

**Prairie Mountain Inter-Agency  
Hoarding Coalition  
(PMIHC)**



**“Protocol & Resource Guide”**

An Inter-Agency Protocol and Resource Listing for responding to cases of severe Hoarding or Domestic Squalor in Western Manitoba

**Third Edition**

**2021**

## What's New in the 3<sup>rd</sup> Edition for 2021+...

- ✓ New and expanded definitions have been added to help improve categorization of cases and to provide more meaningful statistical reporting and analysis (pages 8-10):
  - “Clutter”
  - “Collecting”
  - “Squalor”
  - “Hoarding Disorder” (HD)
  
  - HD subtypes & related disorders:
    - “Animal Hoarding”
    - “OCD-based Hoarding”
  
- ✓ Adoption of the IOCD Foundation’s **Clutter Image Rating (CIR) Scale** as a new assessment tool for measuring volumes of materials hoarded or otherwise accumulating in a home.
  
- ✓ With minor adaptation, the CIR Scale also serves a dual purpose as a **‘Fire Load’ assessment tool** as part of a uniform method of evaluating fire safety concerns across the region.
  
- ✓ Inclusion of the CIR Scale in the PMHIC companion document entitled the **“First Responders’ Guide” (2021 Edition)**.

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**Mission: Provide residents of the 'Prairie Mountain' region of Manitoba with an effective & coordinated response to severe incidents of hoarding or domestic squalor.**

## Introduction

The Prairie Mountain Inter-Agency Hoarding Coalition (PMIHC) is comprised of a variety of volunteer agencies and individuals who share the following common goals:

- Provide collaborative leadership, assessment and coordination of interventions to prevent, prepare, respond & recover from incidents of severe hoarding or domestic squalor; and
- Where feasible, organize and provide public education about hoarding, disseminate service agency information and support to families coping with incidents of hoarding and domestic squalor.

A list of PMIHC core members and invited guests is provided in the appendices of this document. Currently, the Health Protection Unit of Manitoba Health acts as the secretariat for the Coalition. Correspondence or inquiries can be directed to following office:

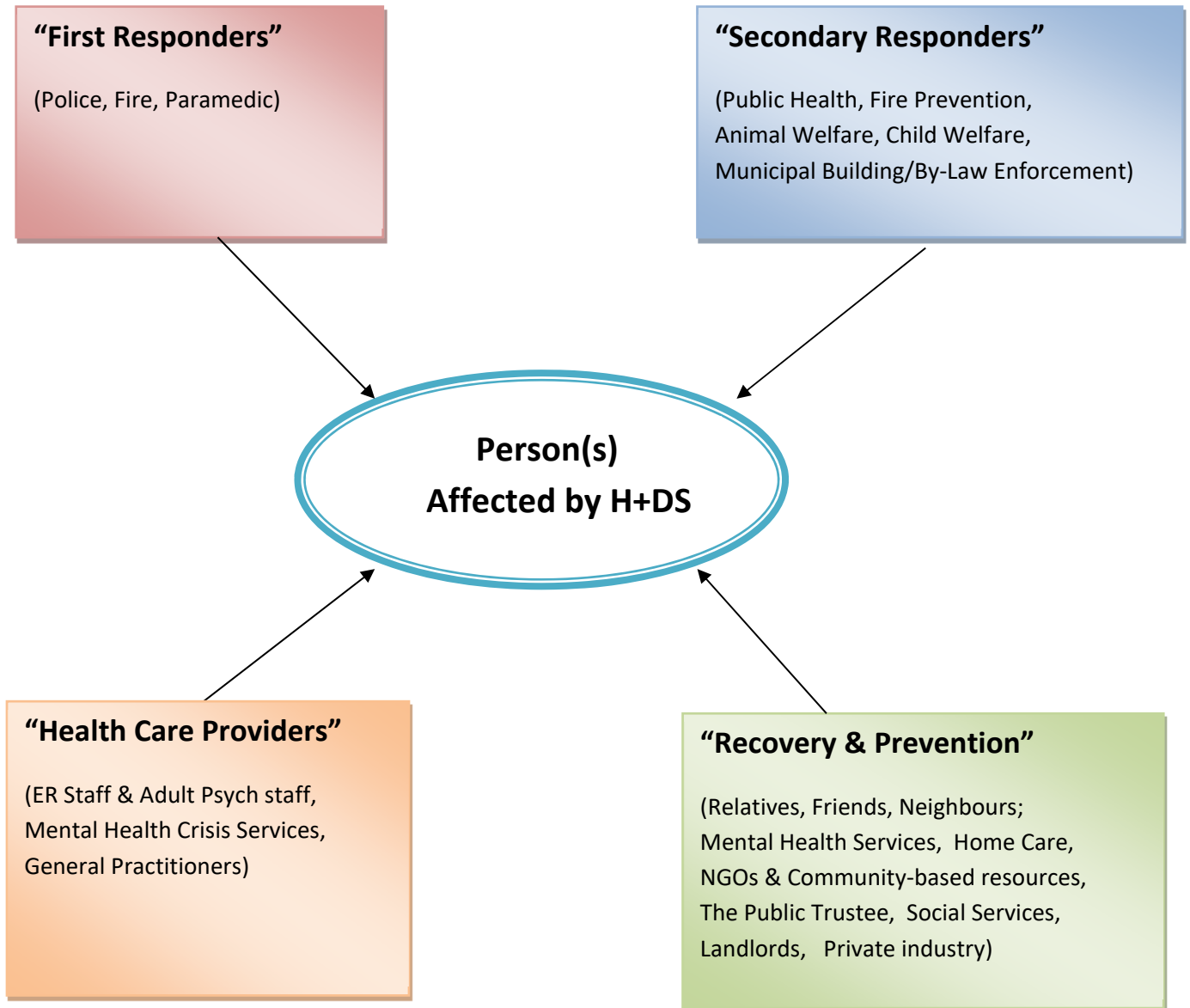
Manitoba Health  
c/o S. Gravelle, PMIHC Co-Chair  
Room 349, 340 – 9<sup>th</sup> Street, Brandon, MB R7A 6C2  
Email: [Stefane.gravelle@gov.mb.ca](mailto:Stefane.gravelle@gov.mb.ca) Tel: (204) 726-7001

Web: <http://www.prairiemountainhealth.ca/index.php/9-programs-services/36-healthy-communities>  
or google "Prairie Mountain Hoarding Coalition"

## Working Assumptions

- ✓ Incidents involving severe hoarding or domestic squalor (H+DS) are usually complex situations that require competent and effective coordination by seasoned individuals.
- ✓ Agencies seldom have all of the tools or a broad enough mandate for responding to these types of incidents in an effective manner. A multi-agency and inter-professional response is usually needed in order to successfully resolve an incident and help the individual(s) affected.
- ✓ It is often a complex challenge for all responders to navigate the different 'systems' that exist (or don't exist) for dealing with severe H+DS or associated mental health issues.
- ✓ With good inter-agency coordination and a clear commitment to the streamlining of the process, it is possible to improve the quality of the outcomes and improve living conditions in the community and the home.
- ✓ Where applicable, trusted family members, friends and neighbours of persons affected often have an integral role when responding to incidents of severe H+DS

# PMIHC - Stakeholder Groups



## Definitions & Geography:

**“Hoarding” or Hoarding Disorder (HD)** is a complex disorder that consists of three connected problems: 1) collecting too many items, 2) difficulty getting rid of items, and 3) problems with organization. These problems can lead to significant amounts of clutter, which can severely limit the use of living spaces, pose safety and/or health risks, and result in significant distress and/or impairment in day-to-day living. - *International Obsessive Compulsive Disorder Foundation (IOCDF), 2010*

**“Domestic Squalor” (DS)** is squalid conditions in an owner-occupied home or rental dwelling caused by extreme neglect or the occupants’ incapacity to manage the imminent health and safety risks.

