

**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

Second Edition

2016

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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:

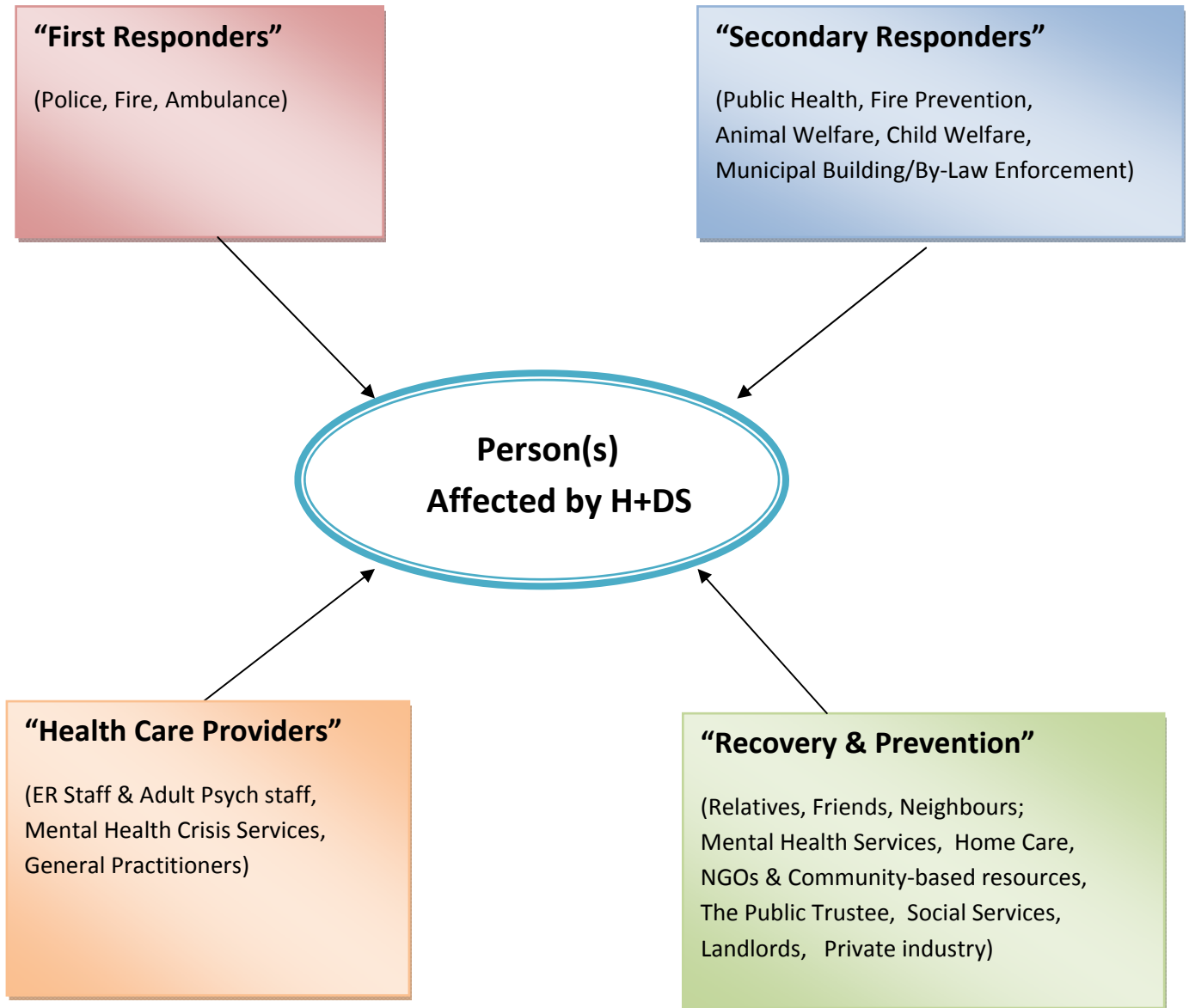
Manitoba Health
c/o S. Gravelle, PMIHC Co-Chair
Room 349, 340 – 9th Street, Brandon, MB R7A 6C2
Email: Stefane.gravelle@gov.mb.ca Tel: (204) 726-7001

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” is a complex disorder that is made up 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. (*Intl. OCD Foundation, 2010*)

“Severe Domestic Squalor” 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, extremely 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 III-V 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>

Protocol Goals & Objectives

1. Develop an inter-agency approach and protocol for responding to different types of incidents of severe H&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 a 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 Ambulance 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 ambulance personnel with the necessary tools to 'size up' the degree of H&DS and make critical decisions in the field. If the situation is severe (i.e. [Level III+ on the ICD Clutter-Hoarding Scale©](#)), 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 ambulance 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
- Work in close concert with medical, psychiatric and mental health personnel to provide as much relevant information possible to assist in the assessment and stabilization of persons-in-crisis to reduce the risk of them returning to unsafe conditions in the home.

