

Hoarding

Sanitary concerns, Harm reduction
and Municipal intervention strategies

Karen Sutkus, BS

Environmental Health Specialist
City of Manchester, NH Health Department

Hoarding vs. Collecting

Hoarding can be described as acquiring too many possessions, with difficulty discarding or getting rid of them when they are no longer useful or despite potential consequence. Those who hoard may feel embarrassed about their possessions and feel uncomfortable letting others into their home.



Hoarding disorder is different from collecting. People who have collections, such as stamps, coins, or models deliberately search out specific items. While the collection may be large, it is usually well-organized. Collectors are proud of their possessions and are eager to display and share them with others.



Stockpiling

The average consumer will often use coupons or bulk shop to save money.

If left unchecked, this can turn into a shopping addiction.



“Prepping” can be defined as the act of acquiring a stash of consumables and materials for a basic level of survival during a disaster or emergency. A “prepper” is building their collective of supplies with a practical purpose.

What Constitutes an Unsafe or Unsanitary Living Condition?

CLUTTER



A cluttered space is one with an excess amount of items, yet still remains functional. Absent of excessive trash or waste material.

UNSANITARY



An unsanitary space is one that may contain spoiling, or rotting food items, garbage, unwashed dishes and laundry, and human or animal waste. The space is often no longer functional as it was originally intended to be used.

CLUTTER



Clutter is disorganized, yet pathways and means of egress are maintained.

UNSANITARY/HOARDING



Unsanitary or hoarding conditions often do not maintain means of egress, which poses a threat to occupants and first responders.

Food Hoarder

This type of hoarding is often driven by the anxiety or fear of scarcity of food or in preparation for natural disasters – regardless if the threat is real or perceived. The client may have lived through a period of food insecurity themselves, or recall tales from family members who have survived through the Depression or hard times.

In these cases, the majority of the food goes unused and expires before it can be consumed. The accumulation of expired foods can lead to potential unsanitary conditions, as well as health concerns if actually consumed. Dented or bulging cans can be a sign of Botulism or other bacterial growth. There is rarely regard for proper food storage or temperature control of potentially hazardous foods.



Harm Reduction Strategy: Educate the client about the hazard of consuming expired or spoiled foods. Reinforce the challenges of pest control with unlimited food source. If there is an abundance of food items that may still be in good/safe/sanitary condition – suggest donation to those in need.

Animal Hoarder

Notorious for taking in stray or injured animals, they take in more animals than their space permits. This can not only be unsafe or unsanitary for the occupants and animals – it can also be illegal due to local or state codes. Animal hoarders typically have good intentions when introducing new animals into their home, but quickly become overwhelmed and unable to care for the large quantities of pets in their living space.



Squalor conditions may include:

- Feces and urine throughout the home, which may be ground into carpeting or soaked through subflooring and not easily cleaned
- Significant odor – abundance of animals, waste or ammonia from urine
- Food waste from improper feeding
- Insect infestations – ticks, mites, fleas – along with other common household pests

Harm Reduction Strategy: Educate the client about the hazards to both themselves, and the animals in their care. Imminent health hazards such as animal waste must be addressed immediately and animals may need to be assessed by the local Animal Control Officer or Humane Society.

The Knowledge Hoarder

These individuals are often extremely knowledgeable and highly intellectual. Client may be or once have been employed in a career requiring a large amount of research (teacher, scientist, lawyer). Their collection of information through books, newspapers/magazines, and documents can overwhelm the home – creating unsafe passage and fire hazards.



Harm Reduction Strategy: Inform the client of the dangers of not being able to move freely throughout the home. Reinforce personal and first responder safety and access. Inform/reinforce the availability of news media on the internet, as well as digital cataloging of current items

The Obscure Item Hoarder

These individuals find value in seemingly useless and impractical items. The collection of these items for “later use” becomes so overwhelming, that practical items cannot be accessed and the home itself becomes impassible. The client also may fear discarding something that may be valuable – and thus, keeps everything.



