

Title: Hazards of Hoarder Homes to Emergency Personnel

Submitted: March 2018

Time Required: 2 – 3 hours

Teaching Materials:

- Computer
- Projector or Television
- PowerPoint® Presentation

References:

<https://www.nfpa.org/public-education/by-topic/safety-in-the-home/hoarding-and-fire-safety>

<https://www.mayoclinic.org/diseases-conditions/hoarding-disorder/symptoms-causes/syc-20356056>

<https://www.chamberofhoarders.com>

<http://www.fireengineering.com/articles/print/volume-166/issue-10/departments/fire-focus/hoarder-house-fire.htm>

<http://www.firerescuemagazine.com/articles/print/volume-9/issue-6>

<http://www.post-gazette.com/local/north/2010/12/02/Levels-of-hoarding-some-guidelines-for-recognizing-the-problem/stories/201012020349>

Motivation: A growing number of hoarder dwellings in the United States pose numerous risks to responding firefighters, EMS and law enforcement personnel. To provide for responder safety, it is imperative that they understand the issue thoroughly. Studies suggest that from 3 to 5% of the population may be affected, so chances are greater than not that your response area is impacted.

Slide #2

Student Performance Objective: The student will be able to identify the causes and symptoms of hoarding, how it increases fire and health risks, how it impacts first responders and implications to fire and command tactics.

Enabling Objectives:

- The student will be able to identify the causes and symptoms of a hoarder
- The student will become familiar with possible fire risks to occupants
- The student will be aware of increased risks to responding personnel
- The student will be able to evaluate personnel safety
- The student will be able to determine when a defensive attack is the best option
- The student will be exposed to considerations for altered attack procedures
- The student will understand dealing with an individual affected by the condition

Slide #3

Overview:

- Explanation of the Condition
- Manifestations on the Affected Property
- Health & Safety Concerns
- Tactics

What is Hoarding?

Slide #4

A. EXPLANATION OF THE PROBLEM

Compulsive Hoarding Disorder is “the accumulation of, and failure to discard, a large amount of belongings that have little or no apparent

value” The individual has strong urges to save items or experiences
distress when discarding them.

- i. Excessive accumulation of items, regardless of actual value
- ii. Often called Collyer’s Mansions (for the Collyer Brothers who died in New York in 1947), habitrail houses and “pack rat” homes

B. LEVELS OF HOARDING

Slide #5

- i. **Level One:** Clutter is not excessive, all doors and stairways are accessible, there are no odors, and the home is considered safe and sanitary
- ii. **Level Two:** Clutter inhabits 2 or more rooms, light odors, overflowing garbage cans, light mildew in kitchens and bathrooms, one exit is blocked, some pet dander or pet waste puddles, and limited evidence of housekeeping
- iii. **Level Three:** One bedroom or bathroom is unusable, Excessive dust, heavily soiled food preparation areas, strong odors throughout the home, excessive amount of pets, and visible clutter outdoors
- iv. **Level Four:** Sewer backup, hazardous electrical wiring, flea infestation, rotting food on counters, lice on bedding, and pet damage to home
- v. **Level Five:** Rodent infestation, kitchen and bathroom unusable due to clutter, human and animal feces, and disconnected electrical and/or water service

Note: hoarding is not exclusive to any economic or social class—it can occur in any community. Furthermore, it has implications as a code enforcement, health and sanitation, and social and mental health issue.

Slide #7

C. SIGNS

Slides #9, 10, 11

- i. Cluttered front yard
- ii. Cars filled with belongings
- iii. Porches filled with stuff
- iv. Backyard privacy fences hiding large amounts of belongings
- v. Disorganized piles or stacks of items, such as newspapers, clothes, paperwork, books or sentimental items
- vi. Possessions that crowd and clutter walking spaces and living areas and make the space unusable for the intended purpose, such as not being able to cook in the kitchen or use the bathroom to bathe. Countertops, sinks, stoves, desks, stairways may piled with stuff
- vii. Buildup of food or trash to unusually excessive, unsanitary levels
- viii. Significant distress or problems functioning or keeping yourself and others safe in your home
- ix. Conflict with others who try to reduce or remove clutter from your home
- x. Difficulty organizing items, sometimes losing important items in the clutter
- xi. Narrow pathways winding through stacks of clutter
- xii. Keeping stacks of newspapers, magazines or junk mail
- xiii. Moving items from one pile to another, without throwing away anything

