

VAN CCAPO: STREET DEGREE

Revision 3.0

May 2021



Written, designed and developed by:

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**The DTES Community Coalition Against
Prohibition and Overdose**

- SRO-Collaborative* and Tenant Overdose Response Organizer Program
- The Coalition of Peers Dismantling the Drug War
- Western Aboriginal Harm Reduction Society
- DUDES Club

**BC and Yukon Association of Drug War
Survivors**

The Community Action Initiative

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Vancouver Area Network of Drug users

** All Housing modules written and developed by the DTES SRO Collaborative*

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May 2021



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This teaching guide was developed on the stolen land of the Coast Salish Peoples, including the territories of the xʷməθkʷəy̓am (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaɬ (Tsleil-Waututh) Nations.

The modules within this guide are intended to be taught within a framework of decolonization. This requires leadership and involvement of Indigenous people at every stage of development, teaching and participation.

VAN CCAPO: Street Degree

The Vancouver Community Coalition Against Prohibition and Overdose (VAN CCAPO) Street Degree began as a peer informed and peer driven education collaboration between Vancouver Coastal Health, the Portland Hotel Society, the SRO Collaborative's Tenant Overdose Response Organizer Project, the Western Aboriginal Harm Reduction Society, DUDES Club, and the Coalition of Peers Dismantling the Drug War, with the goal of furthering the work being done by peers in the domains of overdose prevention, safe supply, housing, food security, and outreach. The VAN CCAPO Street Degree has peers engage and take leadership in content development and thereby addresses inequality and recreates the hierarchy of expertise while incorporating the wealth of knowledge found in lived experience. This helps break down barriers, decrease discrimination, and empowers peers as pivotal members of our community. Peers have stepped up in both the design and ongoing feedback of this education process as well as in the facilitation of courses. This education series could not happen without the contribution of peers, their knowledge, and their skills.

Many peers working in Vancouver's Downtown Eastside (DTES) have expressed their desire to be involved, give back to their communities, and take on leadership in their roles. Peers have also stated many are already doing unpaid work to assist with the needs of their community, and are often at different levels of learning – this curriculum was developed so that peers could build skills, self-esteem, help participate in educating others, and improve skills for employability. This curriculum was inspired by foundational work done by PHS, the DTES SRO-C, WAHRS, and Insite. Ultimately the core objective of the "VAN CCAPO Street Degree" is wider acceptance, acknowledgment and legitimization of the knowledge and work done by peers in Vancouver's DTES.

Purpose: To empower peers working in Vancouver's DTES through education.

Vision: A collaborative education lab created for, and with, peers, as we work together to reduce the harms of colonialism, the war on drugs, and gentrification.

What: This education lab is a forum for high-quality, peer-informed, education delivered within a culturally sensitive and trauma informed framework. Participants will be certified in modules so that they can step up as leaders in their work, and when they complete up to 10 courses, students will achieve a "VAN CCAPO Street Degree" which can be taken with a variety of specializations, or generally. To achieve a specialized degree, participants will have to take 5 courses in a single specialization. Participants are also welcome to suggest additional courses which can be incorporated into the curriculum.

Target Audience: Peers who work in Vancouver's DTES with other DTES residents. Including those living in SROs, people accessing overdose prevention services, etc.

Educational Approach: These interactive modules can be delivered by peers, and may be co-facilitated with educators, and/or community and organizational members. Sessions are often facilitated in an informal participatory style to allow for questions, group discussions, and peer informed topics while weaving a culture of respect and putting people through the learning process. Capacity building is a top priority.

Objectives

By taking part in the educational modules, participants should be able to:

1. Strengthen relationships of solidarity in Vancouver's DTES between those living and working in a variety of situations with various stakeholders.
2. Learn foundational skills to be able to work in overdose prevention, outreach, in private SROs, etc. and respond to situations safely.
3. Understand the key elements of mental and physical well being, reducing stigma, creating cultural safety, working within a strengths based framework, and supporting folks and their unique needs when connecting with services.
4. Be able to identify and refer folks to integrated health services and become more integrated into the continuum of care in the DTES.
5. Translate learning into action by helping to co-facilitate modules with support, and be able to set up for success in teaching and translating knowledge back to their communities.

COURSES CURRENTLY OFFERED

Health, Harm Reduction, and Overdose Prevention

1. Overdose Response Basics
2. COVID-19 and OD Response
3. Advanced Overdose Management
4. Train the Trainer and Naloxone Distribution
5. Safer Self Injection 1 & 2
6. Let's Talk About Drugs
7. Community Resources
8. COVID-19 and PPE
9. Navigating Health Care
10. Street First Aid

Relational Skills

11. Managing Extreme Situations (2 Modules)
12. Preventing Burnout
13. Boundary Setting (Collective Resiliency)
14. Reducing Stigma
15. Strength Based Care
16. Communication Skills
17. Facilitation Skills

Computer Literacy

18. Indesign (3 Part Course)
19. Social Media

Housing

20. Common Maintenance Problems
21. Writing a Letter to your Landlord
22. City and Inspections
23. Take your Landlord to Housing Court
24. Door Knocking and Landlord Backlash
25. Fighting Illegal Rent Increases
26. Eviction Self Defense
27. Tenant Committees

Food

28. Food Handling

MODULES TO BE DEVELOPED

Health, Harm Reduction, and Overdose Prevention

- Wound care
- Safe Supply
- Drug Checking

Computer Literacy

- Use of dark web

Housing

- Facilitate a Meeting and Rent Reduction
- Spotlight on Legal Advocacy

History

- History of DTES
- History of Chinatown
- History of Prohibition
- History of the SRO-C

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Relational Skills

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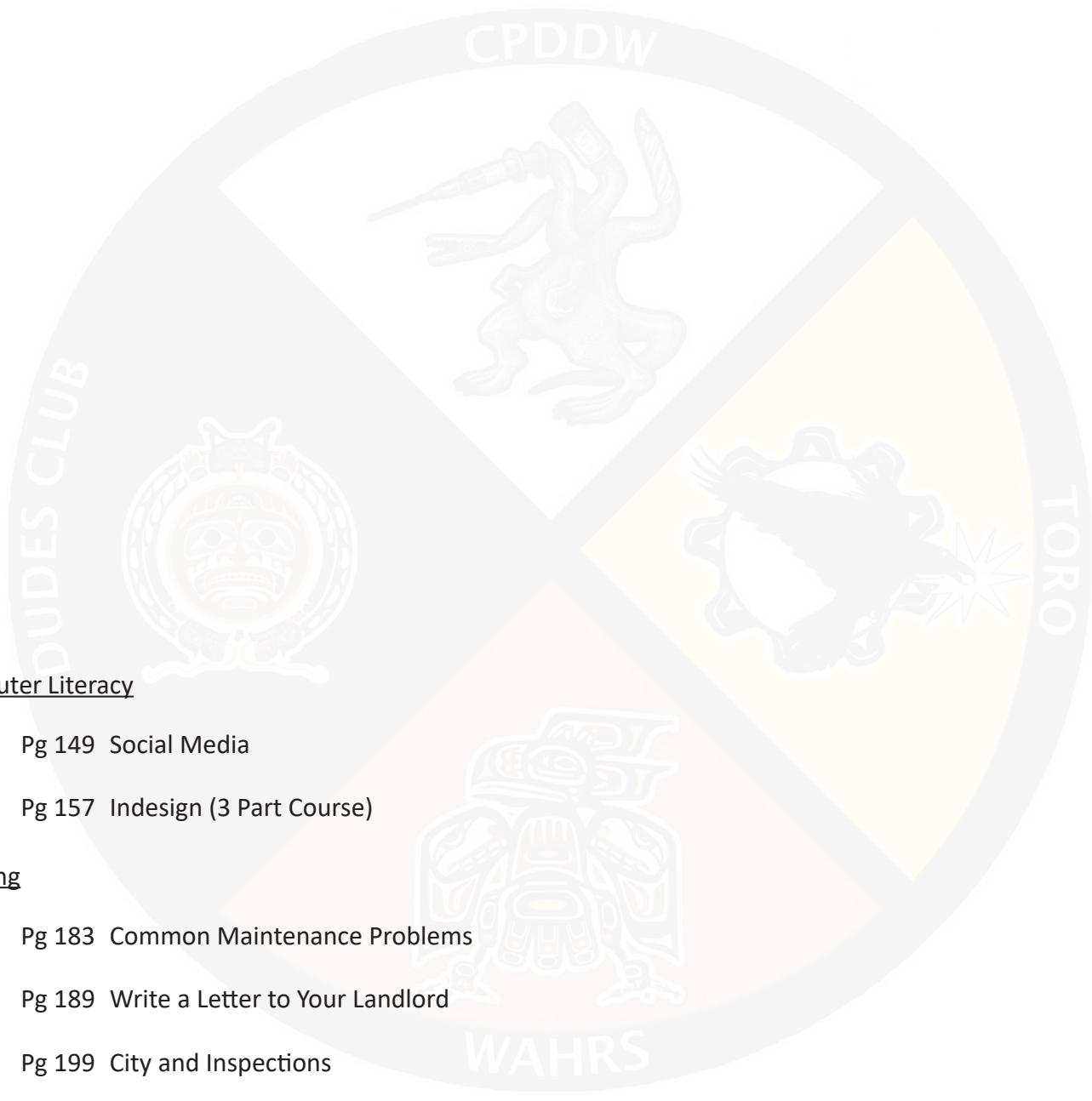
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Food

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GLOSSARY OF TERMS

For facilitators who are less familiar with drug use or are from a region outside Metro Vancouver.