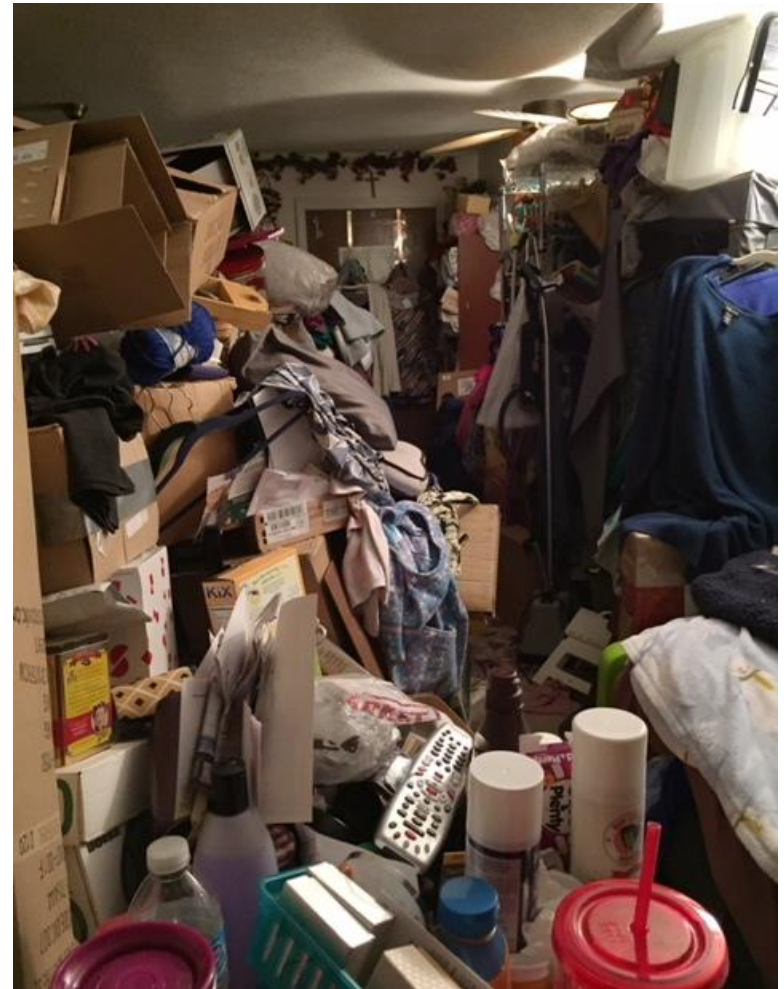
Harm Reduction Strategy: Work with the client to identify imminent hazards (safe passage, sanitary concerns) while helping them prioritize areas to address, setting manageable short-term goals.

The Shopping Hoarder

These clients find happiness and gratification through the purchase of items. Many of these items are not used or even opened, but simply fill the home.

The overwhelming desire to accumulate or purchase items may be in response to negative emotions – “retail therapy”. The client may be lonely or filling a void in their life. The thrill of the hunt or securing a good deal can provide short-lived pleasure.

Unable to pass up a “deal” – may also be tied to fear of not being able to provide at a later date.



Harm Reduction Strategy: The client may be facing significant financial hardship due to excessive shopping and maintaining accessory storage units. Inform the client of potential financial consequences, as well as safety hazards in the home. Provide information for donation opportunities to others in need.

Health Risks Associated with Hoarding

Garbage, Trash and Debris

In homes where garbage and trash is hoarded rather than being properly discarded, biological hazards can quickly arise.

Spoiled or rotten food and trash can not only breed potentially deadly bacteria – it can attract vermin and insects. This may lead to an infestation that is nearly impossible to control due to the sheer volume of material in the home.

Such infestations can also create personal health hazards for the client or other occupants of the home via bacterial and viral infections or allergic responses. Cockroaches can also contribute to childhood asthma and allergies.



Blood, Needles, and Other Bodily Fluids

Exposure to blood and other bodily fluids can pose a health hazard to the client, other occupants of the home, visitors and first responders. Proper disposal of syringes is imperative to ensure that others are not accidentally exposed to potential blood borne infectious diseases such as HIV, AIDS and Hepatitis.



Human and Animal Waste

Like blood and garbage – human and animal waste can pose a significant health hazard to the occupants of the home and surrounding properties.

Clients may have non-functional toilets or sewage disposal systems. As a result, human waste may accumulate in the home or on the property.

Animals that are not properly cared for may urinate and defecate in the home. Urine, particularly from cats, contains ammonia.

Ammonia is a known irritant of the eyes and upper respiratory tract at or below the exposure threshold of 50 ppm (parts per million) and can represent a significant risk. Prolonged exposure to high amounts of ammonia can cause impaired memory, trouble sleeping, seizures, or coma. An ammonia concentration of 300 ppm is considered "Immediately Dangerous to Life and Health" by the National Institute of Occupational Safety and Health (NIOSH).*

*<http://vet.tufts.edu/hoarding/public-health/>





Chemicals, Flammables & Pharmaceuticals

Along with food and trash, there can often be a collection of potentially dangerous chemicals and expired prescription drugs. These chemicals can create a potentially deadly fire hazard for the hoarded homes and properties that surround them.



