



## POLICY

This policy outlines the minimal procedures during a Mobile Integrated Health (MIH) encounter for a patient with symptoms of hoarding disorder.

## PURPOSE

Provide baseline guidance for the MIH provider to identify hoarding conditions and mitigate risks to keep patients and responders safe.

## BASIC MEDICAL CARE

Reference and apply all applicable OEM standards of care. Identify, treat, and attempt to stabilize any patient/patient who is identified as acutely ill. Activate the municipal transport service if indicated.

## SOCIAL DETERMINANTS OF HEALTH (SDOH)

Reference and apply all applicable patient assessment screens in addition to OEM MIH Standards of Care. An emphasis should be placed on the following SDOH:

- Access to healthcare
- Understanding condition and care plan
- Housing, basic amenities and the environment

## PROVIDER SAFETY and PPE CONSIDERATIONS

The provider's safety is of utmost importance. Hoarding environments pose a dangerous risk to every inside the residence, including the patient. The provider must use due regard when providing care to a patient in these environments. If at any time the scene is deemed to be hazardous, unsafe, or found to be structurally sound so as much as to cause possible harm to the provider or patient, evacuate the residence and notify dispatch of the perceived hazards.

Perform an initial assessment of the outside of the residence before reaching the threshold or main entry point to the residence. The provider will don appropriate PPE before entering the residence. Only bring the necessary equipment into the residence to prevent cross-contamination.

## STANDARD OF CARE

1. Apply General MIH Operational Guidelines
2. Establish and review patient's mental health to determine the cause (refer to **MIH Mental Health** if mental health condition exists); consider contacting appropriate referral service for mental health assistance if applicable
3. Perform a visual inspection of the patient's hoarding condition
4. Access for any pests or infestations that pose a potential hazard to the patient
5. Establish contact if indicated with the Municipal Health Department - Environmental Health Division or Neighborhood Services to report hoarding and provide further guidance to the patient on a mitigation plan
6. Establish contact if indicated with the building landlord or owner to ensure they know of the issue
7. Perform a HOMES assessment
8. If it is determined that the patient may not remain in the residence, notify family, friends, Salvation Army, or refer to **MIH Housing** for emergency shelter



9. Notify dispatch to establish an address flag on the property for all conditions found
10. If applicable, refer to **MIH Safety Abuse Neglect** to report instances of abuse, neglect, or self-neglect

#### REFERRALS

- Milwaukee County Resources: OEM MIH Resource Contact List
- Department Specific Resources: Department Specific Operational Guidelines

#### EMS AGENCY ADDITIONAL POLICIES

Individual EMS Agencies within Milwaukee County are afforded the flexibility to add additional aspects to each MIH guideline. These additional aspects shall be approved by the OEM Medical Direction.

#### SUPPORTING DOCUMENTS AND RESOURCES

Milwaukee Hoarding Task Force

- <https://milwaukeehoarding.weebly.com/resources.html>

HOMES Assessment

- [HOMES Multi-disciplinary Hoarding Risk Assessment](#)

Clutter-Hoarding Scale

- [ICD®-C-HS®-2021-Full-Version.pdf](#)
- [ICD-C-HS-2019-Quick-Guide-1.pdf](#)

*Examples of HOMES Assessment on following pages*



Mobile Integrated Healthcare  
HOARDING

# HOMES® Multi-disciplinary Hoarding Risk Assessment

## Health

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

Notes: \_\_\_\_\_

## Obstacles

- Cannot move freely/safely in home
- Inability for EMT to enter/gain access
- Unstable piles/avalanche risk
- Egresses, exits or vents blocked or unusable

Notes: \_\_\_\_\_

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

- Does not seem to understand seriousness of problem
- Does not seem to accept likely consequence of problem
- Defensive or angry
- Anxious or apprehensive
- Unaware, not alert, or confused

Notes: \_\_\_\_\_

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

- Threat to health or safety of child/minor
- Threat to health or safety of older adult
- Threat to health or safety of person with disability
- Threat to health or safety of animal

Notes: \_\_\_\_\_

## Structure & Safety

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

Notes: \_\_\_\_\_

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Initiated: 01/01/2025  
Reviewed/Revised:  
Revision

Approved: Benjamin Weston, MD, MPH Medical Director  
Approved: Dan Pojar, BSEMS, FP-C, NRP EMS Division Director  
WI DHS EMS Approval:

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Mobile Integrated Healthcare  
HOARDING

HOMES® Multi-disciplinary Hoarding Risk Assessment (page 2)

**Household Composition**

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ # and kinds of Pets \_\_\_\_\_  
Ages of adults: \_\_\_\_\_ Ages of children: \_\_\_\_\_ Person who smokes in home  Yes  No  
Person(s) with physical disability \_\_\_\_\_ Language(s) spoken in home \_\_\_\_\_

Assessment Notes: \_\_\_\_\_  
\_\_\_\_\_

**Risk Measurements**

Imminent Harm to self, family, animals, public: \_\_\_\_\_  
 Threat of Eviction: \_\_\_\_\_  Threat of Condemnation: \_\_\_\_\_

**Capacity Measurements**

Instructions: Place a check mark by the items that represent the strengths and capacity to address the hoarding problem

- Awareness of clutter
- Willingness to acknowledge clutter and risks to health, safety and ability to remain in home/impact on daily life
- Physical ability to clear clutter
- Psychological ability to tolerate intervention
- Willingness to accept intervention assistance

Capacity Notes: \_\_\_\_\_  
\_\_\_\_\_

**Post-Assessment Plan/Referral**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Assessor: \_\_\_\_\_

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## **HOMES**<sup>®</sup> Multi-disciplinary Hoarding Risk Assessment

### Instructions for Use

- **HOMES** Multi-disciplinary Hoarding Risk Assessment provides a structural measure through which the level of risk in a hoarded environment can be conceptualized.
- It is intended as an *initial* and *brief* assessment to aid in determining the nature and parameters of the hoarding problem and organizing a plan from which further action may be taken-- including immediate intervention, additional assessment or referral.
- **HOMES** can be used in a variety of ways, depending on needs and resources. It is recommended that a visual scan of the environment in combination with a conversation with the person(s) in the home be used to determine the effect of clutter/hoarding on **Health, Obstacles, Mental Health, Endangerment** and **Structure** in the setting.
- The Family Composition, Imminent Risk, Capacity, Notes and Post-Assessment sections are intended for additional information about the hoarded environment, the occupants and their capacity/strength to address the problem.

©Bratiotis, 2009. [The HOMES Assessment was developed in conjunction with the Massachusetts Statewide Steering Committee on Hoarding. Information about the assessment can be found in Bratiotis, Sorrentino Schmalisch, & Steketee, 2011. The Hoarding Handbook: A Guide for Human Service Professionals. Oxford University Press: New York.]

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