**“Animal Hoarding”** is a special manifestation of compulsive hoarding. An animal hoarder is defined as someone who has accumulated a large number of animals and who 1) fails to provide minimal standards of nutrition, sanitation, and veterinary care; 2) fails to act on the deteriorating condition of the animals (including disease, starvation, or death) and the environment (severe overcrowding, unsanitary conditions); and 3) is often unaware of the negative effects of the collection on their own health and well-being and on that of other family members. (*No room to spare: Ottawa’s community response to hoarding plan. 2006.*)

**“Imminent Danger” or “Imminent Risk”** where there is an immediate threat of harm, injury, illness or death to occupants from conditions present in a premise (or a high probability thereof). For there to be an imminent danger or risk, it is necessary that a fire hazard, health hazard or other obvious safety hazard be present or reasonably suspected as present (*ie. Level 3 to 5 on the ICD Clutter-Hoarding Scale*©)

**“Prairie Mountain”** is the geographic service area as illustrated in green below. It consists of: the U.S. border to the south, the Saskatchewan border to the west, latitude 53.0000 to the north and the Interlake-Eastern and Southern regional health authority boundaries to the east, as depicted below:



**\*Map downloadable at:**

<http://www.gov.mb.ca/health/rha/map.html>

## “Is it Hoarding, Clutter, Collecting or Squalor?”<sup>1</sup>

What are the differences between hoarding disorder (HD) and clutter, collecting, and squalor? Simply collecting or owning lots of things does not mean someone has HD. A major feature of HD is the disorganized nature of the clutter — in most cases, the living spaces can no longer be used for everyday living as they were intended. Moving through the home is challenging, exits are blocked, and normal routines within the home are difficult.

Thus, while it is common for our homes to get messy and/or cluttered at times, this is not the same as having HD. Similarly, being a collector of items does not mean a person has HD. Some of the key differences between these terms are defined below:

### Clutter

*Clutter is defined in the DSM-5<sup>2</sup> as “a large group of usually unrelated or marginally related objects piled together in a disorganized fashion in spaces designed for other purposes (e.g. tabletops, floor, hallway).”* While clutter is the most easily visible marker of HD, a home can be cluttered for a wide variety of reasons. HD is only considered when the clutter results from excessive acquisition and difficulty getting rid of things.

The location of the clutter is also an important factor — it is common for most people to have cluttered storage areas, such as basements and attics. Instead, HD involves clutter that takes over the living spaces of the home (kitchens, living rooms, bedrooms, hallways, etc.) and keeps them from being usable for everyday living – cooking, eating, relaxing, sleeping, moving freely through the house, etc.

### Collecting

In contrast to people with hoarding problems, collectors typically keep their possessions well-organized, and each item differs from other items to form interesting and often valuable groupings. Further, an important purpose of collecting is to display

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<sup>1</sup> International Obsessive Compulsive Disorder Foundation (IOCDF), retrieved online November 22, 2019 at: <https://hoarding.iocdf.org/about-hoarding/is-it-hoarding-clutter-collecting-or-squalor/>

<sup>2</sup> 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 2014)

the items to others who appreciate them. People with HD are seldom able to accomplish such goals.

HD is different from collecting in that collecting is organized and systematic, even though some collectors may have a similar amount of possessions as someone with HD. Collecting does not produce the clutter, distress, or impairment that HD does.

## Squalor

Squalor or Domestic Squalor (DS) refers to unsanitary conditions in the home. DS is prevalent in situations where cognitive-behavioural issues exist. Advanced age can be a factor, but all age groups can be affected. Squalor can sometimes occur as the result of HD, and sometimes occurs without HD. In HD, squalor occurs when the items saved include spoiled food and/or when animals are present. In many cases, squalor results from the neglect of normal cleaning activities.

## Hoarding Disorder<sup>3</sup>

Hoarding Disorder (HD) is a mental health disorder where people have difficulty getting rid of possessions that are no longer useful. While most people go through periods during which they have trouble getting rid of things — for example, after the death of a loved one or when moving out of a childhood home — HD sufferers have difficulty parting with possessions all the time. Attempting to get rid of their things causes HD sufferers to feel significant distress, including when concerned loved ones try to get rid of possessions on their behalf.

For individuals with HD, the difficulty with getting rid of things causes their living spaces to become so cluttered that they are nearly unusable. Without help, HD can interfere with daily tasks like cooking, cleaning, personal hygiene, and/or sleeping. Extreme clutter can lead to eviction, increased risk for fire, and impaired access to emergency services. In addition, HD can lead to poor sanitation and cause serious conflict with families and communities. A diagnosis of HD requires **all three** of the following:

1. A person collects and keeps a lot of items, even things that appear useless or of little value to most people.
2. Items clutter the living spaces and keep the person from using the rooms as they were intended.
3. These items cause distress or problems in day-to-day activities.

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<sup>3</sup> International OCD Foundation (IOCDF), retrieved online November 22, 2019 at: <https://hoarding.iocdf.org/about-hoarding/>



## HD Subtypes & Related Disorders<sup>4</sup>

### Animal Hoarding

Animal hoarding occurs when an individual has a large number of animals but fails to meet the animals' basic care needs (for example, failing to providing food and water, clean environment, and/or veterinary care). Animals in hoarding situations often live in poor environments, and suffer from malnutrition, severe overcrowding, and/or extremely unsanitary conditions. People who hoard animals often do not recognize the harm they are causing the animals. They may continue to acquire additional animals and/or strive to maintain their current number of animals despite the animals' deteriorating health.

Animal hoarding may have similar symptoms to HD with regard to difficulty discarding and clutter in the home, and squalor conditions may be present in homes where animals are allowed to roam freely. However, it seems likely that animal hoarding results from different processes and responds to different kinds of treatment. Because different disorders require different treatments, it is important to make sure you receive the right diagnosis.

### OCD-Based “Hoarding”

In some cases, a person may appear to have HD when really they have obsessive compulsive disorder (OCD). This can occur when the apparent hoarding behaviors are the result of OCD symptoms. For example, contamination obsessions may prevent someone from touching things that have fallen to the floor, creating clutter in the home. A person who feels they must check and recheck documents may ignore piles of papers to avoid their checking rituals.