'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 Protection 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 on 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© 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©
3. Relevant Legislation
4. Intake & Assessment Form
5. Community Resource Guides
6. '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
(After Hours On-Call #: 204-805-0009)

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

3. Office of the Fire Commissioner (MB Labour)

Dick Harvey, Emergency Services Officer
1601 Van Horne Avenue E. Brandon, MB R7A 7K2
Phone: 1-204-726-6855 Cell: 204-761-5865
Fax: 1-204-726-6847 email: dick.harvey@gov.mb.ca
Alternate/Associate: Donica Franchewski

4. City of Brandon – Fire & Emergency Services

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

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

Colleen Marion, Small Animal Welfare Veterinarian
Chief Veterinarian's Office
545 University Crescent, Winnipeg MB R3T 5S6
Tel : 204- 945-0381 Fax 204-945-4327
email: colleen.marion@gov.mb.ca
Alternates/Associates: Dr. Enoch Omololu, Dr. Dale Douma

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
Lynda Stiles, Director email: stilesl@brandonrha.mb.ca

*Alternates/Associates:

Dr. Greg Gibson, Psychologist, Adult Community Health Services - GGibson@pmh-mb.ca

Jodine Szabo, Manager (Westman Crisis Services + Brandon "HUB")
jszabo@pmh-mb.ca

7. Brandon Police Service (Community Policing)

Cst. Trevor Robins
1340 10th Street, Brandon, MB R7A 6Z3
Tel: (204) 729-2390
email: t.robins@brandon.ca

8. RCMP (Western Service District)

Staff Sgt. Lee Fortin, Dauphin, MB
Tel: (204) 622-5042
email: lee.m.fortin@rcmp-grc.gc.ca

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

Jennifer Kenler, Adult Services Administrator
131 - 340 9th Street, Brandon MB R7A 6C2
Tel (204) 726-7024 email: Jennifer.Kenler@gov.mb.ca

10. MB Family Services (Community Services Delivery)

David Treloar, Employment & Income Assistance Counsellor
309 – 27 Second Avenue SW, Dauphin, MB R7N 3E5
Tel: (204) 622-6421
email: David.Treloar@gov.mb.ca

13. Prairie Mountain Health (Emergency Medical Services)

Neil Gamey, Regional Manager - EMS
Shoal Lake, MB
Phone: 759-4526;
email: ngamey@pmh-mb.ca

14. Prairie Mountain Health (Home Care/ Services to Seniors)

Katherine Bayes, Director

Email: KBayes@pmh-mb.ca

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

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

Mennonite Disaster Services

6A-1325 Markham Rd, Winnipeg, MB R3T 4J6

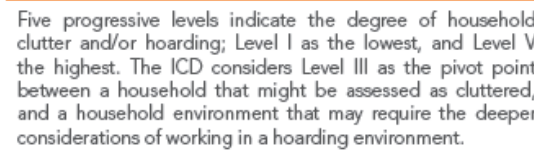
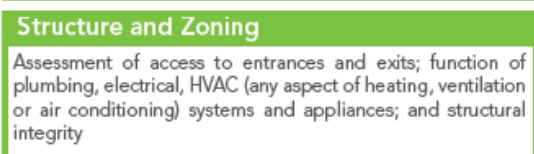
Phone:(204) 261-1274

(Revised: March 17, 2016)

The ICD Clutter-Hoarding 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 (CHS) QUICK REFERENCE GUIDE

	Structure and Zoning	Animals and Pests	Household Functions	Health and Safety	Personal Protective Equipment (PPE)
LEVEL I	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
LEVEL II	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
LEVEL III	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
LEVEL IV	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
LEVEL V	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

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



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

Dwelling & Property:
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.
Occupants:
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.
Financial:
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.
Health Issues / Competency Issues:
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.
Animals:
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.
Agencies:
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:

Date:

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

Manitoba Health

c/o S. Gravelle, PMIHC Co-Chair


Room 349, 340 – 9th Street, Brandon, MB R7A 6C2

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

Community Resource Listings

1. **Brandon Resource Guide** (available online at: www.brandonhomelessness.ca)

2014 Brandon Resource Guide



Subject Index at Front

Alphabetical Index at Back

Available online at...
www.brandonhomelessness.ca

Addiction Services...Advocacy...Clothing and Thrift Stores...Counselling Services...Private Counselling Services...Crisis Services...Cultural Services...Drop In Centres...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 Groups...