Bang	An injection of drugs.
Cooker	A small metal bowl with a handle that is used to cook or prepare drugs for injection.
“Doctor”	When another person helps someone inject.
Dope	Usually means heroin, but may also refer to crack cocaine or other drugs.
Dopesick	Experiencing opiate withdrawal.
Flap	A small paper envelope of drugs. The size of a flap is not standardized.
Fix (fixed, fixing)	Injection of drugs.
Goofballs	Heroin and crystal meth done at the same time.
Hooping	Ingesting drugs through the anus
Hot rail	Heating up a glass tube, then snorting meth through it.
Jugging	Injecting into jugular vein.
Mouthpiece	A piece of plastic tubing that can be inserted onto the mouth part of a pipe (for crack or crystal meth) that can be removed so that another person can use the same pipe with their own mouthpiece.
Parachute	Wrapping up some drugs in a little piece of paper or tissue and swallowing it
Pipes	There are two kinds: 1- Crack/rock, 2- Crystal meth. Crack pipes are straight tubes of glass while crystal meth pipes have a small bowl on one end.
Point	0.1g of illicit drugs (e.g. “I did 2 points of crystal” = using 0.2g of crystal meth)
Push sticks	Wooden sticks (like a bbq skewer) that are used to push crack into pipes.
Rig	Needles used for injecting drugs.

Smash	An injection of drugs.
Shoot up	Inject drugs.
Speedballs	Heroin and powder cocaine done at the same time.
Tie/s	Generally a wide, flat, blue piece of elastic that is used to tie off the area above the elbow to facilitate finding a vein for injection.

Benzos

bluies
roofies
downers
sleepers
benzos
bennies

Methamphetamines

Side
jib
ice
crystal
gack
glass
shard

Opiates

fent
heroin
morphine
percs
down
dillies
oxys
H

Cocaine/ Crack

Blow
snow
white
Charlie
soft
hard
powder
rock
hand
coke
up
more
toot
yay-o

**This is by no means a complete glossary and will be updated with all future editions*

General Introduction Outline

(Can be used as a guide for facilitators to begin any module)

1) LAND ACKNOWLEDGMENT

Whose land are we on today? _____

How does Indigenous sovereignty and colonization relate to the work we are doing today?

2) INTRO BY FACILITATOR(S):

Facilitator names/Who are we?: _____

Who is CCAPO?

The Vancouver Community Coalition Against Prohibition and Overdose (VAN CCAPO) Street Degree began as a peer informed and peer driven education collaboration between:

- Vancouver Coastal Health
- Portland Hotel Society
- SRO Collaborative's Tenant Overdose Response Organizer Project
- The Western Aboriginal Harm Reduction Society
- DUDES Club
- The Coalition of Peers Dismantling the Drug War

Why is this course being offered?

- Many people working in the DTES have expressed their desire to be involved, give back to their communities, and take on leadership in their roles.
- Many people are already doing unpaid work to assist with the needs of their community, and are often at different levels of learning – this curriculum was developed so that people could build skills, self-esteem, help participate in educating others, and improve skills for employability.

What are our goals?

- Furthering the work being done by peers in the domains of overdose prevention, safe supply, housing, food security, and outreach.
- Ultimately the core objective of the “VAN CCAPO Street Degree” is wider acceptance, acknowledgment and legitimization of the knowledge and work done by peers in Vancouver’s DTES.

What is our vision?

- A collaborative education lab created for, and with, peers, as we work together to reduce the harms of colonialism, the war on drugs, and gentrification.
- Participants are also welcome to suggest additional courses which can be incorporated into the curriculum.

What will participants achieve?

- You will be certified in the modules that you complete.
- When you complete up to 10 courses you will achieve a “VAN CCAPO Street Degree”
- The Street Degree can be taken with a variety of specializations, or generally.
- To achieve a specialized degree, you will have to take 5 courses in a single specialization.

3) TODAY'S AGENDA

TOPIC: _____

BREAKS: _____

FINISH TIME: _____

HOUSEKEEPING (ie. where are washrooms) _____

4) GROUP INTRODUCTIONS:

What is your name, how is your day going?

5) BEGIN YOUR MODULE!

HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

OVERDOSE RESPONSE BASICS



55 MINUTE MODULE

OVERDOSE RESPONSE BASICS

Topics

Total Time:

55 Minutes

Overdose Response

1. Prevention

- Factors that can increase or decrease the risk of an overdose.

2. Common Types of Overdoses

- How to recognize depressant, opioid, and stimulant overdoses.
- Benzo overdoses, and psychedelic overdoses.

3. SAVE ME steps, naloxone practice

- How to respond to an overdose.

4. Breathing mask types and styles.

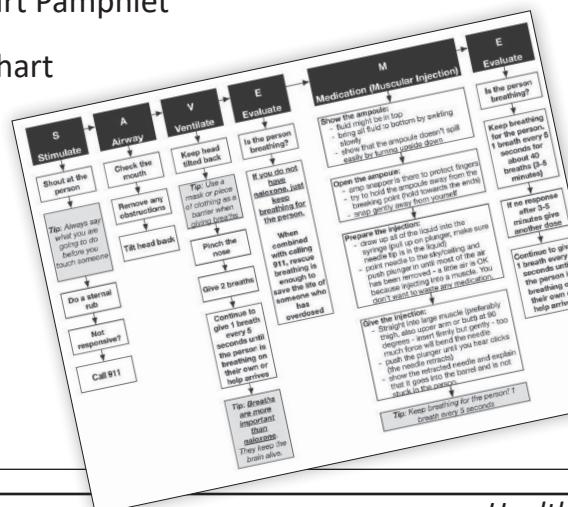
5. How to support the person after they regain consciousness.

Equipment
& Materials:

Naloxone Kits
Breathing Masks
Photocopies of
handouts

HANDOUTS:

- Towards the Heart Pamphlet
- SAVE ME Flow Chart



1

PREVENTION:Factors that can increase or decrease the risk of overdose:

Overdose is most common when:

- Your tolerance is lower: you took a break, were in detox/treatment or jail, or you are new to use
- You have been sick, tired, run down, dehydrated or have liver issues
- You mix drugs: prescribed or not, legal or illegal
- The drugs are stronger than you are used to: changes in supply, dealer, or town

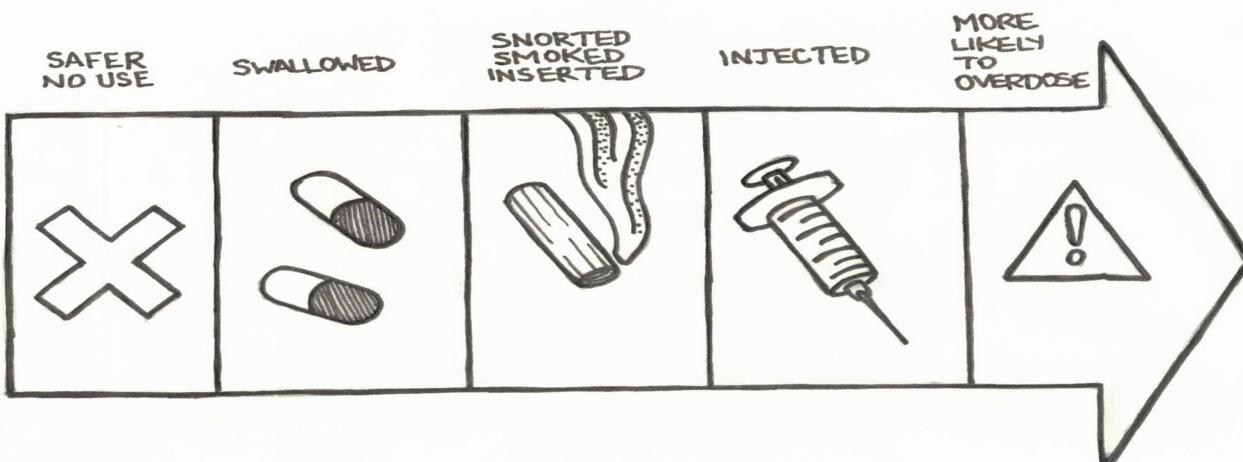
To prevent overdose:

- Know your health status and your tolerance
- Do not mix drugs and alcohol. If you do mix, choose to use drugs before alcohol
- Be aware: using drugs while on prescribed medications can increase overdose risk
- Don't use alone. Leave door unlocked. Tell someone to check on you
- Do testers to check strength. Use less. Pace yourself
- Talk to an experienced person or a trusted healthcare provider about reducing risk
- Know CPR and get trained on giving naloxone
- Choose a safer route of taking drugs

Presenter(s)

Section Time

10 Minutes



2

COMMON TYPES OF OVERDOSES

OPIOIDS (e.g., opioids: morphine, dilaudid, heroin, fentanyl)

Feels and looks like:

- Person cannot stay awake
- Can't talk or walk
- Slow or no pulse
- Slow or no breathing, gurgling
- Skin looks pale or blue, feels cold
- Pupils are pinned or eyes rolled back
- Vomiting
- Body is limp
- No response to noise or knuckles being rubbed hard on the breast bone

Presenter(s)

Section Time

10 Minutes

STIMULANTS (e.g., cocaine, methamphetamine, ecstasy)

Feels and looks like:

- Fast pulse or no pulse
- Short of breath
- Body is hot/sweaty, or hot/dry
- Confusion, hallucinations, unconscious
- Clenched jaw
- Shaky
- Chest pain
- Seizures
- Vomiting
- Cannot talk or walk

BENZOS

Looks like a opiate overdose but person is breathing

Feels and looks like:

- drowsiness
- dizziness
- memory problems
- slurred speech
- blurred vision
- shallow breathing
- clammy skin
- dilated pupils
- a weak and rapid heartbeat
- coma or death in cases of overdose

PSYCHEDELICS (e.g., LSD, psilocybin/mushrooms)

Feels and looks like:

• Sweating	• Tremors	• Visual hallucinations	• A sense of a mystical experience
• Nausea	• Insomnia	• Mixed senses	
• Dilated pupils	• Blurred vision	• Raised body temperature.	
• Rapid heartbeat	• Weakness	• Intensified sense of smells and noises	
• Dry mouth	• A distorted sense of time		

3

SAVE ME steps and NALOXONE PRACTICE:**Responding to an Opiate Overdose**

S

stimulation Can you wake them up? If not, call 911

A

airway Make sure there's nothing in their mouth that stops them from breathing.