Here are some other differences between saving and clutter due to OCD and Hoarding Disorder:

1. In OCD, the individual does not get any pleasure from saving things and the resulting clutter, which they find to be unwanted and highly distressing.
2. Individuals with OCD are much less interested in the items they save. They have few sentimental attachments or beliefs about the value/worth of the items themselves.
3. Excessive acquisition of items is rare among those with OCD-based saving and clutter.

Saving and clutter due to OCD is treated using the same treatment methods used for other types of OCD — exposure with response prevention (ERP) and/or medication. Visit <https://iocdf.org/about-ocd/> to learn more about obsessive compulsive disorder (OCD) and to find treatment.

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<sup>4</sup> International OCD Foundation (IOCDF), retrieved online November 22, 2019 at: <https://hoarding.iocdf.org/about-hoarding/subtypes-of-hoarding-disorder/>

## Protocol Goals & Objectives

1. Develop an inter-agency approach and protocol for responding to different types of incidents of Hoarding Disorder & Domestic Squalor (HD & DS).
2. Understand & clarify roles and mandates of each agency and explore innovative service delivery models & options that will help resolve hoarding issues and help individuals living in unsafe situations.
3. Develop user-specific guides that will help responders navigate successfully through the response 'systems' that need to be activated in any given situation.
4. Develop a "Response Coordination Mechanism" to provide responders with a contact list of "go-to" representatives of each agency in order to facilitate effective & coordinated responses.

## Inter-Agency Protocol

The following protocol recognizes 2 types of H&DS incident calls that require two distinctive approaches.

1. Crisis Calls
2. Routine Calls from Community/Agency Referrals

### 1.0 Crisis Calls

These types of situations are usually triggered by calls made directly to the emergency 911 system or similar dispatch systems. Police, Fire or Paramedic personnel are first on the scene and may observe H&DS in the home. Their primary purpose is to stabilize the emergency medical, fire or crime scene situation. The H&DS situation is typically not part of their mandate, expertise or scope of their response. Current procedures likely dictate that cases of severe H&DS be referred for 'follow-up' by regulatory authorities such as: Public Health, Fire Prevention, Building/Bylaw Enforcement and – if applicable – Child or Animal Welfare agencies.

The other unique situation that arises during crisis calls is that the occupant is often incapacitated and transported to hospital for further examination or admitted as a patient. Refer to Section 1.4 for additional notes on these types of scenarios.

## 1.1 Public Safety Mandate

'First Responders' such as emergency services personnel have a mandate to protect public safety. Under certain circumstances, some emergency personnel such as police and fire officials have the authority to secure & hold a scene if they believe there is an undue risk to the health & safety of the occupants or the general public. These powers are limited and subject to certain conditions and restrictions. It is generally recognized that if a first responder is not sure about the degree of risk involved in a given situation, they should consider calling a qualified *peace officer* to assist in assessing the situation (i.e. hazmat teams, fire prevention personnel, health officials, child welfare agents, etc.) The general approach is not to leave vulnerable individual(s) to remain in or return to unsafe conditions until things are at least assessed or stabilized.

## 1.2 Expert Assistance & Legal Access

The powers to temporarily hold a scene or report a scene enables first responders to contact other *peace officers* from partner agencies, provided they have legal authority to respond or have necessary expertise to assess the situation. In situations involving severe H&DS, this provides regulatory authorities such as Public Health Inspectors, Fire Prevention Officers, Animal Protection Officers or Child Welfare officials with a critical window of opportunity to respond when called in. This brief moment in time provides 'secondary responders' with legal access to private dwellings for the purposes of assessing and making necessary interventions to protect occupants, public health & safety from situations involving unreasonable risk. Once this window closes, a coordinated and effective response becomes significantly constrained because inspections become entirely subject to the cooperation of individual occupants. In situations where the occupant is uncooperative, it forces secondary responders to obtain legal warrants to enter & inspect. These types of warrants are labour intensive and very seldom issued. For these reasons, it is critical that first responders bear this in mind because it can affect the outcome and success of subsequent intervention efforts and result in stalemate situations.

## 1.3 First Responders' Guide

As a way of assisting emergency personnel in helping vulnerable persons in crisis, the PMIHC has developed a '**First Responders Guide**'. The guide provides Police, Fire and Paramedic personnel with the necessary tools to 'size up' the degree of H&DS and make critical decisions

in the field. If the situation is potentially *severe*<sup>5</sup>, the guide provides them with emergency contact information for: Public Health, Fire Prevention, Animal Welfare and Child Welfare personnel. After-hours emergency contact information is also provided where available. The hope and intent of the First Responders Guide is that it will help emergency personnel to communicate & coordinate with regulatory authorities in a quick and effective manner when they come across severe cases of H&DS.

#### **1.4 Individuals Transported for Medical Examination/Hospitalization**

Crisis calls sometimes require individuals to be transported for medical or psychiatric assessment at an Emergency Room or to a general practitioner. Some clients are admitted into short or long-term care, while some are discharged and returned home, despite the fact that the dwelling is a high risk to their health & safety.

First responders can play a critical role in ensuring that health care professionals are provided with the crucial background information they need in making vital decisions on whether or not to admit a patient for further assessment or emergency referrals. First responders can assist by connecting secondary responders called-in to the scene with the medical personnel. Secondary responders can provide the health care team with inspection reports, copies of emergency orders or other recommendations needed to stabilize the 'home situation'. This coordinated and 'go-the-extra-mile' approach has resulted in a number of quality outcomes for individuals and families in the Prairie Mountain area!

#### **1.5 Crisis Call Protocol**

Where practical, "First Responder" and "Secondary Responder" members of the PMIHC will endeavour to follow the principles of this protocol:

- Raise awareness and improve coordination by distributing the '*First Responders Guide*' to the region's various Police, Fire and Paramedic personnel
- Periodically update & re-disseminate the '*First Responders Guide*' to ensure the information contained is reliable and effective
- Work in a coordinated and time-sensitive manner to ensure the best possible outcomes for clients affected by severe H+DS
- Liaise closely with medical, psychiatric and mental health personnel to provide as relevant information to assist in the assessment and stabilization of persons-in-crisis to reduce the risk of them returning to unsafe conditions in the home.

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<sup>5</sup> *Severe* would be a Level 3 to 5 on either the ICD Clutter-Hoarding Scale© or Level **RED** on the IOCDF's Clutter Image Rating (CIR) scale. See Appendices.

## 'Routine Calls' from Community/Agency Referrals

### 2.0 Routine Calls

These types of calls do not involve individuals in crisis or 911-type response personnel. 'Routine Calls' originate from members of the community or agencies wishing to refer calls to regulatory agencies. They may be from callers simply voicing concerns about an individual's welfare, the safety of workers visiting the property or formal complaints about the hazardous conditions on the property.

Routine calls are often complex and challenging to resolve and require good inter-agency coordination and good cooperation from the occupant(s). The nature of the incidents may transcend one or more pieces of health & safety legislation such as: fire & electrical codes, public health legislation, property standard bylaws, animal care or child welfare laws. This may require a multi-agency response. Good intake, co-assessment & referral mechanisms are essential for developing an effective and directed response.

