



Even if the room is separately ventilated, the pumping action of swing doors when they are opened and closed further enhances tobacco pollutants leakage from smoking rooms; as much as 10% of air can leak out to non-smoking areas at each door movement (Wagner et al., 2004). The US Surgeon General does not recommend enclosed smoking rooms at all, but recommends complete non-smoking in indoor areas to reduce exposure to SHS, as all poisons, toxins, and particles found in SHS cannot be removed by any air cleaning technologies (USDHHS, 2006; ASHRAE, 2005).

Our findings support other studies that DSR at the airport is a major source of SHS exposure for non-smokers in adjacent non-smoking areas. If airport buildings are not smoke-free, workers and travelers of all ages are at risk for SHS exposure. Impact of high PM_{2.5} levels can affect not only smokers who visit DSR, but cleaning and maintenance staff can have occupational exposure to SHS (Lee et al., 2010; Zelliers et al., 2007).

Furthermore, children travelling with adults may be taken inside DSR, or left outside the smoking rooms. Findings suggest that actions such as separation of smoking into areas where smokers are exposed to high levels of particulate material can be very dangerous to smokers since the pollutant levels are concentrated to produce an extremely potent mix of environmental toxicants that could have sudden and life-threatening impacts on travelers whose cardiovascular systems have already become compromised by long travel. Both extreme high-level exposure for smokers and lower-level exposure for nonsmokers working in and around DSR over a working lifetime may be of concern.

These concerns should foster further study of both populations since secondhand smoke can be an added health threat to both smokers and nonsmoker depending on concentration and duration of exposure. Study in environments where exposures are both short- and long-term could be useful in further characterizing lifetime threats among various populations and sub-populations. Smoke-free policies that completely eliminate smoking inside airports are recognized as the only way to fully protect the non-smoking public from SHS exposure (CDC, 2012).

5. Conclusions

In summary, study results point to a measurable and statistically significant increase in PM_{2.5} levels outside DSR, with dangerously high levels of PM_{2.5} inside the DSR. These levels near DSR may not be obvious to travelers, but contribute to health damaging exposures above the WHO annual standard for particulate matter in ambient air.

Results of this study should lead to review of present Thai legislation so that international airports are included as smoke-free as with domestic airports. Further studies of

tobacco smoke exposure may benefit from using other indicators of SHS to characterize cigarette smoke exposure using nicotine samplers to complement PM_{2.5} measures.

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7. References

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