Clutter in the home can lead to losing or misplacing important medications. Expired pharmaceuticals can also pose a significant health hazard as they may change in potency and become no longer be effective over time. This is risky to those who rely on medications to regulate conditions that may become fatal if left untreated. Medications, including those that are over-the-counter, can become toxic once past the expiration date.





Accumulation of plastic bags and recyclables is common. The client often feels a social responsibility to recycle – and may be keeping such items to redeem for cash at a later date. The volume becomes overwhelming and unmanageable.





Client had an affinity for keeping trash and used toilet paper throughout the home

Physical Hazards

Increased risk of falls – The mass accumulation of items in the home is usually haphazard, making it very easy to trip and fall. This is particularly an issue for elderly clients and those with ambulatory difficulties. This may lead to broken bones, sprains or wounds.

Collapsing clutter – The precariously stacked piles of material in the home build up over time and become increasingly unstable. These stacks can easily fall over or slide onto the client, causing potentially serious injury and or trapping them under the debris. Fires may also be started in this manner as debris falls onto an unprotected heat source.

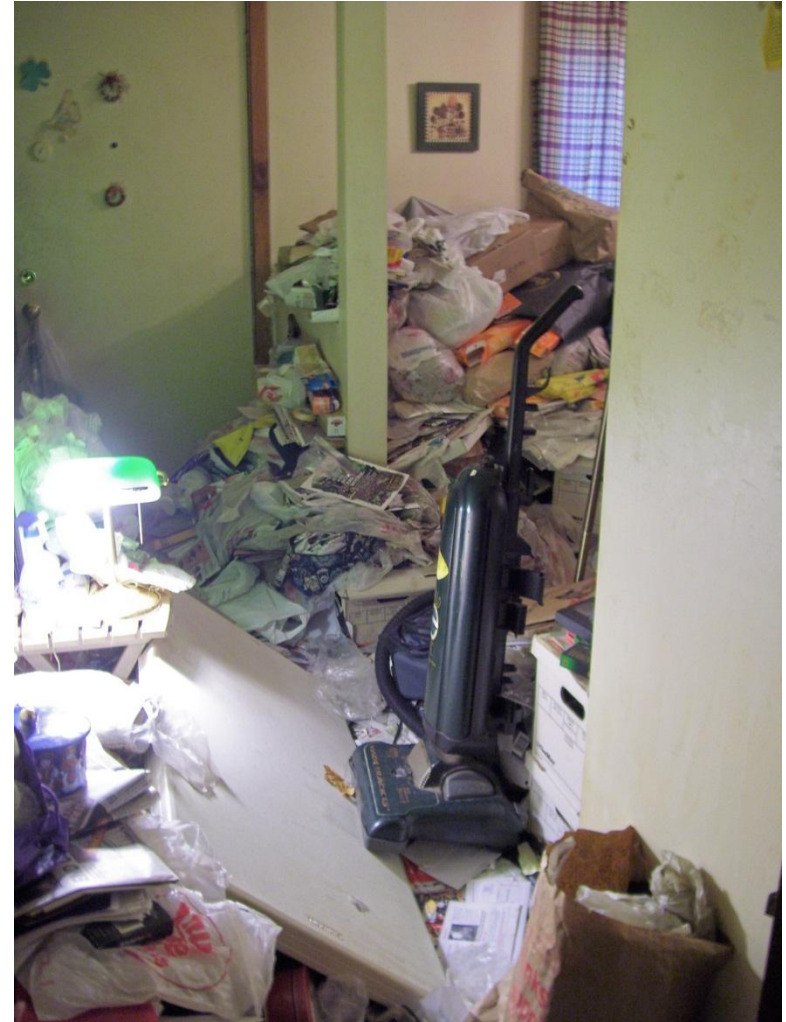


Harm Reduction Strategy: Ensure that the client has safe passage ways and the level of debris piles is not at a threat for collapse. Help the client to recognize these dangers within the home to target reduction of material

Fire hazards

Fire is one of the main dangers in a hoarded home as the large accumulation of items creates an abnormally high fuel load, which can result in excessive smoke and fire conditions.