### 2.1 Occupant Cooperativeness/Uncooperativeness

The degree of success with these types of calls depends greatly on the level of cooperativeness of the individual afflicted by severe H+DS. Canada's *Charter of Rights & Freedoms* provides all citizens with certain rights to privacy and protection from persecution. PMIHC members recognize and respect these rights and balance them with their respective mandates to uphold the public's right to be protected from health & safety hazards. The PMIHC recognizes that there are circumstances where the occupant's unwillingness results in a 'stalemate' situation and no further action is feasible until such time as circumstances change.

In situations where there is an impasse, on-going monitoring & good inter-agency communication is essential in the timely detection of circumstances that would enable further intervention.

### 2.2 Privacy & Personal Health Information

The sharing of information is enabled and subject to conditions listed in various pieces of provincial legislation. Members of the PMIHC and its partner agencies are committed to the exchange of helpful information provided it is safeguarded and done in accordance with *The Freedom of Information & Protection of Privacy Act (FIPPA)* and *The Personal Health Information Act (PHIA)* and the *Information Sharing Regulation* under *The Public Health Act*.

## 2.3 Routine Call Protocol

All members of the PMIHC are committed to the following elements of this protocol:

- The proper intake, co-assessment & referral of calls received from the community or affiliated agencies
- Active participation in the *“Response Coordination Mechanism”* (refer to Section 3.0) when convened and as applicable, along with any other necessary stakeholders.
- Work collaboratively and inter-professionally for the benefit of the community and clients (patients) living in severe H+DS
- Where enabled, share information effectively using good judgement and in accordance with the requirements of *The Freedom of Information & Protection of Privacy Protection Act (FIPPA)* and *The Personal Health Information Act (PHIA)* and the *Information Sharing Regulation under The Public Health Act*.
- On-going monitoring and good inter-agency communication in situations where interventions are at an impasse or stalemate due to client uncooperativeness
- Disseminate this protocol (and future updated versions) within our respective agencies and orient staff on it.
- Notify the PMIHC secretariat of any changes in membership, contact information or updates to resources.

## PMIHC Response Coordination Mechanism

### 3.0 Intake & Response Coordination Mechanism

The following model has been developed as the mechanism for the intake, co-assessment and response planning for incidents involving severe H+DS:

- a) Upon receiving a ‘crisis call’ or ‘routine call’, the PMIHC member agency receiving the call (*herein referred to as the “Receiving Agency”*) will document all pertinent details on the *“Intake & Assessment Form”* (see appendices). Alternative forms may be used, but should document all pertinent details, as exemplified in the I&A Form.
- b) The receiving agency will conduct a quick ‘size-up’ of the situation to determine if the issue is covered by 1 or more agency mandates (*i.e. Fire Prevention, Public Health, Animal Welfare, Child Welfare, etc.*). The situation will be classified pursuant to the *ICD Clutter-Hoarding Scale*© or the *IOCDF’s Clutter Image Rating* and given the most appropriate “Level” rating.

- c) If the call pertains to one specific agency mandate, the Receiving Agency will forward the intake report to the appropriate agency for follow-up assessment & investigation.
- d) If the call pertains to 2 or more mandated agencies, the 'Receiving Agency' will forward the intake report to all of the appropriate agencies for follow-up assessment & investigation.
- e) The 'Receiving Agency' will convene a teleconference meeting with the other agencies identified in Step 'd' as soon as practical to discuss and assess the situation.
- f) Based on the prime concerns identified at the meeting (*i.e. Fire Safety, Public Health, Animal Welfare, etc.*), a "Lead Agency" will be determined and appointed at that meeting and assume lead coordination of the file.
- g) The "Lead Agency" will be responsible for coordinating the planning and of joint interventions - and if required – the calling of any subsequent meetings or debriefings.
- h) All other agencies identified under Step 'd' will attend the meetings and follow-up and report back & share information.
- i) Debriefing meetings will be at the call of any agencies requesting it/calling it. Consideration will be given to making appropriate referrals to agencies that can assist with recovery & prevention work.
- j) Once the intervention and/or debriefings are completed, the response team mechanism will be de-activated. Each agency is expected to document their respective interventions/involvement.

## **APPENDICES & Resource Listings**

1. PMIHC Core Member List
2. The ICD **Clutter-Hoarding Scale**© (C-H)
3. The IOCD Foundation's **Clutter Image Rating** (CIR Scale)
4. Relevant Legislation
5. Intake & Assessment Form
6. Community Resource Guides
7. 'First Responders Guide'



## Prairie Mountain Inter-Agency Hoarding Coalition (PMIHC) – Core Member List

### 1. Manitoba Health

Stéfane Gravelle, Regional Manager (**\*Co-Chair – Phase 1: Response**)  
Environmental Health Branch - Health Protection Unit (West/North Region)  
340 - 9th Street, Brandon, MB R7A 6C2  
Tel: (204) 726-7001 Fax: (204) 726-6063  
Cell: 204-761-5786 email: [Stefane.gravelle@gov.mb.ca](mailto:Stefane.gravelle@gov.mb.ca)

### 2. Prairie Mountain Health (Public Health Services)

Dr. Amy Frykoda, Medical Officer of Health  
**(\*Co-Chair - Phase 2: Recovery & Prevention)**  
20109 334 - 1st Street SW, Minnedosa, MB R0J 1E0  
Tel: (204) 867-8730 Fax: (204) 867-2239  
email: [amy.frykoda@gov.mb.ca](mailto:amy.frykoda@gov.mb.ca)

### 3. Office of the Fire Commissioner

Grant Winder, Emergency Services Officer  
Donica Franchewski, Program Manager (Investigations)  
1601 VanHorne Ave E, Brandon, MB R7B 0P8  
Phone: 1-204-726-6855  
email: [grant.winder@gov.mb.ca](mailto:grant.winder@gov.mb.ca), [Donica.franchewski@gov.mb.ca](mailto:Donica.franchewski@gov.mb.ca)

### 4. City of Brandon – Fire & Emergency Services

Kevin Groff, Fire Prevention Officer  
120 – 19<sup>th</sup> Street N. Brandon, MB R7B 3X6  
Tel (204) 729-2413 Cellular (204) 724-6158  
Fax (204) 729-8970 email: [k.groff@brandon.ca](mailto:k.groff@brandon.ca)

### 5. Manitoba Agriculture, Food & Rural Development (MAFRD)

Dr. Dale Douma, Veterinarian – Zoonotic Disease  
Chief Veterinarian's Office  
545 University Crescent, Winnipeg MB R3T 5S6  
Tel : 204- 945-8011 Fax 204-945-4327  
email: [dale.douma@gov.mb.ca](mailto:dale.douma@gov.mb.ca), [enoch.omololu@gov.mb.ca](mailto:enoch.omololu@gov.mb.ca)  
Alternates/Associates: Dr. Enoch Omololu

### 6. Prairie Mountain Health (Mental Health Services)

(\*Prairie Mountain Crisis Services 204-725-4411 or 1-888-379-7699)  
(\*Parklands Community Mental Health: 204-638-2103;  
Afterhours Crisis: 1-866-332-3030  
Unit B13 - 800 Rosser Avenue, Brandon MB, R7A 6N5  
Tel: (204) 571-8301 Fax: 204-726-8684  
Chris Bromley, Director email: [cbromley@brandonrha.mb.ca](mailto:cbromley@brandonrha.mb.ca)