V

ventilate Breathe for them. (Plug nose, tilt head back, and give 1 breath every 5 secs).

E

evaluate Are they any better?

M

muscular injection Are you trained to give naloxone? Inject naloxone into a muscle.

E

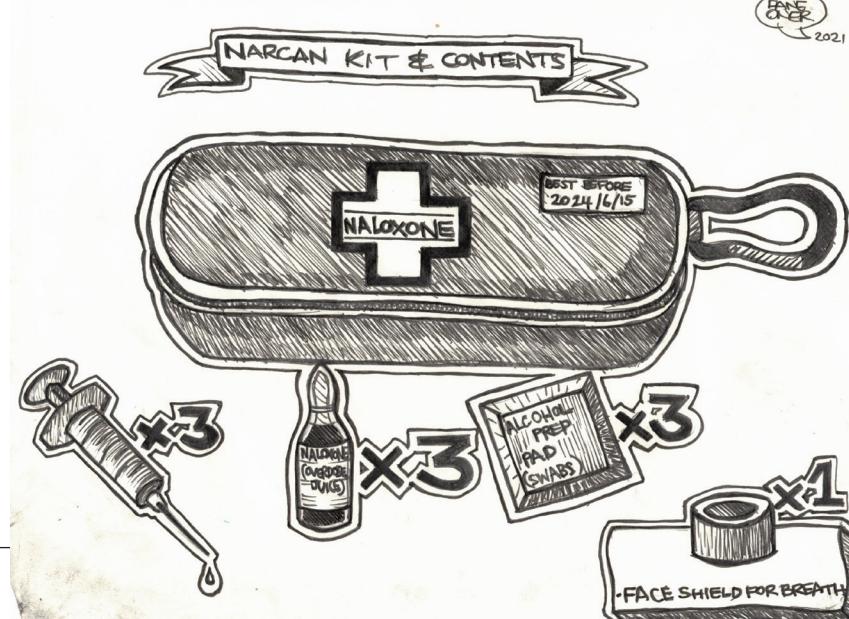
evaluate & support Evaluate and support Is the person breathing on their own?

If they're not awake in 5min, another dose is needed. Tell the person not to use any more drugs right now – wait at least 2 hours.

Presenter(s)

Section Time

15 Minutes



- Demonstrate the overdose response steps using a practice naloxone kit
- Hands-on practice in pairs

Ideas to Modify for COVID:

- have participants take turns miming the steps
- inject an orange

Responding to a Stimulant Overdose

ASSESSMENT: ARE THEY EXPERIENCING (A) OR (B)?

(A) MENTAL DISTRESS/OVERAMP

Associated with: *sleep deprivation, crashing, anxiety, paranoia. If a person is conscious, and you are sure this is not medical in nature, they may just need support and rest. Call Poison Control to help assess.*

WHAT TO DO:

- Keep calm. Stay with person. Use their name
- Give water or fluid with electrolytes. Do not overhydrate
- Place cool, wet cloths under: armpits, back of neck, and head
- Open a window for fresh air
- Get them comfortable. Move away from activity
- If aggressive/ paranoid suggest they close their eyes, give person space
- Encourage person not to take any other substances

If you're not comfortable with the situation, call 911.

(B) PHYSICAL DISTRESS/ACUTE STIMULANT TOXICITY

Medical attention is required immediately if person has:

- Jerking or rigid limbs
- Rapidly escalating body temperature and pulse
- In and out of consciousness
- Severe: headache, sweating, agitation
- Chest pains

WHAT TO DO:

- Call 911
- Stay with person
- Keep person: conscious, hydrated, calm
- If heart has stopped do 'hands-only' CPR
- Tell medical professionals as much as possible so they can give the right treatment to prevent organ damage and death



4

BREATHING MASKS - Types and Styles

There are two main types of barrier masks for giving breaths:

1. A flat plastic barrier that lays across the person's mouth and nose. It conforms to the face and allows the rescuer to blow through a hole in the middle. The hole has either a one-way valve or a filter to protect the rescuer, depending on the brand.
2. A mask shaped like a pear that fits over the mouth and nose. With proper technique, it seals onto the face. The rescuer blows through a one-way valve at the top to provide rescue breaths.

Show examples of the masks and how to use them

Presenter(s) _____

Section Time

10 Minutes

5

HOW TO SUPPORT THE PERSON AFTER THEY REGAIN CONSCIOUSNESS

Naloxone's effect lasts for about 30 to 90 minutes in the body. Because most opioids last longer than that, the naloxone may wear off before the effects of the opioids wear off and the person might go into an overdose again.

If the person uses more heroin or opioids when there is still naloxone in the system, he or she may not feel it at all – naloxone will knock it out of the opioid receptors and the person will have wasted their drugs.

The likelihood of overdosing again depends on several things including:

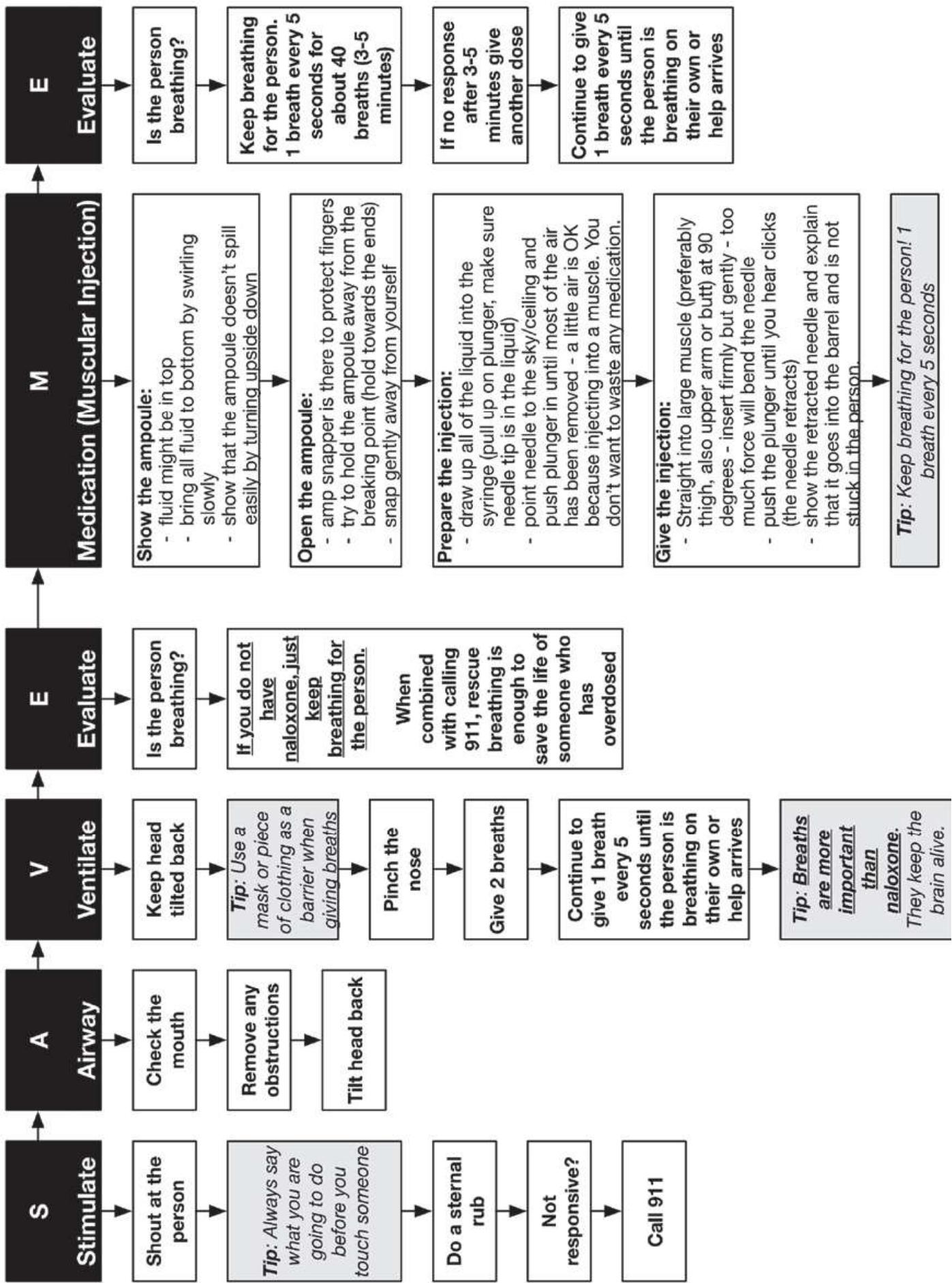
- How much drug was used in the first place and the half-life of the drug(s) taken
- How well the liver works to process things; and
- If the person uses again.

If the person cannot walk and talk well after waking up, then it is very important that they are taken to the hospital. If possible, stay with the person for several hours keeping them awake.

Presenter(s) _____

Section Time

10 Minutes



Signs of an opioid overdose



Slow or not breathing



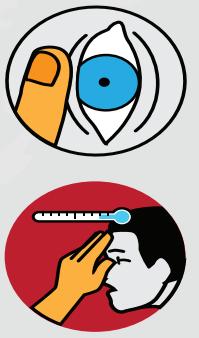
Not moving and can't be woken



Blue lips and nails



Choking, gurgling sounds or snoring



Tiny pupils



Cold or clammy skin

Opioids are depressants that slow the body down. They include **heroin, fentanyl, oxycodone, codeine, morphine, methadone** and **hydromorphone**.

SAVE ME steps



VENTILATE

1 breath every 5 seconds



AIRWAY

Check and open



STIMULATE

Unresponsive? Call 911



EVALUATE & SUPPORT

Wait 5 minutes. Another dose?



MEDICATION

1 dose of naloxone*



EVALUATE

Breathing?

KEEP GIVING BREATHS

Brain damage can occur within minutes. Naloxone works in 3-5 minutes.