- Much of the hoard consists of flammable materials – paper, recyclables
- Large piles may fall over onto heating or light sources
- Faulty appliances or improperly used extension cords may become an ignition source
- Careless disposal of smoking materials or unsafe cooking on equipment covered with debris can lead to unintentional fires
- Space heaters and other unsafe heat sources are often implemented due to non-functional heating systems – either due to disrepair or non-payment
- Rodent infestations may compromise the integrity of wiring and lead to electrical failure fires



- Due to the large volume of combustibles, fire can spread quickly throughout the structure
- Clutter often blocks windows and means of egress, leaving minimal pathways to traverse. This not only poses a great risk for the occupant(s), it also puts firefighters and other first responders in danger
- Maze-like pathways can hinder access and prevent first responders from reaching a patient in time – whether in the case of a fire or a medical emergency



WAYNE CARRINGTON

June 2018 Queens, N.Y Fire - 82 year old woman perished

According to FDNY District Chief Stephen Kubler, “The woman was right inside the kitchen area. They dragged her out, but unfortunately she succumbed.” Flames had spread to both floors and the attic. Five firefighters were injured, including one who fell into the basement when the first floor caved in.





©2013 Barry McRoy



Fires can start as a result of unattended appliances covered with excess food waste or combustible debris.

Faulty wiring, overloaded outlets, extension cords and non-functional smoke alarms are all confounding factors.



Harm Reduction Strategy: Maintaining means of safe egress is paramount for the occupants of the home and first responders. Prioritize this task. Clear heating and cooking sources to reduce threat of combustion

Structural Damage

Excessive amount of clutter not only poses health and safety hazards to the hoarder, but can also result in significant structural damage to the home.

- Excessive weight from hoarded materials can lead to structural failure or collapse
- Water damage from unrepaired roofs and plumbing leaks can be pervasive throughout the structure
- Excess moisture can lead to mold growth, which may cause health concerns for those with breathing issues or allergies
- Rodents may infest the home and surrounding structures, which chew on electrical wiring and damaging internal structural materials



Whether it is lack of motivation, feeling overwhelmed, or being completely disassociated with the importance of maintaining the home, clients may make little to no effort in regards to property maintenance.

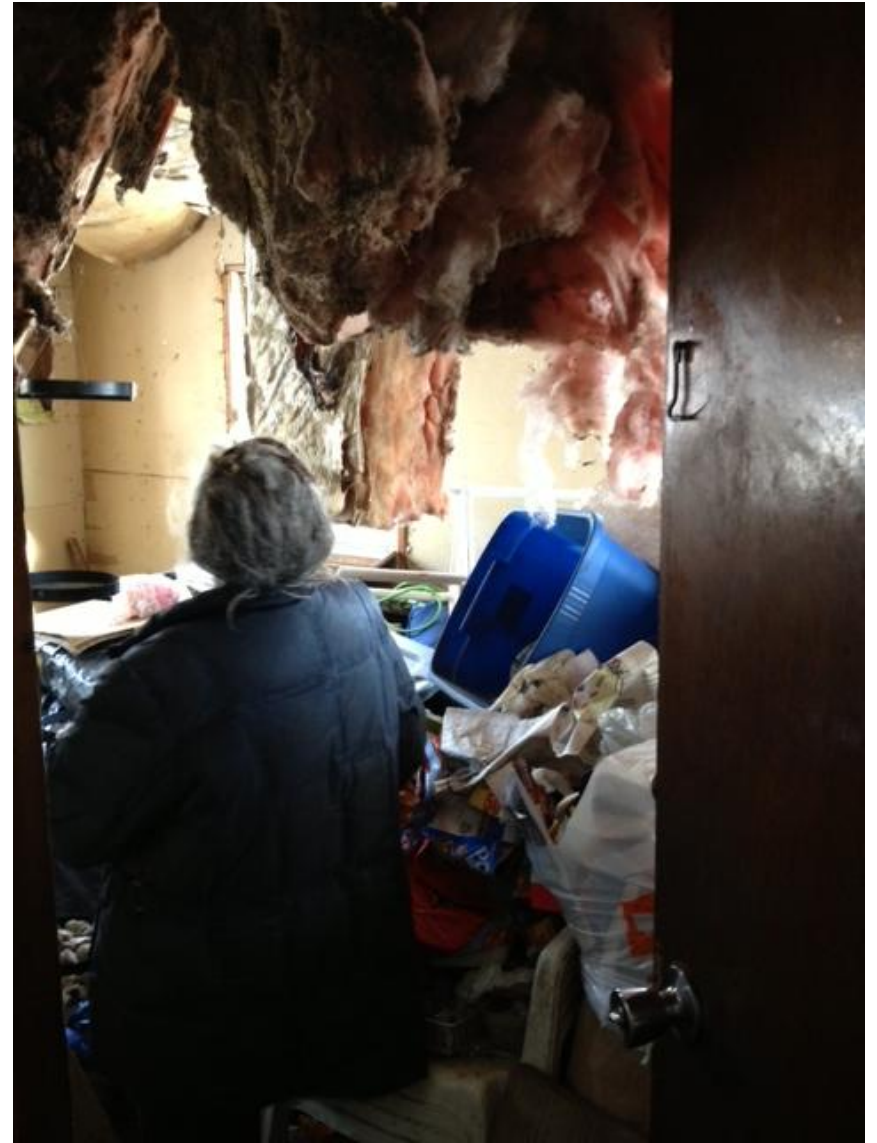
Access to the home is often limited, preventing technicians from making necessary repairs. The client may feel that reaching out for such repairs may draw the attention of other authorities, and as such, these problems may remain unnoticed or uncorrected for quite some time. Health and safety hazards soon arise.