\*Alternates/Associates:

Dr. Greg Gibson, Psychologist, Adult Community Health Services

[GGibson@pmh-mb.ca](mailto:GGibson@pmh-mb.ca)

Jodine Szabo, Manager (Westman Crisis Services + Brandon "HUB")

[jszabo@pmh-mb.ca](mailto:jszabo@pmh-mb.ca)

### **7. Brandon Police Service (Community Policing)**

Sgt. Kirby Sararas

1340 10<sup>th</sup> Street, Brandon, MB R7A 6Z3

Tel: (204) 729-2390

email: [k.sararas@brandon.ca](mailto:k.sararas@brandon.ca)

### **8. RCMP (Western Service District)**

Staff Sgt. Lee Fortin, Dauphin, MB

Tel: (204) 622-5042

email: [lee.m.fortin@rcmp-qrc.gc.ca](mailto:lee.m.fortin@rcmp-qrc.gc.ca)

Alternates/Associates: Cpl. Annelisa Dey Thomas (HUB)

### **9. The Office of the Public Guardian and Trustee of Manitoba**

Jennifer Lee, Adult Services Administrator

131 - 340 9th Street, Brandon MB R7A 6C2

Tel (204) 726-7024 email: [jennifer.lee2@gov.mb.ca](mailto:jennifer.lee2@gov.mb.ca)

### **10. MB Families (Community Services Delivery)**

David Treloar, Employment & Income Assistance Counsellor

340 9<sup>th</sup> ST, Brandon, MB R7A 6C2

Tel: (204) 726-6421

email: [David.Treloar@gov.mb.ca](mailto:David.Treloar@gov.mb.ca)

### **11. Shared Health (Emergency Medical Services)**

Callum Melvin, Director EMS - PMH

N208 – 150 McTavish Ave E, Brandon, MB R7A 2B3

Phone: (204) 578-2026

email: [cmelvin@pmh-mb.ca](mailto:cmelvin@pmh-mb.ca)

### **12. Prairie Mountain Health (Home Care/ Services to Seniors)**

Katherine Bayes, Director

Email: [KBayes@pmh-mb.ca](mailto:KBayes@pmh-mb.ca)

### **13. Samaritan House Ministries**

Cash Blanca, Clearing the Path Coordinator

Samaritan House Ministries Inc.

820 Pacific Ave.

Brandon, MB R7A 0J1

Email: [hoarding@samaritanhouse.net](mailto:hoarding@samaritanhouse.net)

**Invited Guests/Potential Members:**

**Clarity Over Clutter.ca** (\*Corresponding Member of PMIHC)

Susan Macaulay, Professional Organizer & Chronic Disorganization/Hoarding Specialist  
Winnipeg, MB

Tel: (204) 981-0037

Email: [susan@clarityoverclutter.ca](mailto:susan@clarityoverclutter.ca)

\*Also Active Member of: Institute of Challenging Disorganization; Professional Organizers in  
Canada

*(Updated & Revised: September 7, 2021)*

# The ICD Clutter-Hoarding Scale© (C-H Scale)

The following assessment tool is provided for evaluating and classifying the severity of cases involving H+DS. It is re-printed courtesy of the Institute of Challenging Disorganization.

First responders must consider the five levels of hoarding/squalor to assess whether or not it's appropriate to call-in outside agencies on a particular case. **Generally speaking, only Level 3-5 situations would be considered actionable under fire, health & animal welfare legislation:**

## CLUTTER — HOARDING SCALE© QUICK REFERENCE GUIDE



INSTITUTE FOR  
CHALLENGING  
DISORGANIZATION  
Education. Research. Strategies.

For:

Professional Organizers  
Related Professionals  
Collaborating Team Members

Contact ICD and Learn More!

Institute for Challenging Disorganization  
1693 S. Hanley Rd. | St. Louis, MO 63144  
314-416-2236  
[www.challengingdisorganization.org](http://www.challengingdisorganization.org)

### ICD CLUTTER — HOARDING SCALE FIVE CATEGORIES.

#### Structure and Zoning

Assessment of access to entrances and exits; function of plumbing, electrical, HVAC (any aspect of heating, ventilation or air conditioning) systems and appliances; and structural integrity

### ICD CLUTTER — HOARDING SCALE FIVE LEVELS.

Five progressive levels indicate the degree of household clutter and/or hoarding; Level I as the lowest, and Level V the highest. The ICD considers Level III as the pivot point between a household that might be assessed as cluttered, and a household environment that may require the deeper considerations of working in a hoarding environment.