D. SYMPTOMS

Slides #12, 13, 14

- i. Excessively acquiring items that are not needed or for which there's no space
- ii. Persistent difficulty throwing out or parting with your things, regardless of actual value
- iii. Feeling a need to save these items, and being upset by the thought of discarding them
- iv. Building up of clutter to the point where rooms become unusable

- v. Having a tendency toward indecisiveness, perfectionism, avoidance, procrastination, and problems with planning and organizing
- vi. Often surfaces around 11 – 15 years
- vii. As person grows older, typically start acquiring things for which there is no immediate need or space
- viii. Harder to treat as the person gets older
- ix. Problem worsens with age
 - x. They believe these items are unique or will be needed at some point in the future
 - xi. The items have important emotional significance — serving as a reminder of happier times or representing beloved people or pets
 - xii. They feel safer when surrounded by the things they save
 - xiii. They don't want to waste anything
 - xiv. Shame or embarrassment
 - xv. Limited or no social interactions with others

E. UNDERSTANDING THE DISORDER

- i. Genetics, brain functioning and stressful life events are being studied as possible causes
- ii. People with hoarding disorder may experience other disorders:
 1. Anxiety
 2. Obsessive-compulsive disorder (OCD)
 3. Attention-deficit/hyperactivity disorder (ADHD)
 - 4. Depression** ***Slide #15***
- iii. Risk factors include: ***Slide #17***
 1. Many people who have hoarding disorder have a temperament that includes indecisiveness
 2. There is a strong association between having a family member who has hoarding disorder and the hoarder
 3. Some people develop hoarding disorder after experiencing a stressful life event that they had difficulty

copied with, such as the death of a loved one, divorce, eviction or losing possessions in a fire

iv. Possible Complications

Slide #16

1. Increased risk of falls
2. Injury or being trapped by shifting or falling items
3. Family conflicts
4. Loneliness and social isolation
5. Unsanitary conditions that pose a risk to health
6. A fire hazard
7. Poor work performance
8. Legal issues, such as eviction

Hoarding disorder is different from collecting. People who have collections, such as stamps or model cars, deliberately search out specific items, categorize them and carefully display their collections. Although collections can be large, they aren't usually cluttered and they don't cause the distress and impairments that are part of hoarding disorder.

Slide #18

II. Implications for the First Responder

Slides #19, 20

- A. First Responders cannot move swiftly through a home filled with clutter
- B. Occupants and responders can be trapped in a home when exits are blocked
- C. Injuries can occur from falling objects
- D. Home difficult to enter for medical care
- E. Difficult egress with a patient
- F. Search and rescue of people and pets hampered by clutter
- G. Long burns
- H. Ventilation-limited fires
- I. Excessive fire loads possible

- J. Excessive weight can lead to premature collapse
- K. Neighbors impacted by excessive smoke and fire conditions.

Remember—there are generally no laws against accumulating possessions. A man’s home is legally his “castle” there may be little or nothing that anyone can do, even if aware of the problem.

III. Changes in Tactics

Slides #21, 22

- A. Preplan with other agencies
 - i. May require backhoe/front-end loader to move heavy debris
 - ii. Sanitation department or waste hauler to remove contents
 - iii. Health Department may be required
 - 1. Vermin such as cockroaches, rats and mice may seek shelter in neighboring homes after a fire
 - 2. Affected persons may require assistance
 - a. Relocation
 - b. Mental health counselling
- B. If 360° size-up determines hoarding conditions, request additional personnel early **Slides # 23, 24**
 - i. Workload on firefighters increased by all the stuff
 - ii. Overhaul labor intensive
 - iii. Extended rehab times may be required
- C. There are large fuel loads, but all the “stuff” may be limiting airflow
 - i. Smoldering fire for long periods
 - ii. Cannot always “read” smoke—interior conditions not that of normal structure
 - iii. Conditions ripe for flashover or backdraft once ventilation takes place
- D.** Keep your eyes open! All of the stacks of possessions may create miniature environments within a room. Conditions may rapidly change when ventilation efforts take place. **Slides #25, 26**
 - i. Never vent behind an advancing hose team
 - ii. Vent near the seat of the fire first
 - iii. Vent away from the seat of the fire last