What is their “currency”?

Make a connection with the client to determine what is most important to them. What are the motivating factors to clean the home or reduce clutter volume?

Personal Safety vs. First Responder Safety

Having visitors – Often living secluded lives, those who hoard often cannot have visitors in their home, either by choice or prohibited by family (ex. Grandchildren)

Hobbies – The sheer volume of material in the home often takes over every available inch, prohibiting the client from doing activities they may have once enjoyed or excelled at (ex. Painting)



Some Do's and Don'ts

- Try to make a personal connection; trust and relationship building goes a long way
- Make safety the primary concern – make clients aware of such issues prior to addressing removal of items
- Understand that these “items” are important to the client, despite typical perception of uselessness
- Set reasonable goals – involve the client while making goals to give them a sense of ownership and accountability
- Respect the privacy of the client – as best as possible ensure anonymity (unmarked cars) of visitors/case workers, avoiding unnecessary attention for the client.

- Do not insult the client or pass quick judgement
- Don't ignore health hazards – clients are often unaware of these dangerous conditions
- Don't refer to the client's accumulation as “trash” or “junk”. This will alienate the client and cause further anxiety
- Don't attempt or force a “massive cleanout” This can be a very traumatic process and without proper counseling and supportive services, a relapse is inevitable
- Don't forget that the client is often embarrassed and wary to accept help. Sharing information without permission can break trust and impede progress.

HOMES[®] Multi-disciplinary Hoarding Risk Assessment

☐ Health

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Cannot use bathtub/shower | <input type="checkbox"/> Cannot prepare food | <input type="checkbox"/> Presence of spoiled food | <input type="checkbox"/> Presence of insects/rodents |
| <input type="checkbox"/> Cannot access toilet | <input type="checkbox"/> Cannot sleep in bed | <input type="checkbox"/> Presence of feces/Urine (human or animal) | <input type="checkbox"/> Presence of mold or chronic dampness |
| <input type="checkbox"/> Garbage/Trash Overflow | <input type="checkbox"/> Cannot use stove/fridge/sink | <input type="checkbox"/> Cannot locate medications or equipment | |

Notes: _____

☐ Obstacles

- | | |
|---|---|
| <input type="checkbox"/> Cannot move freely/safely in home | <input type="checkbox"/> Unstable piles/avalanche risk |
| <input type="checkbox"/> Inability for EMT to enter/gain access | <input type="checkbox"/> Egresses, exits or vents blocked or unusable |

Notes: _____

☐ Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)

- | | | |
|--|--|--|
| <input type="checkbox"/> Does not seem to understand seriousness of problem | <input type="checkbox"/> Defensive or angry | <input type="checkbox"/> Unaware, not alert, or confused |
| <input type="checkbox"/> Does not seem to accept likely consequence of problem | <input type="checkbox"/> Anxious or apprehensive | |

Notes: _____

☐ Endangerment (evaluate threat based on other sections with attention to specific populations listed below)

- | | |
|--|---|
| <input type="checkbox"/> Threat to health or safety of child/minor | <input type="checkbox"/> Threat to health or safety of person with disability |
| <input type="checkbox"/> Threat to health or safety of older adult | <input type="checkbox"/> Threat to health or safety of animal |

Notes: _____

☐ Structure & Safety

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Unstable floorboards/stairs/porch | <input type="checkbox"/> Leaking roof | <input type="checkbox"/> Electrical wires/cords exposed | <input type="checkbox"/> No running water/plumbing problems |
| <input type="checkbox"/> Flammable items beside heat source | <input type="checkbox"/> Caving walls | <input type="checkbox"/> No heat/electricity | <input type="checkbox"/> Blocked/unsafe electric heater or vents |
| <input type="checkbox"/> Storage of hazardous materials/weapons | | | |

Notes: _____

Complaints: How to Address

The impact of hoarding is not always contained to the home itself. Materials may accumulate outside the home, or the home may be part of a larger communal structure. As such, this behavior may put immediate neighbors at risk.

