

Toronto Bed Bug Project

QHN OPEN HOUSE ON BED BUGS



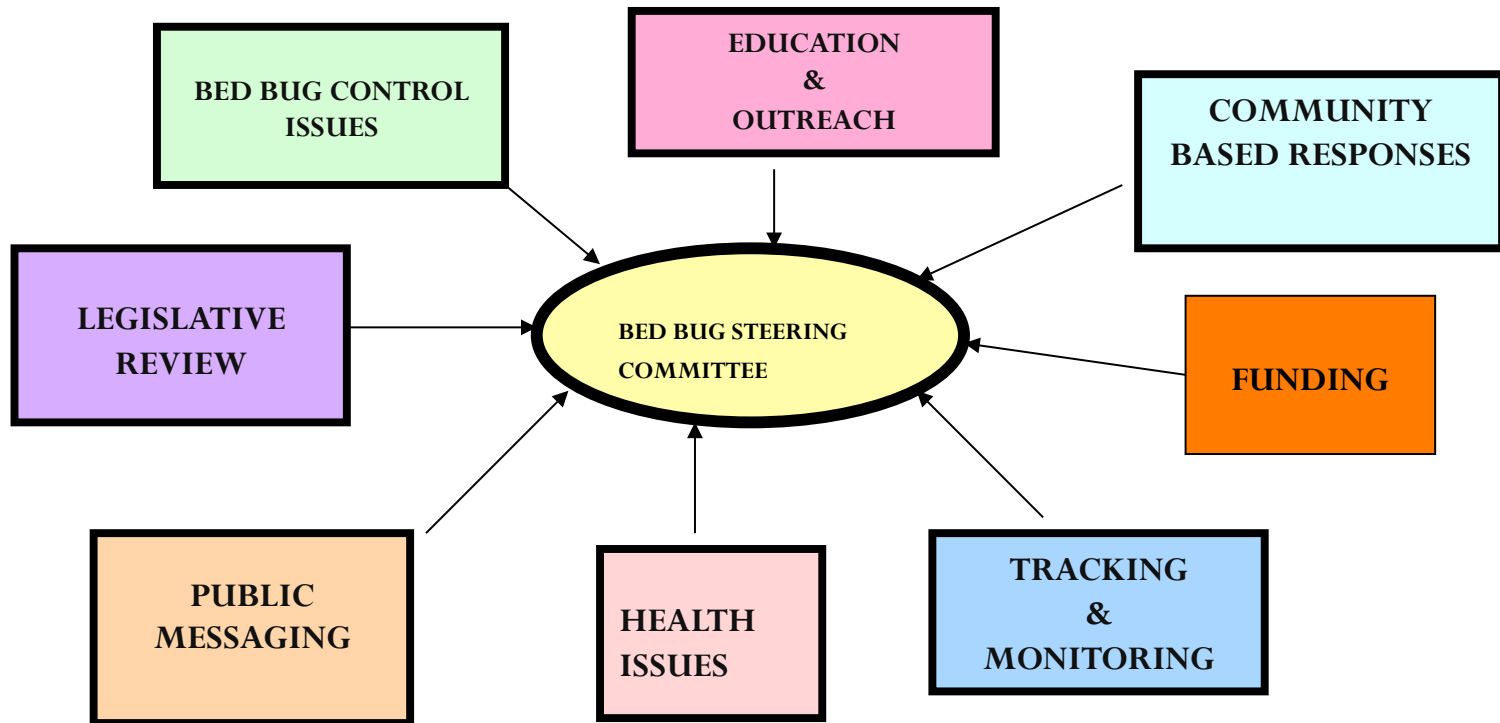
THE TORONTO BED BUG PROJECT

- **Over the last couple of years, complaints regarding bed bugs began to increase dramatically. In some cases, City Councillors became involved**
- **November 2007-Toronto Board of Health requests the Medical Officer of Health to investigate and report back on the issue of bed bugs**
- **January 2008-various city departments (public health, shelter, support & housing, MLS, TCHC, social services etc) met to discuss issue of bed bugs**

THE TORONTO BED BUG PROJECT

- **February 2008-Board of Health report recommends an action committee on bed bugs be created, consisting of members from city departments, housing providers, community agencies, landlords, tenants etc**
- **March 2008-bed bug forum hosted by City of Toronto is held with 50 attendees from diverse backgrounds to discuss bed bug issues, develop principles of Bed Bug Action Committee, establish members,& identify key issues**
- **April 2008-bed bug action committee renamed “The Toronto Bed Bug Project”, members of steering committee selected, and 8 workgroups created.**

STRUCTURE OF THE PROJECT



KEY RESULTS

- Local, and international recognition for the work that is ongoing.
- Improved communications: Website enhanced www.toronto.ca/health/bedbugs.
- Survey: How bedbugs have affected people.
- 17 Fact sheets have been developed and our general information one is in 13 different languages
- Development of minimum treatment standard for pest control industry in conjunction with Structural Pest Management Association of Ontario.
- Development of a preparation protocol in conjunction with the Structural Pest Management Association of Ontario.