First Responders Guide

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

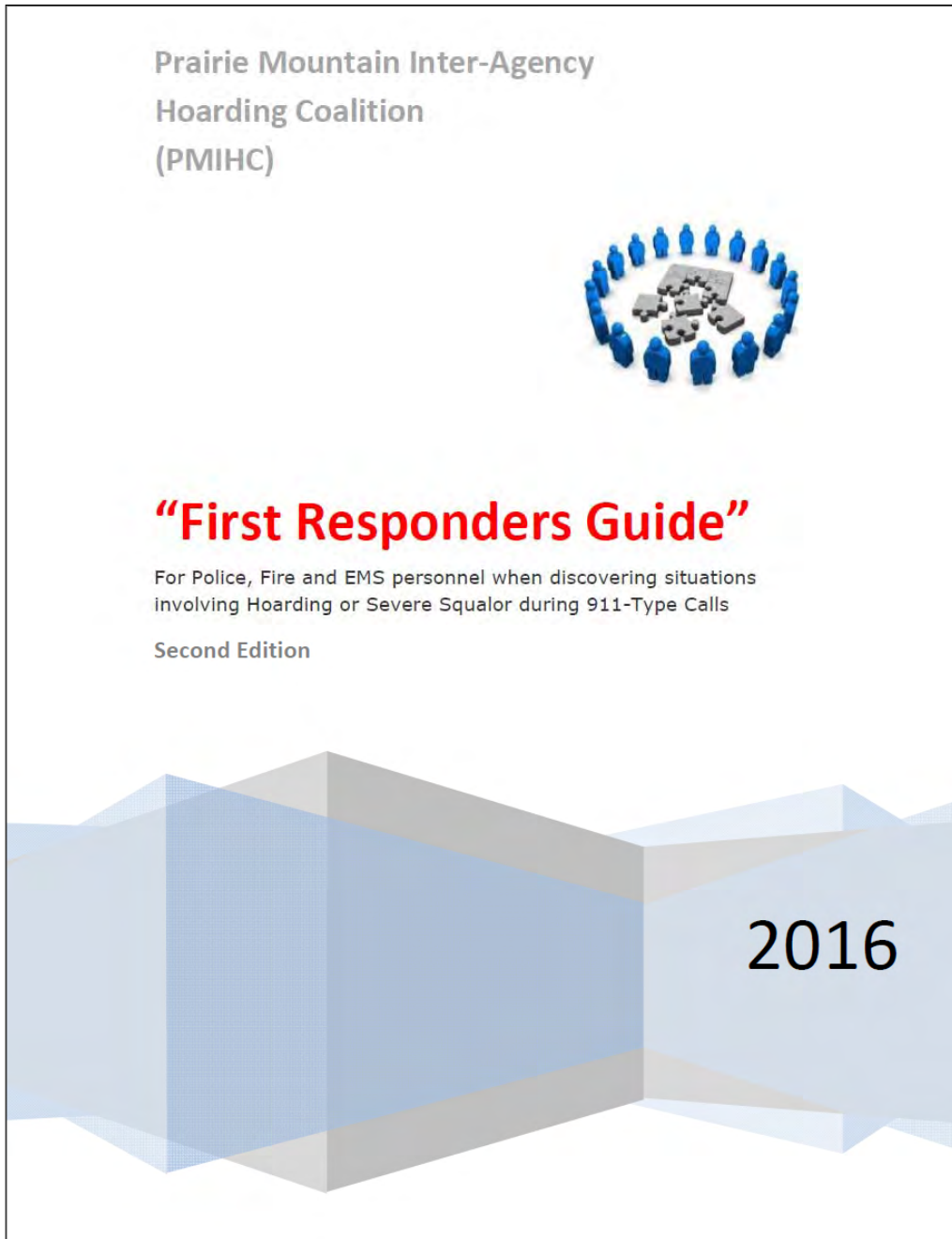
Manitoba Health

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Web: manitoba.ca/healthprotection



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

- *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

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