- E. Consider forcing an inward-swinging door at the hinges as debris may prevent sufficient opening for SCBA equipped firefighter
- F. Fuel loads may necessitate higher flow hose line than typical room-and-contents fire
- G. Large, smoldering fuel loads may require substantial reserves of water
- H. Heavy contents + water may lead to a structural collapse. This is of increased importance if the structure utilizes lightweight wood-frame construction
 - i. Collyer home had an estimated **140** tons of items in the house

Consider a Defensive Attack If There is Any Question of Safety

- I. Consider removing the windowsills to gain access to the piles of debris and aid their removal ***Slides #27 - 32***
 - i. Caution—creating a large opening may alter, or introduce, the flow path into the room
 - ii. Allows crew to assess structural stability of the exposed joists. Once the cut has been made firefighters can better evaluate for bulging, bowing, and other signs of danger.
 - iii. Selecting the appropriate area to open up is vital and depends on the intent:

Searching for life vs fire attack can direct a firefighter to different locations to begin. If the sill is being removed for fire attack it should be completed after knock down and in the hottest room.

If a rescue is the goal determining the most likely place to enter can become difficult. The only way of knowing the areas of likely victims is from an accurate pre-fire plan, accurate descriptions from bystanders, and/or direct knowledge of the victim's location. Combine these factors with an accurate thermal imaging scan and a good estimate of victim location can be made.

- iv. Taking the glass should begin high in the window to allow hot gasses to escape. Firefighters should not stand in front of the window when breaking it to reduce chances of injury from fire. (flashover, etc.) The sill should be completely cleared of glass, curtains, and other obstructions. If possible the metal support layer should be removed.
 - v. Once the glass has been removed take the saw and begin to cut. If using a chain saw be sure to only use enough blade to clear the window. Blades that go beyond that have the chance of being caught in the stacks. On one side, cut high to low stopping at the floor decking level. Moving to the opposite side cut in the same manner and to the same depth. Following the cuts use a hook or other hand tool to remove the materials. After completion use a hook to pull the debris out.
 - vi. Once the sill is removed and stacks of hoarding material have been reduced firefighters can look at structural conditions. Evaluating ceilings, walls, floors, fire conditions, and what type of material is being collected is essential before moving forward.
- J. Use portable monitors or master streams (*note that this adds considerable weight to an already overloaded structure*)
- K. Consider the use of Class A foam to penetrate debris

IV. Salvage and Overhaul

- A. This may be a time-consuming and overwhelming task
- B. Limited pathways may impede contents removal
- C. Remember that “one man’s junk, is another man’s treasure”
- D. Personal interaction **Slide # 33**
 - i. The owners may not want any of their possessions discarded. They may have to be removed from the scene or to a remote location on-site

- ii. Don't be judgmental—this is a diagnosable physiological disorder
 - iii. Explain what is happening, if at all possible before an action is undertaken
 - iv. Be alert for anger and/or violence—you are moving, touching or tossing their treasured possessions.
- E. Check your PPE before returning to the station **Slide # 34**
- i. Cockroaches have been known to jump between the layers of responders PPE
 - ii. PPE may be contaminated depending upon the house contents

V. Other Concerns-EMS

Slides # 35, 36

- A. 80% of emergency calls are EMS related
- B. May be more dangerous than a fire call as firefighter is wearing PPE, EMS normally does not
- C. Many hoarder homes are filled with aerosolized mold, increased ammonia levels and high levels of dust particles. Respiratory protection with a N95 mask, at a minimum, should be utilized
- D. Additional personnel will be required to gain access and remove the patient from the home
- E. Patient may be reluctant or unwilling to leave their home (and possessions). Patient refusals may be likely in such cases
- F. If patient is in a vehicle, access may be hindered by hoarder conditions within the vehicle

VI. Review

The student in this program should now have: Slide #37

- ◆ **A basic understanding of Compulsive Hoarding Disorder**
- ◆ **The signs and symptoms of a hoarder and their home**

- ♦ A rudimentary idea of the modifications to normal tactics that should be employed
- ♦ Safety concerns for residents and emergency responders

VII. Remotivation

Slide #38

As we have seen in this presentation, compulsive hoarding disorder may play a decided role in the tactics utilized at the fire scene.

Responder safety concerns must be ever-present.

EVERYONE GOES HOME!