For those trained in CPR: If a person is found not breathing and the overdose not witnessed, give chest compressions too.

*The Take Home Naloxone program distributes injectable naloxone only.

CALL 911. Stay and help.
Naloxone wears off in 20-90 minutes
so an overdose can return.

Canada's Good Samaritan Drug Overdose Act
may protect you. More at: canada.ca/opioids

Tips To Save A Life

Choose a safer route when taking drugs.



Have a buddy or use overdose prevention sites. Make sure someone can call for help.



Start low, go slow.
Drugs may be stronger than you realize.



Have an overdose plan.
Carry naloxone.



Beware of mixing. Avoid using alcohol. Prescription drugs increase overdose risk.



Take care of yourself. Use less when having health issues or haven't used for a while.

Find out where you can get THE naloxone at towardtheheart.com

BCCDC HARM REDUCTION SERVICES

SIGNS of a stimulant overdose

Stimulants or “uppers” speed the body up, like amphetamines, crystal meth, cocaine, **MDMA (Ecstasy)**, Ritalin and caffeine.



Anxiety, paranoia, confusion, agitation or hallucinations



Skin feels hot, sweating or severe headaches



Unconscious or in-and-out
If unconscious, do not put anything in their mouth.



Fast pulse or chest pains
If the heart has stopped, provide chest compressions.



Rigid, jerking limbs or seizures
Remove any object nearby that could hurt them. Do not restrain or put anything in their mouth.

CALL 911. Stay and help. Keep the person comfortable, conscious and hydrated.

BC Drug & Poison Info Centre 1-800-567-8911 (24 hrs)

Canada's Good Samaritan Drug Overdose Act may protect you. If you are at the scene of an overdose and you or someone else calls 911 to get medical assistance, you are not to be charged with simple possession (possession for your own personal use) of an illegal substance. You are also not to be charged for breach of probation or parole relating to simple drug possession.

More at canada.ca/opioids

There is no antidote to stimulant overdose. Call 911.

Naloxone can still help if a person has taken a mix of drugs. When in doubt, use naloxone. It's safe.

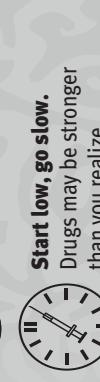


Tips To Save A Life

Choose a safer route when taking drugs.



Have a buddy or use overdose prevention sites. Make sure someone can call for help.



Have an overdose plan.
Carry naloxone.

Beware of mixing. Avoid using alcohol. Prescription drugs increase overdose risk.

Take care of yourself. Use less when having health issues or haven't used for a while.

toward the heart.com
THE
BCCDC HARM REDUCTION SERVICES

HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

ADVANCED OVERDOSE MANAGEMENT



60 MINUTE MODULE

ADVANCED OVERDOSE MANAGEMENT

Topics	Equipment & Materials:	Total Time:
<ol style="list-style-type: none"> 1. Stages of an Opiate Overdose 2. Complex Overdoses <ul style="list-style-type: none"> • Benzo overdoses • Psychedelic overdoses • Alcohol • Chest Wall Rigidity 3. Airway management 4. Bag valve mask introduction and hands on practice 	<ul style="list-style-type: none"> ✓ Bag Valve Mask & OPA ✓ Photocopies of handouts ✓ Computer ✓ Projector 	60 Minutes

1

STAGES OF AN OPIATE OVERDOSE:

Review:

1. Drowsiness
2. Nodding (intermittently falling asleep)
3. Nodding with respiratory rate less than ten breaths per minute
4. Unresponsive

ASK THE GROUP: *Peer experiences (group discussion)*

Presenter(s)	Section Time
_____	10 Minutes

2

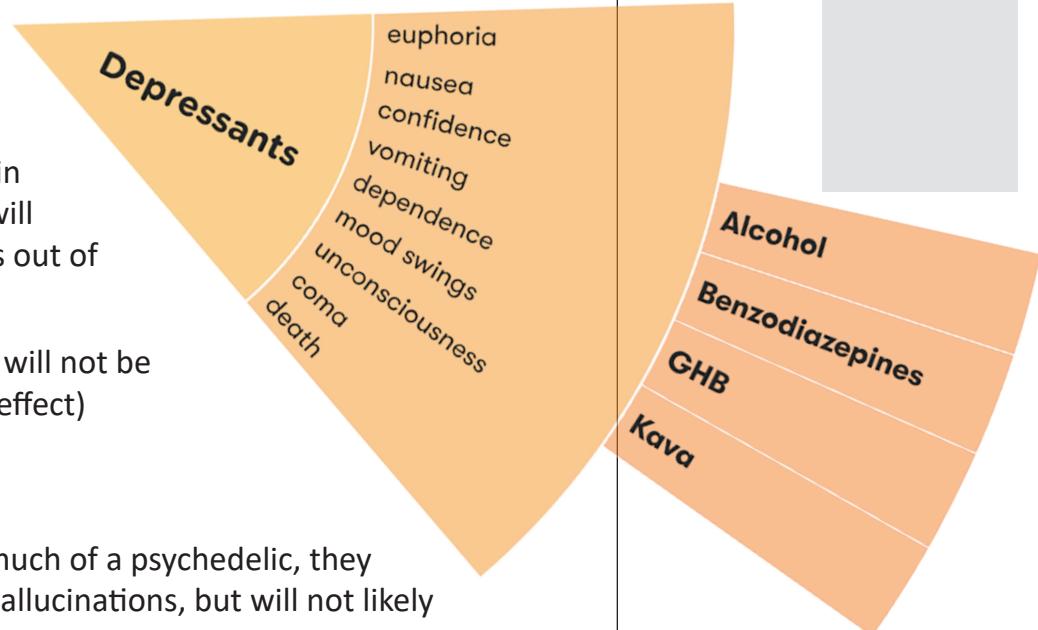
COMPLEX OVERDOSES:

Benzo overdoses - Review the Towards the Heart Benzo Handout

- look like opioid overdoses
- Response is similar to an opioid overdose (SAVE ME steps)
- Naloxone has no effect on non-opioid overdoses **HOWEVER**, if there are any opioids in the person's system, it will temporarily take opioids out of the picture
- Administering naloxone will not be harmful (it will have no effect)

Presenter(s) _____

Section Time 20 Minutes

**Psychedelic overdoses**

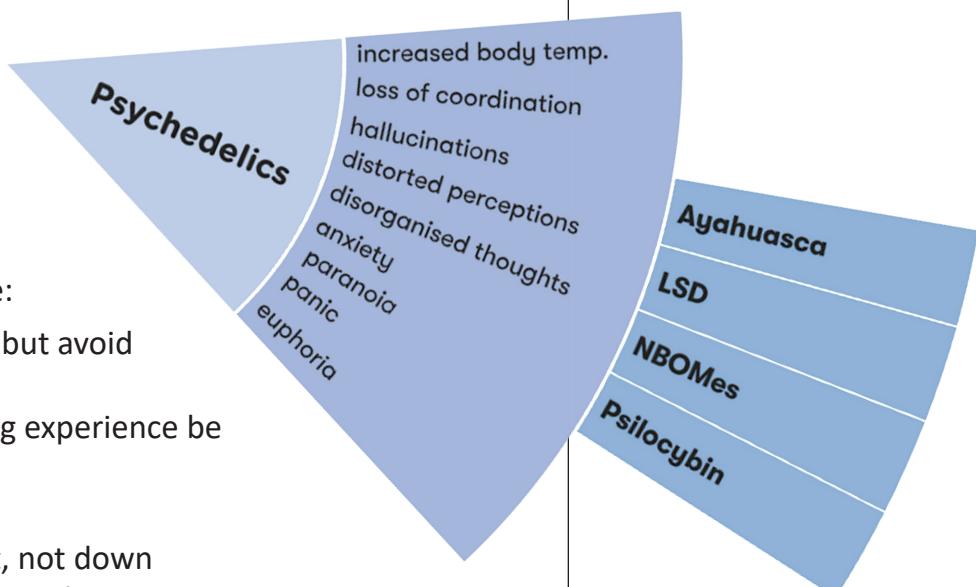
When someone takes too much of a psychedelic, they may experience terrifying hallucinations, but will not likely need a medical response

LSD, for example, has no known lethal dose and technically can't kill a person.

Supporting someone who is having a negative response to psychedelics is similar to supporting someone having a psychological crisis.

Be a calm, supportive presence:

- Support where they are at (but avoid guiding)
 - o Let the person's unfolding experience be the guide.
- Talk them through an event, not down
 - o Explore distressing issues as they emerge
 - o Help the person connect with what they are feeling



COMPLEX OVERDOSES continued:**Alcohol**

An alcohol overdose occurs when there is so much alcohol in the bloodstream that the brain starts to fail to control breathing, heart rate, and body temperature.

Be aware that a person who has passed out from drinking alcohol can die. Cold showers, hot coffee, and walking do not reverse the effects of alcohol overdose and could actually make things worse.

While waiting for medical help to arrive:

- Be prepared to provide information to the responders, including the type and amount of alcohol the person drank; other drugs they took, if known; and any health information that you know about the person, such as medications currently taking, allergies to medications, and any existing health conditions.
- Do not leave an intoxicated person alone, as they are at risk of getting injured from falling or choking. Keep the person on the ground in a sitting or partially upright position rather than in a chair.
- Help a person who is vomiting. Have them lean forward to prevent choking. If a person is unconscious or lying down, roll them onto one side with an ear toward the ground to prevent choking.

Chest wall rigidity or “wooden chest syndrome” can happen from rapid injection of high doses of fentanyl.

Risks include:

- jaw clenching interfering with giving breaths or inserting an airway
- chest or torso rigidity interfering with breathing
- fist clenching and finger stiffness interfering with oxygen saturation monitors

Risk factors:

- age
- health conditions including Parkinson's, neurologic or metabolic conditions
- some medications, including some antidepressants

Chest Wall Rigidity will usually respond quickly to naloxone.