## CLUTTER — HOARDING SCALE (CHS) QUICK REFERENCE GUIDE

	Structure and Zoning	Animals and Pests	Household Functions	Health and Safety	Personal Protective Equipment (PPE)
<b>LEVEL I</b>	All doors, stairs and windows accessible; plumbing, electric and HVAC operational; fire and CO2 detectors installed and functional	Normal animal control (behavior/sanitation); approved number of animals; no evidence of rodents or insects	No excessive clutter; all rooms properly used; appliances functional; good housekeeping and maintenance	Safe, sanitary; no odors; medication control OK	OPTIONAL
<b>LEVEL II</b>	1 major exit blocked; 1 major appliance or HVAC device not working for longer than one season; some plumbing or electrical systems not fully functional; fire or CO2 detectors non-existent or non-functional	Evidence of inappropriate animal control; visible or odorous pet waste; visible pet fur/hair/feathers; light to medium evidence of common household pests/insects	Clutter beginning to obstruct living areas; slight congestion of exits, entrances, hallways and stairs; some household appliances not functional; inconsistent housekeeping and maintenance	Diminished appropriate sanitation; odors from dirty dishes, food prep, laundry, toilets; mildew present; medication control questionable	LIGHT PPE Medical or work gloves; caps (baseball or poly bouffant); first aid kit; insect repellent; hand sanitizer
<b>LEVEL III</b>	Outside clutter of items normally stored indoors; HVAC devices not working for longer than one season; fire or CO2 detectors non-existent or non-functional; one part of home has light structural damage (occurring within past six mos.)	Animal population exceeds local regulations; inappropriate animal control; inadequate sanitation; audible evidence of pests; medium level of spiders; light insect infestation such as bed bugs, lice, fleas, roaches, ants, silverfish, spiders, etc.	Clutter obstructing functions of key living areas; building up around exits, entrances, hallways and stairs; at least one room not being used for intended purpose; several appliances not functional; inappropriate usage of electric appliances and extension cords; substandard housekeeping and maintenance; hazardous substances in small quantities	Limited evidence of maintaining sanitation (heavily soiled food prep areas, dirty dishes, mildew); odors obvious and irritating; garbage cans not in use or overflowing; dirt, dust and debris; dirty laundry throughout house; Rx and OTC medications hazardous control (re children, pets, mentally impaired)	MEDIUM PPE Face masks or N95 respirator masks; eye protection; gloves; disposable coveralls; poly caps; work shoes/boots; first aid kit; hand sanitizer, insect repellent
<b>LEVEL IV</b>	Excessive outdoor clutter of items normally stored indoors; HVAC devices not working for longer than one year; CO2 detectors non-existent or non-functional; structural damage to home lasting longer than six months; water damaged floors, damaged walls and foundations, broken windows, doors or plumbing; odor or evidence of sewer backup	Animal population exceeds local ordinances; poor animal sanitation; destructive behavior; excessive spiders and webs; bats, squirrels, rodents in attic or basement (audible and visible); medium insect infestation	Diminished use and accessibility to key living areas; several rooms cluttered to extent they cannot be used for intended purposes; clutter inhibits access to doorways, hallways and stairs; inappropriate storage of hazardous/ combustible materials; appliances used inappropriately; improper use of electric space heaters, fans or extension cords	Rotting food, organic contamination; expired, leaking cans or bottles, buckled sides and tops; dishes and utensils unusable; no linens on beds; sleeping on mattress; chair or floor; infestation of bedding and/or furniture; medications Rx and OTC medications easily accessible to anybody	FULL PPE Face masks or N95 respirator masks; safety goggles, medical or industrial grade latex or nitrile gloves; heavy duty work gloves; disposable coveralls; caps, work shoes/boots; first aid kit; hand sanitizer; insect repellent; headlamp or flashlight
<b>LEVEL V</b>	Extreme indoor/outdoor clutter; foliage overgrowth; abandoned machinery; ventilation inadequate or nonexistent; HVAC systems not working; water damaged floors, walls and foundation; broken windows, doors or plumbing; unreliable electrical, water and/or septic systems; odor or sewer backup; irreparable damage to exterior and interior structure	Animals at risk and dangerous to people due to behavior, health and numbers; pervasive spiders, cockroaches, mice, rats, squirrels, raccoons, bats, snakes, etc.; heavy infestation of insects such as bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.	Key living spaces not usable; all rooms not used for intended purposes; entrances, hallways and stairs blocked; toilets, sinks and tubs not functioning; hazardous conditions obscured by clutter; appliances unusable; hazardous and primitive use of kerosene, lanterns, candles, fireplace/ woodstove as primary source of heat and/or light	Human urine and excrement present; rotting food; organic contamination; cans or jars expired, leaking or buckled; dishes and utensils buried or nonexistent; beds inaccessible or unusable due to clutter or infestation; pervasive mold and/or mildew; moisture or standing water; Rx and OTC medications easily accessible to anybody; presence of expired Rx	FULL PPE REQUIRED N95 respirator mask or mask with organic filter(s); safety goggles; medical or industrial grade latex, or nitrile gloves; heavy duty work gloves; disposable coveralls, poly caps, work shoes/boots; first aid kit hand sanitizer; insect repellent; headlamp or flashlight

## The IOCD Foundation's

### Clutter Image Rating (CIR Scale)



[helpforhoarding.org](http://helpforhoarding.org)

The following CIR tool has been adopted to be used as “quick” tool for initial assessment work. It uses a series of photos to help determine a clutter “Level” for each room and modified to provide an early safety/hazard score. The CIR scale also serves as a good “Fire Load” assessment tool to assist both fire and non-fire officials in evaluating conditions within a building.

### Clutter Image Rating

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In our work on hoarding, we've found that people have very different ideas about what it means to have a cluttered home. For some, a small pile of things in the corner of an otherwise well-ordered room constitutes serious clutter. For others, only when the narrow pathways make it hard to get through a room does the clutter register. To make sure we get an accurate sense of a clutter problem, we created a series of pictures of rooms in various stages of clutter – from completely clutter-free to very severely cluttered. People can just pick out the picture in each sequence comes closest to the clutter in their own living room, kitchen, and bedroom. This requires

some degree of judgment because no two homes look exactly alike, and clutter can be higher in some parts of the room than others. Still, this rating works pretty well as a measure of clutter. In general, clutter that reaches the level of picture # 4 or higher impinges enough on people's lives that we would encourage them to get help for their hoarding problem. These pictures are published in our treatment manual (*Compulsive Hoarding and Acquiring: Therapist Guide*, Oxford University Press) and in our self-help book (*Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding*, Oxford University Press).

*Source: Steketee & Frost (2007). Compulsive Hoarding and Acquiring Therapist Guide. NY: Oxford University Press. Reprinted with permission from Oxford University Press.*

**STEP 1 (Bedroom):** Hold up and compare the photo to the room being examined. Select the photo that matches closest to the amount of clutter in the primary bedroom. Record the “Level” result and proceed to STEP 2.



LEVEL 1 1



2



3



LEVEL 2 4



5



6



LEVEL 3 7



8



9

Rooms resembling clutter pictures 1 - 3 would be Level 1

Rooms resembling clutter pictures 4 - 6 would be Level 2

Rooms resembling clutter pictures 7 - 9 would be Level 3

**STEP 2 (Living Room):** Hold up and compare the photo to the room being examined. Select the photo that matches closest to the amount of clutter in the living room. Record the “Level” result and proceed to STEP 3.



Rooms resembling clutter pictures 1 - 3 would be **Level 1** Rooms resembling clutter pictures 4 - 6 would be **Level 2** Rooms resembling clutter pictures 7 - 9 would be **Level 3**



**STEP 3 (Kitchen):** Hold up and compare the photo to the room being examined. Select the photo that matches closest to the amount of clutter in the kitchen. Record the “Level” result and proceed to the [Final Calculations](#) section.



LEVEL 1

1



2



3



LEVEL 2

4



5



6



LEVEL 3

7



8



9

Rooms resembling clutter pictures 1 -3 would be Level 1

Rooms resembling clutter pictures 4 -6 would be Level 2

Rooms resembling clutter pictures 7 - 9 would be Level 3

## **IMAGES: LEVEL 1: CLUTTER IMAGE RATING 1 - 3**

**No specialized assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made.**

- 1. Property structure, services & garden area**
  - All entrances and exits, stairways, roof space and windows accessible.  
All services functional and maintained in good working order.
  - Garden is accessible, tidy and maintained
- 2. Household Functions**
  - No excessive clutter, all rooms can be safely used for their intended purpose.  
All rooms are rated 0-3 on the Clutter Rating Scale
  - No additional unused household appliances appear in unusual locations around the property Property is maintained.
  - Property is not at risk of action by Environmental Health.
- 3. Health and Safety**
  - Property is clean with no odours, (pet or other) No rotting food.
  - No concerning use of candles No concern over flies.
  - Residents managing personal. care No writing on the walls
  - Quantities of medication are within appropriate limits, in date and stored appropriately.
- 4. Safeguard of Children & Family members**
  - No Concerns for household members
- 5. Animals and Pests**
  - Any pets at the property are well cared for No pests or infestations at the property
- 6. Personal Protective Equipment (PPE) Household environment is considered standard.**
  - No PPE required
  - No visit in pairs required.

## IMAGES: LEVEL 2: CLUTTER IMAGE RATING 4 – 6

Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.