Key Results

- **Promotion of the Integrated Pest Management (IPM) approach.**
- **Coordinating case management of difficult cases with Public Health Inspectors, City Departments and external agencies.**
- **Financial assistance provided to create bed bug manual for service providers and housing managers.**
- **Collaborated with OW/ODSP (social assistance agencies in Ontario) representatives have jointly developed protocols and established working relationships when seeking supports to assist clients who have been affected by bed bugs.**
- **Development of public messaging campaign to reduce stigma (“anyone can get bed bugs”) and increase awareness to reduce infestations**
- **To date staff have presented bed bug educational / training sessions to over 2500 people.**

Impact of Bed Bugs....

- **Anyone, anywhere – however, it appears that low income people may be more at risk because they tend to live in older, higher density, multi-residential dwellings with higher unit turnover.**
- **People who work or go to buildings where there are infestations or whose clients live in buildings where there are infestations (superintendents, EMS and police visiting homemakers, contractors, delivery people, etc)**
- **Friends, family and employers of all these people**

Potentially all of us!

How does it impact?

Health Impacts

- **No substantial scientific evidence of transmission of disease.**
- **Bites result in allergic reaction to varying degrees (no reaction/delayed/immediate)**
- **Can have secondary bacterial infections and scar formation can occur through vigorous scratching**
- **Severe reactions may require medical attention**
- **No known cases of infectious disease associated with bed bugs**
- **Research into health effects ongoing**

How does it impact?

Psychological and personal impacts

- Stigma
- Isolation
- Expense
- Time
- Temporary relocation from unit
- Loss of belongings
- Refusal of services (contractors, visiting homemakers and nurses)
- Embarrassment
- Despair

BARRIERS TO SUCCESSFUL PEST CONTROL

- **Lack of Preparation of Unit**
- **Clutter**
- **Hoarding**
- **Physical Challenges**
- **Mental Health Issues**
- **Access to Unit**
- **Lack of Compliance by Tenant**
- **Misinformed tenant/landlord**
- **Inappropriate Pest Control**

SO WHY ARE WE TALKING TO YOU TODAY?



Bed Bugs and Vulnerable Clients

- **Vulnerable clients are frequently found as a result of a Bed Bug investigation**
- **Often Bed Bugs are a symptom or a clue as to what else may be going on in an apartment.**
- **This could be social issues, poverty, addiction, physical and/or mental health issue.**



Bed Bugs and Vulnerable Clients

- **Often these bedbug infestations go unreported, undiscovered for a long time for variety of reasons.**
- **This can result in Bed Bugs being left to happily reproduce every couple of weeks**



RESULTING IN MEGA INFESTATIONS!!!!



What is a Vulnerable Person:

A vulnerable person is a person who is in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Who are the most vulnerable?

- **Individuals who have limited income to prepare or treat units**
- **Individuals whose physical health may limit their ability to prepare units – age, disability, health conditions**
- **Individuals with mental health issues or addiction issues who may have difficulty recognizing the issue or organizing themselves to get help**

Vulnerable Clients

- **Majority of onsite bed bug investigations conducted by City of Toronto staff will be to assist vulnerable clients**
- **Cases are likely extremely complicated and time-consuming**
- **Predominantly, other issues are involved, commonly mental health, physical disabilities**
- **Clients are often socially isolated from family friends, other tenants, community**
- **Clients often may not have any support from family, friends or community agencies**
- **Clients usually do not have resources to pay for cleaning, preparation services**
- **Financial barriers are most common.**

Vulnerable Clients

Whether or not a person is vulnerable will depend upon its own circumstances, and environment. Each case should be judged on its own merits.

WHAT IS THIS PICTURE?



Facts on Hoarding

- Hoarding is found in all cultures, education, and income levels.
- Hoarding interventions are usually complicated, costly and time consuming.
- Hoarding cases continue to deteriorate until the health and safety of the individual and community are put at risk.
- Hoarding occurs in only 1-2% of the population.
- Hoarding is a symptom of O.C.D, however not all people with O.C.D hoard.
- Research shows that hoarders take significantly longer to categorize, therefore possessions are left out as reminders.

Hoarding is Likely to Cause:

- Impaired activities of daily living
- Unhealthy living conditions, some may result in a health hazard
- Unsafe and unhealthy living conditions for the tenant and those living around them
- Allows for safe harbourage of pests and provides conditions for infestations to grow to massive size.

Hoarding vs Clutter

Hoarding and Clutter are often used interchangeably. There are two differences:

- People who clutter typically are willing to discard items more easily.
- Their clutter does not control their lives or daily activities to the same degree.

Team Approach

Who do we need to work with us?

- Directors**
- Operating Unit Managers**
- Housing Supervisors**
- On site Superintendents**
- Health Promotion Officers**

Yes Everyone!