- *Review Towards the Heart handout*

Symptoms of an Alcohol Overdose

confusion	clammy skin
difficulty remaining conscious	dulled responses such as no gag reflex (which prevents choking)
vomiting, seizure	
trouble breathing	extremely low body temperature
slow heart rate	



SHARE THIS
QUICK TIP

If someone has overdosed on non-beverage alcohol (like rubbing alcohol or hand sanitizer) do NOT encourage them to vomit as it can do more harm.

3

AIRWAY MANAGEMENT:

In order to effectively give someone breaths or oxygen, their airway needs to be clear. If someone is fully unresponsive their tongue can lose muscle control and block their windpipe. Their breathing may also be obstructed by liquid like blood or vomit.

Airway Maneuvers:

ASK THE GROUP: What are the first steps to establish an open airway?

Head-tilt chin-lift — the main maneuver used if there is no concern the person has a neck injury.

Jaw-thrust maneuver — used when a neck or spine injury is a concern.

Oropharyngeal Airway (OPA)

OPAs can help keep an airway open.

- Can be used when someone is unresponsive with an absent gag reflex
- Cannot be used when someone has an intact gag reflex
- Pros: Simple, non-invasive, easy to place
- Cons: Risk of pushing tongue back and making obstruction worse. Risk of vomiting

OPAs come in multiple sizes. Demonstrate method for choosing the correct size.

Steps to inserting:

- 1) Turn the OPA upsidedown
- 2) Insert into the mouth
- 3) Rotate into position
- 4) Make sure it is located correctly

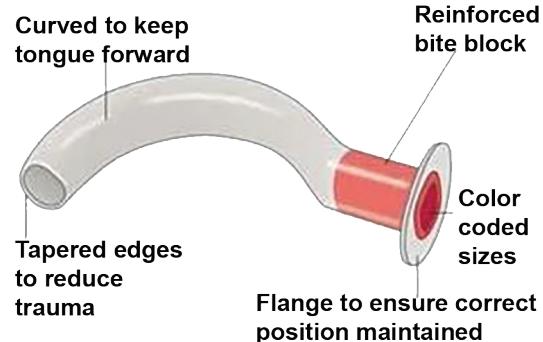
Watch 2 minute demonstration video:

https://www.youtube.com/watch?v=Hzc_T4QBp4E

*If you don't have a projector and computer to show the video, then distribute and review the handout on OPA insertion

Presenter(s)**Section Time**

15 Minutes

Oropharyngeal airway**Potential hazards of using the OPA:**

- Pushing the tongue backwards and making the airway obstruction worse
- Using an incorrectly-sized device: too small a device is ineffective and can be lost down the throat; too large a device can press against the back of the throat and obstruct the larynx
- Pinching the tongue or lips (usually the lower lip) between the airway and the teeth
- Using the device in a patient who is not totally unresponsive and possibly inducing vomiting. If this happens remove the OPA immediately.

4

BAG VALVE AND HANDS ON PRACTICE:

ASK THE GROUP: what are some reasons you may use a Bag Valve Mask?

- A bag valve mask (BVM) is used to force air into a person's lungs.
- BVMs can deliver up to 100% oxygen to people when attached to an oxygen cylinder and only 21% when not attached.
- We use BVMs when we need to assist with breathing.

Demonstrate proper use of Bag Valve Mask and have participants handle the mask and position it correctly.

STEPS:

1. Open the airway with the head tilt-chin lift or modified jaw thrust.
2. Tightly secure the proper size mask over the mouth and nose.
3. Gently ventilate the person (when you breath, squeeze the BVM).

**Here are a few things to avoid:**

- Not properly positioning the airway. Failing to open the airway, or not maintaining an open airway once it has been positioned doesn't allow air into the lungs.
- Pushing the mask into the face. Pushing the mask down on the face, instead of lifting the jaw into the mask, pushes the tongue against the back of the throat and obstructs the airway. Together with the mask on the face, this suffocates the person.
- Not maintaining an effective seal. BVM ventilation is recognized as a two-rescuer skill. Only rescuers with exceptionally large hands can effectively maintain an open airway, displace the jaw into the mask and maintain a proper mask seal with a single hand. For most rescuers, two hands are needed on the mask to accomplish all of these tasks simultaneously and effectively.
- Over-ventilating and hyperventilating. Giving too much volume or going too fast could push air into the stomach, resulting in gastric insufflation. This could lead to vomiting and airway obstruction.

Opioids and Benzos or Etizolam

The following information outlines how benzos or benzo-like substances can complicate and delay opioid overdose response, and what to do if these substances are involved.

WHAT HAPPENS WHEN BENZOS ARE MIXED WITH OPIOIDS?

Increased likelihood of overdose from combined effects on central nervous system (e.g. respiratory depression)

There is no antidote for benzos in community and **naloxone does not work on Benzos, BUT will temporarily reverse opioid effects**

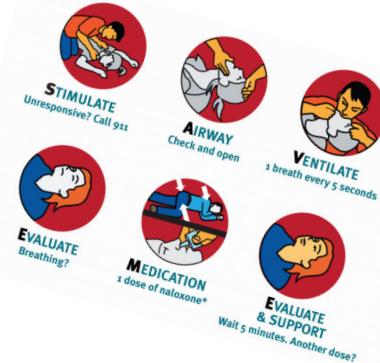
After naloxone administration the person may begin breathing normally, but may not wake up

**When in doubt
GIVE NALOXONE**

RESPONDING TO AN OVERDOSE WITH BENZOS OR ETIZOLAM

If you witness someone having an opioid overdose and suspect benzos are involved:

1. Call 911 immediately and follow **SAVE ME** steps
2. More doses of naloxone should only be given if the person is not breathing normally (less than 10 breaths a minute)
3. If the person is breathing normally but remains unconscious, place in **recovery position** and stay with them until emergency services arrive
4. If available, use a pulse oximeter to monitor oxygen saturation in the blood



AFTERCARE

Sedation drowsiness, blackouts and memory loss can last for hours, transfer for monitoring if possible

GET YOUR DRUGS CHECKED AND DON'T USE ALONE

- When getting your drugs tested, ask for drugs to be checked for benzos
- Use with a buddy or at an overdose prevention or supervised consumption site¹
- When using with a buddy, stagger use so someone is able to respond

For more information:

- [Using Oximeters During an Overdose Response²](#)
- [Video: Responding to Overdose During COVID-19³](#)
- [Resources for People Who Use Substances⁴](#)
- [Video: Placing someone in recovery position⁵](#)

1. <https://towardtheheart.com/site-finder>

2. <https://towardtheheart.com/resource/using-an-oximeter-during-an-overdose/open>

3. <https://www.youtube.com/watch?v=sUrnfmIbwM4>

4. <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/priority-populations/people-who-use-substances>

5. https://www.youtube.com/watch?v=ZEfk_hauyXU



BC Centre for Disease Control
Provincial Health Services Authority

FENTANYL-INDUCED MUSCLE RIGIDITY

Fentanyl-induced muscle rigidity, also known as "chest wall rigidity" or "wooden chest syndrome"^{1,3} is a complication of intravenous injection of fentanyl that is known amongst hospital populations receiving anesthesia. Symptoms happen after rapid injection of high doses of fentanyl, and characterized by jaw clenching interfering with oral airway insertion, chest or torso rigidity interfering with ventilation, and fist clenching and finger stiffness interfering with oxygen saturation monitors. Fentanyl-induced muscle rigidity is being reported in people using illicit drugs containing fentanyl; however the literature, community members, Insite, and emergency health services report the rigidity responds quickly to naloxone.^{2,3} The risk of rigidity may be increased by age, ^{5,7} health conditions, or medications including Parkinson's, neurologic or metabolic conditions, and some antidepressants.

RECOMMENDATIONS FOR BY-STANDERS WITNESSING FENTANYL-INDUCED MUSCLE RIGIDITY

The goal for by-stander overdose response is to 'rescue' the person having an overdose until professional (paramedic) assistance arrives. In these situations it is important to remember that immediate administration of larger doses of naloxone are NOT recommended as it may cause vomiting due to withdrawal. This is dangerous in the presence of rigidity as it could compromise the person's airway and ability to receive oxygen.

RECOMMENDATIONS

- 1) **Call 911 immediately**
- 2) **Attempt to ventilate the person with the technique you are most comfortable using.**
 - i. If airway support equipment and trained individuals are available, use a two person bag-valve mask technique*
 - ii. Otherwise, give breaths as possible and use barrier device if available.
- 3) **Administer naloxone - Do not delay.**
Naloxone should be administered in overdoses with muscle rigidity as follows:

A) Muscle rigidity where ventilation is inadequate:

- i. Immediately administer 0.4 mg naloxone by intramuscular injection.
- ii. If the person does not respond sufficiently, administer additional naloxone doses every 2 minutes.
- iii. The following dosing schedule can be followed where higher dose naloxone is available: 0.8mg, 2mg, 4mg.

B) Muscle rigidity where ventilation is adequate (i.e. ventilation is adequately maintained, particularly when oxygen monitoring is available)

Naloxone can be given more conservatively to lower the risk of inducing withdrawal and vomiting:

- i. Immediately administer 0.4 mg naloxone by intramuscular injection.
- ii. If person does not respond sufficiently, administer additional naloxone doses every 3-5 minutes.
- iii. The following dosing schedule can be followed if needed where higher dose naloxone and medical support is available: 0.8mg, 2mg, 4mg.

- 4) **If the person loses their pulse: perform chest compressions, assist ventilation and administer 2 mg of naloxone immediately if available.**

*A two person bagging technique: one rescuer uses both hands to form a tight seal with the mask around the mouth and nose of the patient and a second rescuer operates the bag.