### 1. **Property structure & services**

- Only one major exit is blocked
- Only one of the services is not fully functional
- Concern that services are not well maintained
- Garden is not accessible due to clutter, or is not maintained
- Evidence of light structural damage including damp
- Interior doors missing or blocked

### 2. **Household Functions**

- Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose.
- Clutter is causing congestion between the rooms and entrances.
- Some household appliances are not functioning properly and there may be additional units in unusual places.
- Evidence of outdoor items being stored inside

### 3. **Health and Safety**

- Kitchen and bathroom are not kept clean
- Offensive odour in the property
- Resident is not maintaining safe cooking environment
- Some concern with the quantity of medication, or its storage or expiry dates. No rotting food.
- Resident trying to manage personal care but struggling

### 4. **Safeguard of Children & Family members**

- Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding Alert.
- Please note all additional concerns for householders
- Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.

### 5. **Animals and Pests**

- Pets at the property are not well cared for
- Resident is not able to control the animals
- Animal's living area is not maintained and smells
- Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)

### 6. **Personal Protective Equipment (PPE)**

- Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. PPE required

## IMAGES: LEVEL 3: CLUTTER IMAGE RATING 7 - 9

Household environment will require intervention with a collaborative multi agency approach with involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents.

### 1. Property structure, services & garden area

Limited access due to extreme clutter outside the property - Garden not accessible and extensively overgrown - Services not connected or not functioning properly - Property lacks ventilation due to clutter - Evidence of structural damage including damp - Interior doors missing or blocked open - Evidence of indoor items stored outside

### 2. Household Functions

Clutter is obstructing the living spaces and preventing the use of the rooms for their intended purpose. - Beds inaccessible or unusable due to clutter or infestation - Entrances, hallways and stairs blocked or difficult to pass - Toilets, sinks not functioning or not in use - Resident at risk due to living environment - Household appliances are not functioning or inaccessible - Occupier has no safe cooking environment - Occupier is using candles - No evidence of housekeeping being undertaken - Concern for declining mental health - Property is not maintained -Property is at risk of notice being served by Environmental Health

### 3. Health and Safety

Human urine and or excrement may be present - Excessive odour in the property, may also be evident from the outside - Rotting food may be present - Evidence of unclean, unused and or buried plates & dishes.

- Concern that heating appliances are in close proximity to combustible materials.
- Concern that temporary heating appliances are being used inappropriately (or in absence of a permanent/functional heating system that meets code)
- Broken household items not discarded e.g. broken glass or plates
- Concern with the integrity of the electrics - Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.
- Concern for declining mental health

### 4. Safeguard of Children & Family members

Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert.

Please note all additional concerns for householders

### 5. Animals and Pests

Animals at the property at risk due the level of clutter in the property

Resident may not able to control their animals

Animal's living area is not maintained and smells

Hoarding of animals at the property

Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) Visible

rodent infestation

### 6. Personal Protective Equipment (PPE)

Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. Visit in pairs required.

## Final Calculations

### **“GREEN” - CLUTTER IMAGE RATING of 1-11**

No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are drifting towards a higher rating on the clutter scale, appropriate referrals should be made, where services are available.

### **“YELLOW” - CLUTTER IMAGE RATING of 12-20**

Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property. A referral should be made to the local fire authority to alert them so that proactive outreach can be considered.

### **“RED” - CLUTTER IMAGE RATING of 21-36**

Household environment will require intervention with a collaborative multi agency approach with involvement from a wide range of professionals. This level of hoarding constitutes an *imminent safety hazard* due to the significant risk to health of the householders, surrounding properties and residents.

**\*Generally speaking, only Yellow or RED situations would be considered actionable under fire, health or animal welfare legislation:**

# Pertinent Legislation

## Provincial Legislation

1. The Animal Care Act, C.C.S.M. c. A84  
<http://web2.gov.mb.ca/laws/statutes/ccsm/a084e.php>
2. The Fires Prevention and Emergency Response Act, C.C.S.M. c. F80  
<http://web2.gov.mb.ca/laws/statutes/ccsm/f080e.php>
3. The Mental Health Act, C.C.S.M. c. M110  
<http://web2.gov.mb.ca/laws/statutes/ccsm/m110e.php>
4. The Municipal Act, C.C.S.M. c. M225  
<http://web2.gov.mb.ca/laws/statutes/ccsm/m225e.php>
5. The Public Health Act, C.C.S.M. c. P210  
<http://web2.gov.mb.ca/laws/statutes/ccsm/p210e.php>

## Municipal By-Laws

1. City of Brandon By-Laws  
<http://www.brandon.ca/index.php/bylaws>
2. City of Dauphin By-Laws  
<http://www.dauphin.ca/index.php?pageid=CITBYL>
3. Association of Manitoba Municipalities  
[http://www.amm.mb.ca/res\\_bylaws.html](http://www.amm.mb.ca/res_bylaws.html)



## INTAKE & ASSESSMENT FORM

In accordance with the PMIHC’s *“Protocol & Resource Guide”*, this intake form is intended to be used by the agency receiving the initial call. The form is designed to collect data for the preliminary assessment of cases involving severe hoarding & domestic squalor. The purpose is to collect and share as much reliable information as necessary to determine which agencies need to be notified and involved in coordinating an initial response. It is also intended to help identify what community resources or services should be considered in to assist with: response, recovery & prevention.

### CALL INFORMATION

Date of Call: Click here to enter a date.	Call Recorded by: Click here to enter text.	Recording Agency: Click here to enter text.
Recorder’s Telephone: Click here to enter text.	Recorder’s Address: Click here to enter text.	Recorder’s Email: Click here to enter text.
Caller’s Name: Click here to enter text.	Address: Click here to enter text.	
Phone Number: Click here to enter text.	Email: Click here to enter text.	
Caller’s Relationship to Subject: Click here to enter text.		

### SUBJECT INFORMATION

Subject’s Name: Click here to enter text.	Address: Click here to enter text.
Phone Number: Click here to enter text.	Email: Click here to enter text.
Name(s) and Contact Information of Subject’s Relatives/Close Confidantes: Click here to enter text.	

### ASSESSMENT QUESTIONS

<b>Dwelling &amp; Property:</b>
1. Is there evidence of health hazards outside of the building? <i>(i.e. garbage, rodents, flies, odors)</i> Click here to enter text.
2. Is there evidence of health hazards inside of the building? Click here to enter text.
3. Is there an obvious safety risk? <i>(i.e. fire hazards like heaters surrounded by clutter, bare electrical wires)</i>

