentially misleading or confusing for them?	Thank you for this comment. Section 2 of the scope refers to the agencies/organisations that would be responsible for implementing the recommendations and also notes

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				that the public be able to use the guideline to find out more about what NICE recommends and help them make decisions. Home owner/home dwellers are included but we will not be recommending any actions specifically aimed at private individuals.
UK Indoor Environments Group (UKIEG)	4	18-21	This list should also include flats and temporary accommodation such as mobile homes.	Thank you for this comment. Mobile homes has been added to the list. Please note, the list is exemplar and does not purport to be exhaustive. It includes all indoor places where people live except for prisons and secure environments. Please see section 3.2 of the scope.
UK Indoor Environments Group (UKIEG)	4	8 et seq.	This list should include people who are house-bound due to illness or incapacity.	Thank you for this comment. People who are house-bound would be included under 'people with disabilities'.
UK Indoor Environments Group (UKIEG)	5	11-12	MVHR should not be classified as a heating system, this is potentially confusing and may even lead to misuse.	Thank you for this comment. Section 3.3 has been amended and installation of mechanical ventilation with heat recovery system is listed separately.

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UK Indoor Environments Group (UKIEG)	5	13-14	The rest of the document does not mention asbestos: it might be rather confusing to mention this here. Is asbestos explicitly considered in this guidance?	Thank you for this comment. Yes, asbestos as an air pollutant is within the remit of this guideline. However, asbestos has been removed from the example and this has been amended to 'hazardous building materials'.
UK Indoor Environments Group (UKIEG)	5	15-16	This could be edited as "...with low VOC and formaldehyde emissions" as formaldehyde is an important and significant indoor air pollutant.	Thank you for this comment. Formaldehyde is listed as a key outcome in section 3.6.
UK Indoor Environments Group (UKIEG)	5	21 et seq.	Additional important interventions relate to: properly maintaining cooking and heating appliances; avoiding condensation, damp and mould; controlling the growth of house dust mites and reducing exposure to HDM allergen. There is no mention on how to effectively maintain ventilation systems (cleaning of ducts, filters etc.).	Thank you for this comment. If intervention studies are found that report on the effectiveness of these then they will be included in the reviews.
UK Indoor Environments Group (UKIEG)	5	30	Electric fires are not combustion appliances	Thank you for this comment. We have removed this example.
UK Indoor Environments Group (UKIEG)	5	4	'to prevent mould and house dust mites ' (i.e. add 'house dust mites')	Thank you for this comment. These suggestions have been added to section 3.3 of the scope.
UK Indoor Environments Group (UKIEG)	5	7-8	Insulation can prevent mould by changing the dew point and hence help prevent mould growth on surfaces. However insulation can more generally help keep warmer temperatures and in doing so can help reduce indoor relative humidity, which in turn could also help prevent mould and house dust mites. It is	Thank you for this comment.

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			acknowledged however that house dust mites and some mould species generally prefer higher temperatures, therefore increasing indoor temperatures does not automatically lead to reduction of house dust mite infestations.	
UK Indoor Environments Group (UKIEG)	5	9-10	This intervention could make indoor air quality worse – depending especially on whether one is trying to reduce ingress of outdoor sources and/or elevated concentrations of indoor sources. Therefore this could be rephrased, e.g. “impact of airtightness on indoor concentrations from indoor and outdoor sources of air pollution”.	Thank you for this comment. The effectiveness (or not) of the interventions will be determined by the findings of the evidence review. The stem in subheading 3 in section 3.3 notes ‘interventions to change’ to indicate some interventions may not result in an improvement to indoor air quality or may improve air quality but to the detriment of other aspects of the internal environment. This guideline is about poor air quality from pollutants generated within the home and not migration of pollutants from the outdoors. NICE has developed a guideline on Air pollution: outdoor air quality and health , which is about road-traffic-related air pollution. The actions to manage ingress from outside sources are covered in the Air pollution guideline, including advice on how individuals at risk can take action at times of high outdoor air pollution to reduce their own

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				exposure. In addition, the guideline also includes actions for local government to mitigate exposure through planning decisions around housing.
UK Indoor Environments Group (UKIEG)	6	5	Chronic low-level exposure to CO is important and should be covered by the guideline. If so this should be reflected in the document	Thank you for this comment. CO is listed as a key outcome under 'Levels and concentrations of indoor air pollutants within dwellings' in section 3.6 of the scope.
UK Indoor Environments Group (UKIEG)	7	27-30	Assuming this guidance is about indoor exposures to airborne pollutants, the point about the use of ventilation should be expanded. A separate question could be added about "in what circumstances should people be advised to use windows as the main way to control exposure to indoor or outdoor sources? In areas of high outdoor pollution levels, is it always advisable to keep windows closed, regardless of indoor activities (e.g. smoking) and sources of indoor air pollution?".	Thank you for this comment. This is an important topic that is covered in the existing key questions.
UK Indoor Environments Group (UKIEG)	7	7-8	Please clarify what you mean by 'different populations'.	Thank you for this comment. This could mean various things, for example different socio-economic status, different ethnicities etc.
UK Indoor Environments Group (UKIEG)	7	general	This section could include an additional question about the benefits and risks of energy efficient design/retrofit with respect to IAQ issues. This could also include a reference to the risks arising from climatic changes, including vector-borne disease and pests.	Thank you for this comment. Climate change, vector borne diseases and pests are outside the remit of this guideline.
UK Indoor Environments Group (UKIEG)	8	10-18	This list needs to include the toxicology of indoor air pollutants and previous assessments of the impact of indoor air quality on health.	Thank you for this comment. Establishing harmful levels of pollutants is outside the remit of this

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				guideline. This guideline will focus on interventions to improve indoor air quality.
UK Indoor Environments Group (UKIEG)	8	19-29	This list should include temperature and humidity (certainly the latter) and also fungi, bacteria and house dust mites. Also SVOCs, as specified earlier.	Thank you for this comment. The list has been amended to include biological agents. SVOCs are a subgroup of VOCs and are therefore not added.
UK Indoor Environments Group (UKIEG)	8	23	And other oxides of nitrogen	Thank you for this comment. This suggestion has been incorporated.
UK Indoor Environments Group (UKIEG)	8	28-29	It is increasingly being acknowledged that, at only moderately high levels, CO2 can affect wellbeing and performance.	Thank you for this information.
UK Indoor Environments Group (UKIEG)	9	13	The document suggests an underlying assumption that knowledge, intention and attitudes are key in driving behaviours. However, a more comprehensive behaviour model could be used, such as the COM-B model and the behaviour Change Wheel Model developed by Prof Michie at University College London. In a nutshell the COM-B model considers 3 dimensions driving behaviour: Capability, Opportunity and Motivation. Intention, knowledge and attitudes are all components of Motivation and in part of Capability, but there is plenty of evidence to suggest that changing knowledge, intention or attitude does not always result in behaviour change. See http://www.behaviourchangewheel.com/about-wheel	Thank you for this comment. The outcomes on changes in behaviour (in section 3.6 of the scope) have been amended to include outcomes that result in an action.
UK Indoor Environments Group (UKIEG)	General		This is a much needed initiative and the draft scope provides a comprehensive overview of indoor air quality issues in the home.	Thank you for this comment.

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