Fentanyl-Induced Muscle Rigidity

(and other Unusual Overdose Presentations)

OTHER UNUSUAL OR COMPLEX OVERDOSE PRESENTATIONS

- Unusual movement of the arms and legs
- Seizures
- Delirium
- Staring gaze
- Walking or Awake overdoses where the person is able to follow simple commands but is still not getting enough oxygen (e.g. blue lips, greyish colouring, cool skin)
- Decorticate posturing (inwardly flexed at wrists, elbows, and feet)
- Slowed heart rate or irregular heart rate
- Vomiting

Safer drug use recommendations

Fentanyl-induced muscle rigidity and other unusual overdose presentations may be related to higher doses of fentanyl which are administered rapidly

Please be safe:

- **Have a buddy** or use overdose prevention sites. Make sure someone can call for help
- **Start low and go slow.** Drugs might be stronger than you realize
- **Have an overdose plan.** Carry Naloxone
- **Beware of mixing.** Avoid using alcohol. Prescription drugs increase overdose risk
- **Take care of yourself.** Use less when having health issues or haven't used for a while.

1 Dimitriou V, Zogogiannis I, Wambi F, Tawfeeq N, Koumi A, Geldhof G. Impossible mask ventilation after unusually low dose fentanyl-induced muscle rigidity in a patient with essential tremor: a case report and review of the literature. *Middle East J Anaesthesiol*. 2014 Oct;22(6):619-22.

2 Ahmad M, Raza T. "Jaws of steel" after very low dose of fentanyl during prebronchoscopy sedation. *J Bronchology Interv Pulmonol* 2017 Jan;24(1):e9-e10.

3 Coruh B, Tonelli MR, Park DR. Fentanyl-induced chest wall rigidity. *Chest* 2013 Apr;143(4):1145-6.

4 Burns G, DeRienz RT, Baker DD, Casavant M, Spiller HA. Could chest wall rigidity be a factor in rapid death from illicit fentanyl abuse? *Clin Toxicol (Phila)* 2016 Jun;54(5):420-3.

5 Buxton, J.A., Gauthier, T., Mai-Lei Woo, K. & Goodwin, J. (2018). A 52-year-old man with fentanyl-induced muscle rigidity. *Canadian Medical Association Journal*, 190(17). p. E539-E541

6 Zesiewicz TA, Hauser RA, Freeman A, Sullivan KL, Miller AM, Hallim T. Fentanyl-induced bradykinesia and rigidity after deep brain stimulation in a patient with Parkinson disease. *Clin Neuropharmacol*. 2009 Jan-Feb;32(1):48-50

7 Roy S, Fortier LP. Fentanyl induced rigidity during emergence from GA potentiated by venlafaxine. *Can J Anaesth*. 2003 Jan;50(1):32-5.

How to Insert an Oropharyngeal (Guedel) Airway

BY JOHN FURST · PUBLISHED DECEMBER 18, 2017 · UPDATED DECEMBER 5, 2017

Advanced first aiders and first responders may be trained in the use of Oropharyngeal (OP) airways. These devices are sometimes called Guedel airways.

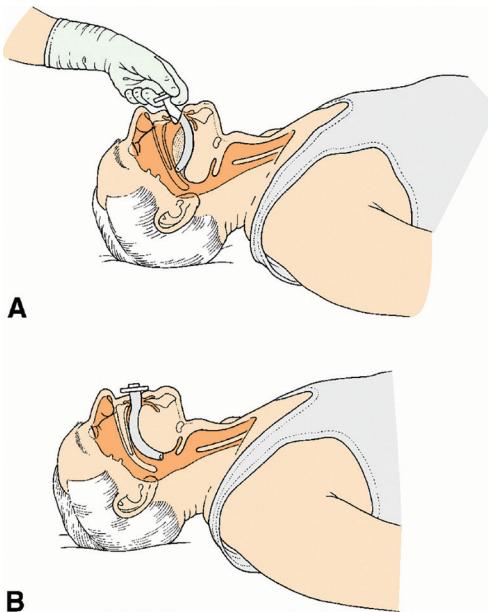
An OP may be required to achieve or maintain an open airway. The OP conforms to the shape of the palate. When inserted into an unconscious patient, it can assist in maintaining a clear airway by preventing obstruction by the tongue. This enables the passage of gases through and around the tube and facilitates suctioning (if trained).

Inserting an oropharyngeal (OP) airway

Select an appropriately sized OP. An oversized OP airway could obstruct the airway by depressing the epiglottis. The tongue could obstruct an airway that is too small. The correct size can be confirmed by placing the tube at the side of the cheek and ensuring it is level with the front of the teeth and reaches the angle of the jaw.



The airway should be inserted 'upside down' and it is then rotated as it nears the posterior wall of the pharynx so that it points downward.



An OP airway may be useful in maintaining an open airway during bag-valve-mask ventilation.

An OP airway will not prevent aspiration of stomach contents. It only stops the tongue from obstructing the back of the pharynx. The patient may still need to be placed in the recovery position in order to protect the airway from stomach contents.

Always re-assess after performing any airway intervention.

HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

TRAIN THE TRAINER & NALOXONE DISTRIBUTION



60 MINUTE MODULE

Train the Trainer and Naloxone Distribution

Topics	Equipment & Materials:	Total Time																
<ol style="list-style-type: none"> 1. Participant Knowledge Review 2. Overdose Response and Stress 3. Facilitation Tips 4. Naloxone at the Organization & Paperwork 	<p>Equipment & Materials:</p> <ul style="list-style-type: none"> ✓ Naloxone Kits ✓ Photocopies of handouts 	60 Minutes																
<p>Take Home Naloxone Forms:</p> <p>Distribution Record</p> <p>Overdose Response Information Form</p> <p>New Site Registration Form</p> <p>Supply Order Form</p> <p>Participant Knowledge Checklist</p>	<p>The image shows a 'TAKE HOME NALOXONE: PARTICIPANT KNOWLEDGE CHECKLIST' from the 'towardtheheart.com' project. The form includes fields for 'Participant's Name' and 'Educator's Name (Print)'. A table lists knowledge objectives with corresponding bullet points. The table columns are 'Initials' and 'Knowledge Objective'. The rows are: Overdose Prevention, Signs of Opioid Overdose, Recovery Position and Calling 911, Stimulation & Application of Breaths, Naloxone Administration, Evaluation & Aftercare, and Care of Naloxone Vial, Program Evaluation, Refill. The checklist is dated 2016/10/21.</p> <table border="1"> <thead> <tr> <th>Initials</th> <th>Knowledge Objective</th> </tr> </thead> <tbody> <tr> <td></td> <td> Overdose Prevention <ul style="list-style-type: none"> Demonstrates clear knowledge of causes, contributing factors, and prevention strategies to overdoses Demonstrates understanding of stimulant overdose – there is no antidote Knows the application of myths in responding to overdose can be harmful </td> </tr> <tr> <td></td> <td> Signs of Opioid Overdose <ul style="list-style-type: none"> Understands the signs of an opioid overdose: breathing is very slow/ erratic or not there at all, fingernails/lips blue or purple, unresponsive to stimulation/sternal rub, deep snoring/gurgling sound, body is limp, unconscious Understands that naloxone does not work for non-opioid overdoses </td> </tr> <tr> <td></td> <td> Recovery Position and Calling 911 <ul style="list-style-type: none"> Can demonstrate the recovery position and knows to put the person in this position if they have to leave them alone to keep airway clear Understands the importance of calling 911 and knows what to say to the 911 operator and knows to deliver EMS when they arrive </td> </tr> <tr> <td></td> <td> Stimulation & Application of Breaths <ul style="list-style-type: none"> Demonstrates understanding of how to provide stimulation: Sternal rub/Say the person's name/Tell them to breathe Demonstrates understanding of how to provide breaths and use 1-way face mask </td> </tr> <tr> <td></td> <td> Naloxone Administration <ul style="list-style-type: none"> Demonstrates understanding, including: 1mL into muscle of upper shoulder, upper thigh, or upper-outer quadrant of buttocks. If no change in condition within 3-5 minutes – should give another dose of naloxone </td> </tr> <tr> <td></td> <td> Evaluation & Aftercare <ul style="list-style-type: none"> Demonstrates knowledge that the effect of naloxone only lasts 30-90 minutes and the overdose can return Knows to stay with person to communicate to that person: what happened, not to let person take more drugs; sickness will go away, more opioids will have no effect while naloxone is active, and more drugs will make OD more likely to return when effect of naloxone wears off Knows to watch for OD symptoms returning </td> </tr> <tr> <td></td> <td> Care of Naloxone Vial, Program Evaluation, Refill <ul style="list-style-type: none"> Demonstrates knowledge how to store naloxone at room temp and away from light Watch expiry date on ampoules Knows naloxone in a regular place and let others know where it is in case of an emergency Knows how to get a re-fill if used, and that more information is available at www.towardtheheart.com Knows the importance of completing and returning the Administration Information form </td> </tr> </tbody> </table> <p>2016/10/21</p>	Initials	Knowledge Objective		Overdose Prevention <ul style="list-style-type: none"> Demonstrates clear knowledge of causes, contributing factors, and prevention strategies to overdoses Demonstrates understanding of stimulant overdose – there is no antidote Knows the application of myths in responding to overdose can be harmful 		Signs of Opioid Overdose <ul style="list-style-type: none"> Understands the signs of an opioid overdose: breathing is very slow/ erratic or not there at all, fingernails/lips blue or purple, unresponsive to stimulation/sternal rub, deep snoring/gurgling sound, body is limp, unconscious Understands that naloxone does not work for non-opioid overdoses 		Recovery Position and Calling 911 <ul style="list-style-type: none"> Can demonstrate the recovery position and knows to put the person in this position if they have to leave them alone to keep airway clear Understands the importance of calling 911 and knows what to say to the 911 operator and knows to deliver EMS when they arrive 		Stimulation & Application of Breaths <ul style="list-style-type: none"> Demonstrates understanding of how to provide stimulation: Sternal rub/Say the person's name/Tell them to breathe Demonstrates understanding of how to provide breaths and use 1-way face mask 		Naloxone Administration <ul style="list-style-type: none"> Demonstrates understanding, including: 1mL into muscle of upper shoulder, upper thigh, or upper-outer quadrant of buttocks. 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1

PARTICIPANT KNOWLEDGE REVIEW:

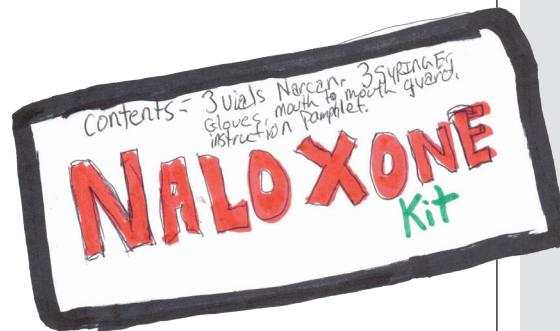
1. Overdose prevention – causes, contributing factors, prevention strategies, and types of overdose.