Click here to enter text.
4. Is the water supply system, sewage disposal system or permanent heating system still functioning? Click here to enter text.
5. Complaints from neighbours? If so, list names & addresses. Click here to enter text.
6. To what extent does the clutter or hoarding interfere with using rooms in a normal way? Choose an item.
7. What types of items are cluttering the living space in the home? Click here to enter text.
8. Approximately, how long has this problem been going on? Click here to enter text.
9. Is this dwelling rented or owner occupied? If rented, who is the landlord and what is their contact information? Click here to enter text.
10. Has the local municipality been involved and to what extent? Click here to enter text.
<b>Occupants:</b>
11. Are there children under 18 living in the home? Click here to enter text.
12. Are there any signs of abuse or domestic violence? Click here to enter text.
<b>Financial:</b>
13. Is there evidence of extreme poverty ( <i>i.e. no food, can't pay hydro bills</i> ) – or - are they homeless? Click here to enter text.
<b>Health Issues / Competency Issues:</b>
14. Are there physical health issues making it difficult for the person to manage their affairs? Click here to enter text.
15. Are there mental health issues ( <i>i.e. cognitive or emotional</i> ) making it difficult for the person to make competent decisions to manage their affairs? Click here to enter text.
16. Is there evidence of addictions? ( <i>i.e. alcohol, drugs</i> ) Click here to enter text.
<b>Animals:</b>
17. Do you suspect that any animals present are lacking in food and water? Exposed to extreme cold or heat? Not provided with suitable medical attention if wounded or ill? Confined in an area of insufficient space? Kept in unsanitary conditions? Confined without adequate ventilation? Not allowed an opportunity for sufficient exercise? Suffering, seriously injured or in extreme anxiety or distress? Click here to enter text.
18. Approximately, how many animals are on the subject's property? Click here to enter text.
19. Do you suspect the person is operating an unlicensed breeding operation or kennel? Click here to enter text.
<b>Agencies:</b>
20. Are there other agencies/resources are currently involved in this case? ( <i>i.e. Manitoba Housing, Canadian Mental Health Association, HomeCare, etc..</i> ) Click here to enter text.



## SUMMARY

Based on the information provided and the *ICD's Clutter-Hoarding Scale*® contained in the PMIHC's "Protocol & Resource Guide", what level would conditions be classified as?

\*Please *select one of the following classifications*: Choose an item.

## CONCLUSION

1. Based on the circumstances noted above and organizational mandates, which agency should assume or continue to assume the lead role in coordinating a response to this particular call:
2. What other agencies need to be notified or should be receiving a copy of this intake assessment report?
3. Have all of these agencies received a copy of this intake assessment report? If so, which individuals & agencies have been notified?

Signature:

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Date:

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**\*Copies of this form are available electronically from the  
PMIHC Secretariat at:**

**Manitoba Health**

c/o S. Gravelle, PMIHC Co-Chair

Room 349, 340 – 9<sup>th</sup> Street, Brandon, MB R7A 6C2

Email: [Stefane.gravelle@gov.mb.ca](mailto:Stefane.gravelle@gov.mb.ca) Tel: (204) 726-7001

## Community Resource Listings

1. **Brandon Resource Guide** (available online at: [www.brandonhomelessness.ca](http://www.brandonhomelessness.ca) )

# 2016 Brandon Resource Guide



**[Subject Index at Front](#)**

**[Alphabetical Index at Back](#)**

*Available online at...*

**[www.brandonhomelessness.ca](http://www.brandonhomelessness.ca)**

Addiction Services...Advocacy...Clothing and Thrift Stores...Counselling Services...Private Counselling Services...Crisis Services...Cultural Services...Drop In Centers...Employment & Educational Training...Food Programs...Health Services...Housing and Emergency Shelter...Interpretation...Justice Services...Legal Services...Mental Health Services...Mentor Programs...Ministerial Services...Outreach Services...Police Services...Self-Help & Consumer Groups...Services for Children & Families...Sexuality Education...Support Group

# First Responders Guide

The First Responders Guide is available separately by contacting the PMIHC secretariat at:

**Manitoba Health**

c/o S. Gravelle, PMIHC Co-Chair

Room 349, 340 – 9<sup>th</sup> Street, Brandon, MB R7A 6C2

Email: [Stefane.gravelle@gov.mb.ca](mailto:Stefane.gravelle@gov.mb.ca) Tel: (204) 726-7001

Web: [manitoba.ca/healthprotection](http://manitoba.ca/healthprotection)

**Prairie Mountain Inter-Agency  
Hoarding Coalition  
(PMIHC)**



## **“First Responders Guide”**

For Police, Fire and EMS personnel when discovering situations involving Hoarding or Severe Squalor during 911-Type Calls

**Third Edition**

**2021**

## MAFRD's Animal Care Line



Agriculture, Food  
and Rural Initiatives

***“All animals deserve proper care...”***

**Animal Care Line  
1-204-945-8000**

OR TOLL FREE

**1-888-945-8001**

**Monitored 7 days a week**

OR

**E-mail:**

[animalcare@gov.mb.ca](mailto:animalcare@gov.mb.ca)

- ***The Animal Care Act*** of Manitoba places obligations on animal owners.

### ***Contact us if you suspect:***

- An animal is...
  - lacking adequate food or water
  - exposed to extreme cold or heat
  - not provided with suitable medical attention if wounded or ill
  - confined in an area of insufficient space
  - kept in unsanitary conditions
  - confined without adequate ventilation
  - not allowed an opportunity for sufficient exercise
  - suffering, seriously injured or in extreme anxiety or distress
  - abandoned
- An unlicensed breeding operation or kennel.

### ***Confidentiality***

- All reports are treated with utmost confidentiality. We do not release the names of persons who report animal welfare concerns.
- Your personal information is protected by the Protection and Privacy provisions of *The Freedom of Information and Protection of Privacy Act (FIPPA)* and will remain confidential.
- If you are a witness to animal abuse you may be requested to testify in court.

### ***For the City of Winnipeg:***

Concerns where the incident occurred in Winnipeg are usually made via the *Winnipeg Humane Society*, phone number: **(204) 982-2028**

## ***Your report is important to us...***

The Office of Chief Veterinarian (CVO) implements the Humane Inspection Program. The primary goal of the program is to protect the welfare of animals through enforcement of [The Animal Care Act](#).

## ***Reporting an animal welfare concern ...***

1. An official report is made via:

**Animal Care Line**

**1-204-945-8000**

OR TOLL FREE

**1-888-945-8001**

OR

**[animalcare@gov.mb.ca](mailto:animalcare@gov.mb.ca)**

2. The CVO manages all of the reports regarding animal welfare and assigns an Animal Protection Officer (APO) to conduct inspections.
3. The APO makes recommendations after completing an inspection based on compliance with the *Act*. Potential results of the inspection include:
  - a. Dismissal**
    - A concern is dismissed if the inspection produces no evidence of abuse or animals in distress.
  - b. Corrective Action**
    - For minor infractions of the *Act*, the APO makes recommendations requiring owners to make specific improvements.
    - A follow-up inspection is performed to ensure the owner has complied with the required corrective action.
  - c. Seizure of Animals**
    - If there are reasonable grounds to believe the animals found are in distress, the APO may supply any care the APO deems necessary to relieve the distress. The APO may also seize the animals under section 9 (1) of the *Act*.
    - The seizure may be immediate or at a later date.
    - Seizure of animals is for the purpose of protecting the animals and relieving distress, and is not a form of punishment of the owner.
    - Carcasses and other materials may be seized as evidence in an investigation.
  - d. Charges Under the Act**
    - Investigations will occur if infractions to *The Animal Care Act* are discovered. These may lead to filing of charges, including:
      - Common Offence Notice (CON) with fines
      - Court prosecution with fines, imprisonment or prohibition of ownership.

**Manitoba**  
spirited energy

