



Bed Bug Guidelines for Social Service Providers Who Conduct Home Visits

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Introduction

All social service providers who visit clients in their homes or apartment units are strongly encouraged to abide by the following guidelines. While these guidelines specifically mention bed bugs, they may also apply to other types of insects or pests.

It is recommended that all social service providers who conduct home visits attend bed bug training. Training should include: identification of bed bugs; awareness of where bed bugs can hide; how to conduct a self-inspection; containment and isolation procedures; and, procedures for controlling bed bugs should a problem exist. Work with your employer to find and schedule appropriate training.

Bed Bug Containment Kit

If you frequently visit clients who have bed bug infestations it is a good idea to keep a simple “bed bug kit” in your car. At the simplest level, this kit can consist of a plastic box, wet wipes, and large plastic bags. The following items may also be useful.

- A roll of tape (clear tape, such as packing tape works well)
- A roll of clear plastic drum liners (garbage bags for 50 gal. drums)
- A few plastic grocery bags for storage of smaller miscellaneous items
- Flashlight
- Narrow bladed spatula (such as a $\frac{3}{4}$ " – 1" wide icing spatula)
- Disposable gloves
- Wet wipes (i.e., Wet Ones®, or equivalent)
- Plastic clipboard
- A simple stool or folding metal chair
- A fanny-pack to contain personal items (wallet, cell phone etc.)
- A change of clothes and shoes
- Protective booties and disposable coveralls (Tyvek, or equivalent)*

** Useful in cases of severe infestations where bed bugs are readily visible on walls and ceilings and contact is imminent. Booties and coveralls are **not recommended** for police conducting home visits because of possible tactical interference. Separate protection measures should be considered.*

Guidelines for in-home visits

When conducting an in home visit it is recommended that social service providers do the following:

- On intake or prior to your first home visit with a client, ask if he or she has had any known infestations or treatments for any pests including bed bugs, this will allow you to be prepared for a potential encounter with bed bugs.
- Avoid placing any items on upholstered furniture or bedding. This is the most common way to transfer bed bugs from an infested location.
- It can be a good idea to wear protective booties when a client says there is a known infestation; when conducting a home visit in a client's unit that is located in a building with a known infestation; or when you are uncertain about the presence of an infestation. Another option would be to have a separate pair of shoes in your car which you wear into homes with bed bug infestations and then store in a sealed plastic bag when not in use.
- Do not sit on cloth-covered furniture or bedding. Pay attention to cracks and crevices of wooden or hard surface chairs as it is possible that bed bugs are hiding in these cracks and crevices. If possible bring a stool or folding chair which you can sit on during the home visit. The safest place to sit in a client's home would be in the kitchen on a non-upholstered chair; this is the place where you are least likely to encounter bed bugs.
- Bring only items necessary for the visit into the home. The more items you bring into a potentially infested area the higher the risk of transferring the insects to another location. A plastic (or metal) clipboard can be used to hold paperwork, while a "fanny" pack can be used to hold a wallet and other personal items, in addition to a spare pair of gloves and booties.
 - Store personal items securely in your vehicle prior to arriving at the location.
- Upon completion of the visit, take the following steps if bed bugs are found, or suspected:
 - Perform a self-inspection for pests immediately after leaving and before entering another facility or a vehicle. Pay attention to inside and outside of shoes, lace holes, socks, leg area and around hands and arms.
 - If you find a bed bug or other insect (e.g. cockroach), use the wet wipes to contain or crush the insect. Wipe the surrounding areas with another wet wipe as a precaution. Pay attention to corners, crevices and seams. Alternately, a spatula can be used to crush or remove the insect.
 - If used, remove protective booties immediately following the visit. Place them in a sealed plastic bag and dispose of the bag.
- Drum liners are useful for containing articles suspected of having an infestation and can also be used as temporary seat covers when transporting people who you think may have bed bugs (if clean clothes are unavailable or if an inspection of the person cannot be conducted).
 - **Remember:** *on-person infestations are uncommon, although they do happen with severe infestations or in cases where the person is in bed or a wheel chair.*
 - **Note:** *a plastic seat cover, such as the drum liner, is not recommended for the driver as it may affect vehicular operation. In addition plastic seat covers of this nature are not recommended for use in child safety seats/restraints as they may compromise the device.*

- Coveralls might be considered if you are going to be moving items or touching things in a severely infested residence and where contact with bed bugs is imminent. Employee training should provide you with talking points to help you discuss this protective measure with clients.
 - If a protective suit was worn, suit should be removed so that it is turned inside out as it is taken off so as to trap any bugs inside the suit. Immediately place all protective gear in a plastic bag and seal it; then dispose of the bag in an outdoor receptacle.
 - Laying a plastic drum liner on the floor enables you to remove these garments on a clean surface that would make most bed bugs visible. Rolling the liner up will enable you to contain coveralls, booties and any possible insects. Seal the plastic in another bag and dispose as mentioned.

If you think you are at risk of transferring bed bugs from an infested home to another site you should notify your supervisor and return home. When you arrive home you should remove your clothing, in an attached garage or just inside the entry door. Immediately place clothes in a plastic bag that can be tightly closed via a knot or twist tie. Wash contaminated clothing in hot, soapy water and dry in a dryer using the highest heat setting that the fabric can safely withstand. Any clothing that cannot be washed or dry cleaned should be placed in a dryer on medium-high for at least 30 minutes. If items are taken to a dry cleaner, inform the cleaner of the possibility of bed bugs. For additional information see the fact sheet *Laundering Items to Kill Bed Bugs*, available at: www.bedbugs.umn.edu/bed-bug-control-in-residences/laundrying-bedbug-control

Additional suggestions

The following suggestions were gathered from employees, and agencies that have successfully served clients with infestations over the years, as well as input from an entomologist. These practices may help avoid transporting bugs from one client to another or into your own home.

- Keep your car clean of clutter, vacuum weekly, and monitor for infestation.
- In a separate bag, keep a second pair of shoes and another jacket (if desired) for use in client homes.
- Discourage the sharing of vacuum cleaners by clients as this can be a means of transmission of hidden bed bugs. If using a vacuum or vacuum attachment in an infested residence, it is a good idea to finish up by sealing the vacuum bag with tape or place the vacuum bag inside a plastic bag, and then discard the bag in an outdoor container.
- Do not redistribute items from one client to another as this is a common means of bed bug transmission. Depending on the type of item, items that must be shared may be frozen at 0°F for at least 4 days, heated to 122°F, or washed in hot soapy water. Bed bugs are excellent hitchhikers that can hide in furniture, clothing, or other items brought from infested areas.

These guidelines are based on those created by the Central Ohio Bed Bug Taskforce and were appended, with permission, by Dr. Stephen Kells and Amelia Shindelar. November 2011

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