2. Signs of an opioid overdose

3. Recovery position and application of breaths

4. SAVE ME Steps

- a. Stimulate
- b. Airway
- c. Ventilate
- d. Evaluate
- e. Muscular Injection
- f. Evaluate



5. Evaluation and aftercare

6. Care of naloxone and refills

7. Administration information form

Presenter(s)**Section Time**

15 Minutes



Helpful online
refresher course
available here:

www.towardtheheart.com/naloxone-course

2

OVERDOSE RESPONSE AND STRESS:

When you're training a trainer, ensure that they understand and address the emotions of the person responding to the overdose

ASK THE GROUP: *What goes through your mind before, during and after when you respond to an overdose?*

1. Before the Overdose

- Your first reaction is normal!

2. During the Overdose

- You are in a stressful situation! Remember to breathe!
- It's important to get the person to practice breathing.

3. After the Overdose

- Remember to go do something good for yourself after an overdose response.

Presenter(s) _____

Section Time
20 Minutes



3

FACILITATION TIPS:

ASK THE GROUP: *What skills folks found successful in regards to facilitating naloxone trainings?*

Fraser Health Tips for Engaging in Overdose Conversations

1. Start the conversation by asking for permission
2. Ask the person about their level of concern about the risk of overdose for themselves, their family or their friends
3. Listen without judgment
4. Invite the person to describe what steps they are currently taking to keep themselves, their family or their friends safe
5. Ask the person if they are open to additional resources
 - a. Explore the idea of training them on naloxone here!



Things to remember:

- *The importance of reflection and affirmation – you can do something to help!*
- *Ensuring that your audience is comfortable*
- *Ensure that you introduce yourself*
- *Ask questions and look for feedback from the audience*
- *Be relaxed and have a positive attitude, don't take criticism too harshly*
- *Use storytelling and your lived experience to create an emotional connection*
- *Keep it simple and as short as possible*
- *Great creative – have hand outs, videos, hands on practice, etc.*
- *If it's a long training, share ground rules – i.e. washroom locations, when there will be smoke breaks, etc.*

Presenter(s) _____

10 Minutes

4

NALOXONE AT THE ORGANIZATION & PAPERWORK:General Notes about Supplies (from the BCCDC)

Use older supplies first. Remember: First In, First Out (FIFO)

Store naloxone at room temperature and away from light.

To avoid disruption of services, plan ahead and place an order before you run out of stock. Orders take 10 days to process.

How Much to Order

BCCDC suggests that sites order on a monthly basis to avoid a surplus of stock that may go unused or expired. High volume sites can order weekly as needed.

Naloxone has a shelf-life of ~2 years. To ensure that clients are given naloxone kits that have the longest possible shelf-life, BCCDC encourage sites to order enough supplies to distribute for 2-3 months.

Review all the forms with the group:

Distribution Record

- When you hand out a kit fill this out

Typical order sizes:

- o Smaller sites: 20 kits
- o Larger sites: 50 kits
- o New sites: 10 kits

Overdose Response Information Form (2 pages)

- When you use a kit fill this out

New Site Registration Form (2 pages)

- When you want to become a site fill this out

Supply Order Form (2 pages)

- Use this form to order kits and training supplies

Presenter(s) Section Time

_____ 15 Minutes

TAKE HOME NALOXONE: DISTRIBUTION RECORD

Fax/email this form **monthly** to 604.707.2516 or naloxone@bccdc.ca

Site ID#

Full Site Name

City

DATE KIT GIVEN OUT	OD RISK	KIT RECIPIENT DESCRIPTION				NOTES **Optional Site Use** (not required by BCCDC)
		GENDER	AGE RANGE (YRS)		1 ST KIT OR REPLACEMENT	
MM/DD/YYYY	<input type="checkbox"/> At risk of OD <input type="checkbox"/> Not at Risk	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> < 19 <input type="checkbox"/> 31-60	<input type="checkbox"/> 19-30 <input type="checkbox"/> > 60	<input type="checkbox"/> 1 st Kit <input type="checkbox"/> Replacement (Last Kit Used) <input type="checkbox"/> Replacement (Other Reason)	
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MM/DD/YYYY	<input type="checkbox"/> At risk of OD <input type="checkbox"/> Not at Risk	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> < 19 <input type="checkbox"/> 31-60	<input type="checkbox"/> 19-30 <input type="checkbox"/> > 60	<input type="checkbox"/> 1 st Kit <input type="checkbox"/> Replacement (Last Kit Used) <input type="checkbox"/> Replacement (Other Reason)	
MM/DD/YYYY	<input type="checkbox"/> At risk of OD <input type="checkbox"/> Not at Risk	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> < 19 <input type="checkbox"/> 31-60	<input type="checkbox"/> 19-30 <input type="checkbox"/> > 60	<input type="checkbox"/> 1 st Kit <input type="checkbox"/> Replacement (Last Kit Used) <input type="checkbox"/> Replacement (Other Reason)	
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TAKE HOME NALOXONE: OVERDOSE RESPONSE INFORMATION FORM

Please complete this form after you use a naloxone kit

And E-MAIL to naloxone@bccdc.ca

If you don't have e-mail please fax to 604.707.2516

Today's Date: _____

1. When did the overdose happen? (month and year)

Don't know Prefer not to say

MONTH

YEAR

2. In what city/town/community did the overdose happen?

Don't know Prefer not to say

3. Describe the overdose event

<input type="checkbox"/> Person who overdosed was found alone	<input type="checkbox"/> Person overdosed in front of others	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say
---	---	-------------------------------------	--

4. Where did the person overdose?

<input type="checkbox"/> Private Residence	<input type="checkbox"/> Supportive Housing	<input type="checkbox"/> SRO	<input type="checkbox"/> Shelter
<input type="checkbox"/> Tent	<input type="checkbox"/> Street/Alley/Park	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Community Agency/Drop-In
<input type="checkbox"/> Bar/Night-Club/ Concert/Festival	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say

5. Describe the person who overdosed.

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Trans	<input type="checkbox"/> Gender diverse
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other	
Age	<input type="checkbox"/> Under 19 years	<input type="checkbox"/> 19-30 years	<input type="checkbox"/> 31-60 years	<input type="checkbox"/> Over 60 years
	<input type="checkbox"/> Prefer not to say			

6. Did anyone call 911?

<input type="checkbox"/> Yes	<input type="checkbox"/> No – had the situation under control	<input type="checkbox"/> No – worried police would come	<input type="checkbox"/> No – worried family services would be notified
<input type="checkbox"/> No – other reason	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say	

7. Which first responder(s) arrived FIRST (check ALL that apply if they arrived at the same time)

Fire Ambulance Police Prefer not to say

8. Did police come to the overdose?

Yes No Don't know Prefer not to say

9. Did anyone do rescue breathing (mouth to mouth)?

Yes No – person was breathing No – other reason Prefer not to say

10. How many injections of naloxone were given?

1 2 3 4
 5 6 7 8+
 Don't know Prefer not to say

11. Did the person who received naloxone have any negative effects (check ALL that apply)?

No Yes – withdrawal (mild) Yes – withdrawal (moderate) Yes – withdrawal (severe)
 Yes – was aggressive Yes - Other Don't know Prefer not to say

12. Did the person who overdosed:

Travel by ambulance to hospital Travel by other transport to hospital Decline transport to hospital Prefer not to say

For more information about the program visit:
www.towardtheheart.com/naloxone

TAKE HOME NALOXONE: NEW SITE REGISTRATION FORM

SITE INFORMATION (i.e. the place where the Site Contact is located/the Site Contact's organization)

Site Name:	Street #	Street Name:	Street Type:	Direction:	Unit:	Floor:
Address	City:				Postal Code	

SITE COORDINATOR (Who will be the main site contact for the program/contact for BCCDC correspondence)

First Name	Last Name	Phone Number	Email (required)
Coordinator 1			
Coordinator 2			

SITE DELIVERY ADDRESS (Where orders should be delivered)

Site Name:	Street Name:	Street Type:	Direction:	Unit:	Floor:
Address	Street #				
	City:			Postal Code	

***Note that kits can NOT be mailed to a PO Box or Bag**

DELIVERY INSTRUCTIONS

Phone Number	Special Delivery Instructions (ex. buzzer #)										
Hours of Operation (For Delivery)	<table border="1"> <tr> <td>Monday:</td> <td>Closed for Lunch:</td> </tr> <tr> <td>Tuesday:</td> <td>Closed for Lunch:</td> </tr> <tr> <td>Wednesday:</td> <td>Closed for Lunch:</td> </tr> <tr> <td>Thursday:</td> <td>Closed for Lunch:</td> </tr> <tr> <td>Friday:</td> <td>Closed for Lunch:</td> </tr> </table>	Monday:	Closed for Lunch:	Tuesday:	Closed for Lunch:	Wednesday:	Closed for Lunch:	Thursday:	Closed for Lunch:	Friday:	Closed for Lunch:
Monday:	Closed for Lunch:										
Tuesday:	Closed for Lunch:										
Wednesday:	Closed for Lunch:										
Thursday:	Closed for Lunch:										
Friday:	Closed for Lunch:										
<p>Note: Delivery Hours are Monday to Friday between 9am and 5pm. Please indicate availability between these hours.</p>											

****Please E-MAIL this completed form along with the New Site Agreement to naloxone@bccdc.ca****

****If you do not have e-mail, please fax to (604) 707-2516****



TAKE HOME NALOXONE: NEW SITE AGREEMENT

➤ Reading

I have reviewed the [Training Manual: Overdose Prevention, Recognition and Response](#)

About THN Trainers: A Take Home Naloxone trainer can be anyone who has reviewed and understands the material in the training manual and who is able to demonstrate the preparation and giving of an intramuscular (IM) injection.