Complaints may arise from a variety of sources – including impacted neighbors, concerned citizens, family members or service technicians.

Often, a significant barrier gaining access to the property to assess conditions. Although landlords and property managers have the right to enter a property with proper advanced notice or for emergency repairs, the same right of access is not granted to Municipal officials.

Use of local building and sanitation code can often address the exterior of a property without too much difficulty. Gaining access to the interior of the home poses a greater challenge. Work with the client to let them know of the concerns for their/other occupant's safety – while offering to link them up with valuable resources to be able to remain in the home if that is found to be a safe option.

Harm Reduction Strategy: Often the client is at risk of fines, eviction or homelessness. Implore the client to work with you/providers while there are still choices to be made.







Inspections and Administrative Warrants

TITLE X PUBLIC HEALTH CHAPTER 147

NUISANCES; TOILETS; DRAINS; EXPECTORATION; RUBBISH AND WASTE

Section 147:3

147:3 Investigations and Complaints. – Health officers of towns, and each of them, shall inquire into all nuisances and other causes of danger to the public health, and for the purpose of such investigations, or whenever they shall know or have cause to suspect that any nuisance or other thing injurious to the public health is in any building, vessel, or enclosure they may obtain an administrative inspection warrant under RSA 595-B, including authority to forcibly enter therein and make such search, pursuant to RSA 595-B:5.

Source. RS 119:2. CS 125:2. GS 101:2. GL 111:2. PS 108:3. PL 140:3. RL 165:3. RSA 147:3. 1991, 231:4, eff. Aug. 9, 1991.

PROCEDURES FOR WARRANT UNDER RSA 595-B:5

Inspection pursuant to a warrant issued under RSA 595-B shall not be made between 6 P.M. and 8 A.M., unless specifically authorized by the court issuing the warrant. The health officer requesting a warrant must show that authority is needed to effectuate the purpose of the law, rule, code, ordinance or regulation being enforced. *Entry by force* shall only be made when facts are shown sufficient to suggest that a violation of a state/local law, rule ordinance, or code exists and presents an immediate threat to public health and safety or when facts are shown which establish that reasonable attempts to serve a previous warrant have been unsuccessful.

In conducting an inspection, depending on the situation, it is recommended to inform the owner/occupant in advance, or, on arriving at the property, to attempt to speak with the occupant(s) to explain your purpose. The goal is to obtain the support and cooperation of the owner(s)/occupant (s). It is always recommended to obtain legal support through your municipal attorney or the Local Government Center when considering this process, as there are additional requirements of RSA 595-B that must be followed.

Source. 1981, 533:1. 1987, 342:3. 1991, 231:10, eff. Aug. 9, 1991.

THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH <http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

APPLICATION AND AFFIDAVIT

1. The undersigned hereby requests an **Administrative Inspection Warrant** pursuant to RSA 595-B. The purpose of the inspection is: _____

2. I am an employee or official of _____
(state agency, municipality or political subdivision)
3. The place, dwelling, structure, premises, vehicle, or records to be inspected is: _____

4. (If applicable) The time and manner of testing or sampling requested to be ordered is as follows: _____

5. The following statute, administrative rule, administrative order, or municipal ordinance, code, or regulation authorizes me to seek an administrative warrant and to undertake the inspection, testing, or sampling requested. _____

6. Choose one of the following:
☐ Legislative or administrative standards for conducting a routine or area inspection, testing, or sampling are satisfied by the following facts and circumstances
OR
☐ There is probable cause to believe that a condition of nonconformity exists.
Facts and circumstances: _____

TITLE X

PUBLIC HEALTH

CHAPTER 147

NUISANCES; TOILETS; DRAINS; EXPECTORATION; RUBBISH AND WASTE

Section 147:17

147:17 Cleansing Premises; Penalty. – Whenever a building, tenement or room occupied as a dwelling or schoolroom, or any cellar or other appurtenance connected therewith, has become the source of danger to the health of its occupants or others from want of cleanliness the health officers may order the owner, the owner's agents or the occupants, or any of them, to cleanse and put the same in proper sanitary condition, and the occupants to quit the same, within a time limited. If the person so ordered does not cleanse the same as ordered the health officers may do so, and may recover the expense thereof, together with their fees, of the owner; or they may order the same to be closed and to remain so until properly cleansed. Any person who shall fail to comply with an order of the health officers made under the authority of this section, after receiving due notice thereof, shall be guilty of a misdemeanor.

Source. 1887, 62:3. PS 108:18. PL 140:16. RL 165:16. RSA 147:17. 1973, 528:58. 1998, 318:11, eff. Aug. 25, 1998.

Timothy M. Soucy, MPH, REHS
Public Health Director

Anna J. Thomas, MPH
Deputy Public Health Director



BOARD OF HEALTH
Rosemary M. Caron, PhD, MPH
Robert A. Duhaime, RN, MBA, MSN, Chair
Fernando Ferrucci, MD, Clerk
Elaine M. Michaud, Esq.
Christopher N. Skaperdas, DMD

CITY OF MANCHESTER
Health Department

October 21, 2013



Manchester, New Hampshire 03104

RE: [REDACTED], Manchester, NH

Dear Ms. Foster:

Based upon an inspection conducted by the Manchester Health Department on October 21, 2013, you are hereby notified that a condition which is in violation of Section 17 of Chapter 147 of the New Hampshire Revised Statutes Annotated is existent on the premises at [REDACTED], Manchester, New Hampshire in the form of want of cleanliness from putrescent waste in the dwelling unit.

You are hereby ordered to correct this violation by removing all putrescent waste and cleaning soiled surfaces within ten (10) days from receipt of this notice. Until such time as the violation is corrected, the dwelling unit is to remain vacant except for the purpose of complying with this notice. Failure to take corrective action in this time may result in additional action being taken by the City of Manchester.

Per Order

Timothy M. Soucy, MPH, REHS
Public Health Director

Timothy M. Soucy, MPH, REHS
Public Health Director

Anna J. Thomas, MPH
Deputy Public Health Director



BOARD OF HEALTH
Rosemary M. Caron, PhD, MPH
Robert A. Duhaime, RN, MBA, MSN, Chair
Fernando Ferrucci, MD, Clerk
Elaine M. Michaud, Esq.
Christopher N. Skaperdas, DMD

CITY OF MANCHESTER
Health Department

November 7, 2013

[REDACTED]

Manchester, New Hampshire 03104

RE: [REDACTED], Manchester, NH

Dear [REDACTED]:

Based upon a re-inspection conducted by the Manchester Health Department on November 7, 2013, you are hereby notified that all conditions which were in violation of Section 17 of Chapter 147 of the New Hampshire Revised Statutes Annotated existent on the premises at [REDACTED] Manchester, New Hampshire have been corrected and as such the unit may be reoccupied.

It is our expectation that the unit will be maintained in a clean and sanitary condition from this point forward. Should you have questions, please feel free to contact this office at any time.

Sincerely,

Timothy M. Soucy, MPH, REHS
Public Health Director

Hoarding Task Force

Hoarding task forces are a gathering of local Municipal agencies and interested parties. Meetings and discussions are aimed at case discussion, resource gathering, troubleshooting and brainstorming. Far too often, each Department or care provider works in their own “silo”, which can create inefficiency and duplication of efforts. The goal is not for all members of this group to visit a client – but rather to share information and make referrals as necessary

Some participants involved in hoarding task forces may include:

- Code Enforcement Departments (Health, Building/Zoning, Highway)
- Fire Departments
- Police Departments
- Public Housing Managers
- Adult/Child Protective Services
- Department of Behavioral Health
- Animal Control Officials
- Partnering Service Agencies
- Professional Organizers
- Professional Cleaning Companies
- Mental and Physical Health Professionals
- Family members of hoarders



NH Resources

Bureau of Adult & Elderly Services (BEAS) – Reports can be called in by concerned citizens, family members or Municipal employees. A case worker will assess the conditions of the home, as well as the level of services that a client has/needs. Elder abuse and self-neglect concerns are assessed.

Division of Children Youth and Families (DCYF) – Reports of child abuse or neglect may be filed by anyone who has concerns. This may include concerns of unsanitary living conditions, infestations or other unsafe conditions in the home.

REAP – NH's Referral Education & Assistance Program – Counseling in the home and on the phone for medications, stress, mental health

Mental Health – Clients can be linked with a mental health professional to address Hoarding behaviors as well as any other mental health concern they may have. Therapy and medications may help stabilize a patient and allow them to make progress within the home.

NH Resources

Seniors Count – Statewide resource guide for Seniors and their families

Service Link – Aging and Disability Resource Center. Can aid with health insurance issues, prevent fraud, and counseling

Easter Seals – Several programs are available both in and out of the home. Caring Companions, Mary Gale Funds, Care Coordination

Meals on Wheels – Prepared hot lunches are delivered on a daily basis, providing an opportunity for social interaction. Drivers must make visual contact with the client when delivering the meals – acting as a safety check. No-answers are referred to local authorities for a welfare check.

Child & Family Services – Helping seniors and individuals with disabilities to stay in their home as long as it is safe to do so. Services include: Cleaning, cooking, shopping, bathing, companionship, medication reminders, assistance with exercise, and ambulation.

Progress Photos

Change can be slow and face backslides, but is possible. Clients may be under administrative order or may work with case managers to achieve safer and more sanitary conditions in the home



11/6/08



11/17/08



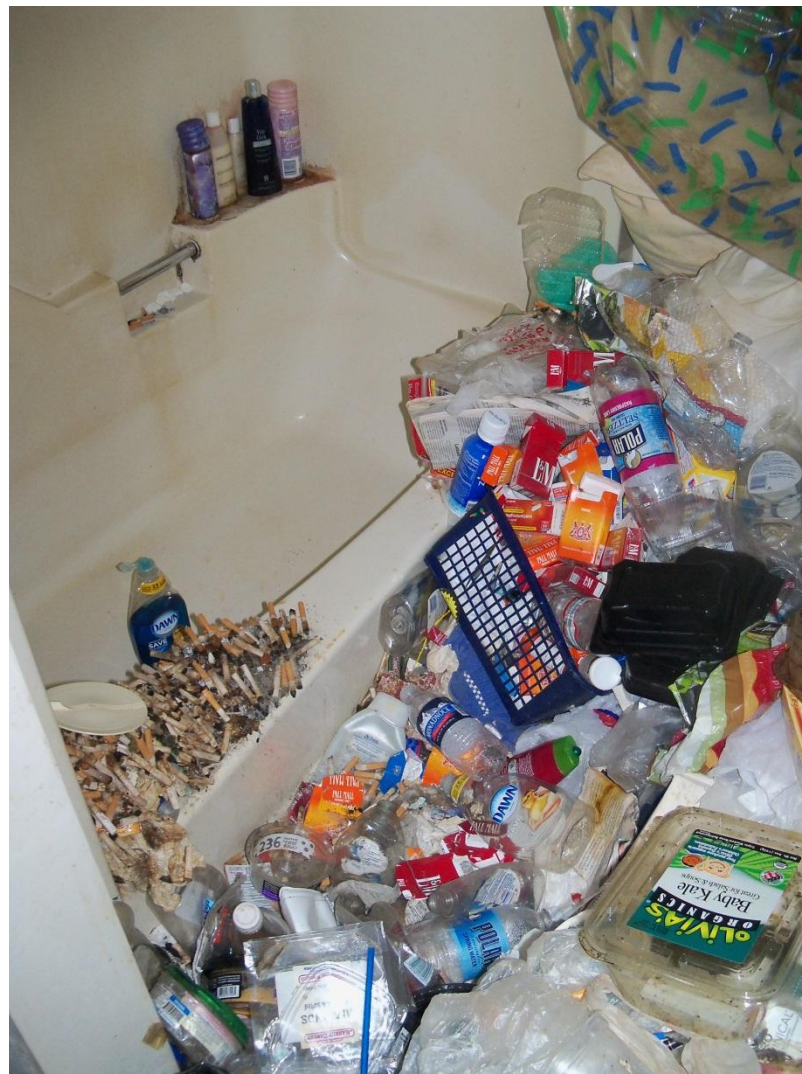
11/25/08







While the goal of intervention often to reduce the amount of clutter and hazards to a “safe” and manageable level – sometimes the only alternative is a complete cleanout of the home due to structural and sanitary hazards













QUESTIONS?

Karen Sutkus, BS
Environmental Health Specialist
Manchester, NH Health Department
1528 Elm St. Manchester, NH 03010
ksutkus@manchesternh.gov
(603) 657-2718