➤ Coordinator Responsibilities

- I will be the **key point of contact** for BCCDC and will inform the program about:
 - changes in: coordinators (immediately); educators and distributors (annually)
 - changes in physical location or contact info
- I will ensure that site staff have received the appropriate training
- I will fax the following forms **at least once a month** to BCCDC at 604-707-2516
 - [Naloxone Distribution Record](#)
 - [Overdose Response Information Form](#) (help client complete after he/she uses kit)
- I understand that new orders for THN kits will **NOT be filled** if the site is not compliant in submitting paperwork for kits distributed from a previous order.

➤ Setting up your Site

- The New Site Registration form (this document) has been completed (all pages)
- I understand that I will need to submit an [order form](#) for training supplies and THN kits, and should do so approximately one month before my site is ready to begin training participants/clients

My site can be **mapped for the public** in the searchable [site finder](#) at www.towardtheheart.com

► If YES, which address should be mapped?

Street: _____ Postal Code: _____ Phone: _____

I have read and understand the Take Home Naloxone Site Agreement, and have completed the checklist above:

Coordinator Name (Print)	Signature	Date

**Please E-MAIL this completed form along with the New Site Registration Form to naloxone@bccdc.ca **

If you do not have e-mail, please fax to (604) 707-2516

TAKE HOME NALOXONE : SUPPLY ORDER FORM
 Registered Sites Only – Supplies **not** intended for use in the workplace

E-mail form to naloxone@bccdc.ca if you don't have e-mail, please fax to 604-707-2516



E-mail naloxone@bccdc.ca for queries, follow-ups or changes to orders.
 Please allow 10 working days for delivery and plan ahead to avoid shortages.

BC Centre for Disease Control
 AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

INVENTORY COUNT (NUMBER OF THN KITS ON SITE): _____ Kits

Site #	Site Name:	Date Submitted:
Contact Name:		Delivery Days & Times:
Shipping Address:		
Phone/Email:		

Products	Contents	Unit of Issue	Quantity Ordered				
Completely Assembled THN Kit	1 x Black case 3 x Naloxone, 0.4 mg/mL, 1 mL ampoule 3 x Vanish Point® 3 mL syringe 1 x 1 x Amber medication bottle with label 3 x Plastic ampoule breakers 1 x Pair of non-latex gloves 3 x Alcohol swabs 1 x Individual breathing mask in pouch	1 kit	_____ Kits				
Naloxone Replacement Bottles (to refill used kits)	3 x Naloxone, 0.4 mg/mL, 1 mL ampoule 1 x Amber medication bottle with label 3 x Plastic ampoule breakers Naloxone expiry label on bottle	1 bottle	_____ Bottles (Kit Refills Only)				
Mock Kit (for training purposes)	1 x Black Case 3 x Water ampoules, 1 mL 3 x Vanish Point® 3 mL syringe 1 x Amber medication bottle with label 3 x Plastic ampoule breakers 1 x Pair of non-latex gloves 3 x Alcohol swabs 1 x Individual breathing mask in pouch	1 kit	_____ Kits maximum: 5				
Circle Quantity Required							
Loose Supplies (for replacement kits or training purposes)	Vanish Point® 3 mL syringe	100	200	300			
	Plastic ampoule breakers	100	200	300			
	Water ampoules, 1 mL	100	200	300			
	Individual breathing mask in pouch <i>(Available only for kit refills ONLY, quantity ordered should match quantity of 'Naloxone Replacement Bottles' ordered)</i>						
	OD Survival Guide Brochure – English	50	100	150	200	250	300
	Box non-latex gloves						
	Good Samaritan Drug Overdose Act Wallet Cards – English	50	100	150	200	250	300

This form is only for approved sites participating in the Take Home Naloxone program.

Naloxone Training Videos are available for viewing under the **Participant Training** resources found here: <http://towardtheheart.com/naloxone/>. These videos may also be **downloaded directly** from the following Vimeo links:

- Naloxone Saves Lives - <https://vimeo.com/164669763>
- Naloxone Wakes You Up - <https://vimeo.com/hellocoolworld/review/180116125/5bbda65390>

Take Home Naloxone Supply Ordering at the BCCDC

To receive Take Home Naloxone supplies, sites must be registered in the program. To learn more, visit <http://towardtheheart.com/naloxone/>.

General Notes about Supplies

- Any changes to supplies will be posted on towardtheheart.com and made to the Supply Requisition Form
- Use older supplies first. Remember: First In, First Out (FIFO)
- Naloxone has shelf-life of ~2 years. Check the expiry of your kits before dispensing to clients
- Naloxone within 3 months of expiration should not be dispensed to clients. Order new naloxone for replacement

BCCDC Weekly Processing

- To order supplies, fill out the attached Take Home Naloxone Supply Requisition Form and fax it to 604-707-2516.
- For timely processing, we recommend submitting your order by Wednesday. All orders received after the cut-off time of 11:59pm on Wednesday will be processed the following week and delivery will be delayed.
- The supplies will be packaged at the BCCDC pharmacy during the week following the placement of the order. The packages will then be shipped out to the site. **Delivery time is expected to be 10 working days.**
- To avoid disruption of services, plan ahead and place an order before you run out of stock.
- Please ensure the THN program coordinator is informed of changes to contact information to avoid the requisition form from not being processed.

How Much to Order

- We suggest that sites order on a monthly basis to avoid a surplus of stock that may go unused or expired. For high volume sites, we recommend ordering weekly as needed.
- Naloxone has a shelf-life of ~2 years. To ensure that clients are given naloxone kits that have the longest possible shelf-life, we encourage sites to order enough supplies to distribute for 2-3 months.
- Typical order sizes:
 - Smaller sites: 20 kits
 - Larger sites: 50 kits
 - New sites: 10 kits
- BCCDC staff may need to follow up with the sites placing unusually large or small orders
- We recommend ordering 1 syringe, 1 water ampoule and 1 OD survival guide brochure for every kit ordered so staff can train clients. Sites training a large number of staff or family/friends of clients should order additional training supplies as needed. Smaller sites may order smaller quantities of loose supplies.

Receiving Supplies and Questions

- Please check your order upon receipt. Ensure that you receive the correct quantity and that the supplies reach you in good condition. If you notice any discrepancy, or have any questions or concerns about the distribution of take home naloxone supplies, please email naloxone@bccdc.ca

TAKE HOME NALOXONE: PARTICIPANT KNOWLEDGE CHECKLIST

This checklist provides a guideline to assess the knowledge of the participant following the training session. As the Educator you should be confident that each knowledge objective was covered in the training and that the participant understands each of the objectives.

Participant's Name: _____ Date: VVVV / MM / DD _____

Educator's Name (Print): _____

Initials	Knowledge Objective
	<p>Overdose Prevention</p> <ul style="list-style-type: none"> • Demonstrates clear knowledge of causes, contributing factors, and prevention strategies to overdoses • Demonstrates understanding of stimulant overdose – there is no antidote • Knows the application of <i>myths</i> in responding to overdose can be harmful
	<p>Signs of Opioid Overdose</p> <ul style="list-style-type: none"> • Understands the signs of an opioid overdose: <i>breathing is very slow/ erratic or not there at all, fingernails/lips blue or purple, unresponsive to stimulation/sternal rub, deep snoring/gurgling sound, body is limp, unconscious</i> • Understands that naloxone does not work for non-opioid overdoses
	<p>Recovery Position and Calling 911</p> <ul style="list-style-type: none"> • Can demonstrate the recovery position and knows to put the person in this position if they have to leave them alone to keep airway clear • Understands the importance of calling 911, knows what to say to the 911 operator and knows to debrief EMS when they arrive
	<p>Stimulation & Application of Breaths</p> <ul style="list-style-type: none"> • Demonstrates understanding of how to provide stimulation: <i>Sternal Rub/Say the person's name/Tell them to breathe</i> • Demonstrates understanding of how to provide breaths and use 1-way face mask
	<p>Naloxone Administration</p> <ul style="list-style-type: none"> • Demonstrates understanding, including: 1 mL into muscle of upper shoulder, upper thigh, or upper-outer quadrant of buttocks. If no change in condition within 3-5 minutes – should give another dose of naloxone
	<p>Evaluation & Aftercare</p> <ul style="list-style-type: none"> • Demonstrates knowledge that the effect of naloxone only lasts 30-90 minutes and the overdose can return • Knows to stay with person to communicate to that person: what happened, not to let person take more drugs; sickness will go away, more opioids will have no effect while naloxone is active, and more drugs will make OD more likely to return when effect of naloxone wears off • Knows to watch for OD symptoms returning
	<p>Care of Naloxone Vial, Program Evaluation, Refill</p> <ul style="list-style-type: none"> • Demonstrates knowledge how to store naloxone at room temp and away from light • Watch expiry date on ampoules • Keep naloxone in a regular place and let others know where it is in case of an emergency • Knows how to get a re-fill if used, and that more information is available at www.towardtheheart.com • Knows the importance of completing and returning the Administration Information form

HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

COVID-19 & OD RESPONSE



40 MINUTE MODULE

COVID and OD Response

Topics

1. What do we know about COVID and OD response?
2. How can we reduce the risk?
3. Deciding to give breaths

Equipment & Materials:

- ✓ Flipchart
- ✓ Markers
- ✓ Copies of Naloxone & COVID pamphlet

Total Time

40 Minutes

1

WHAT DO WE KNOW ABOUT COVID AND OD RESPONSE?

- Responding to an overdose during COVID-19 carries with it a risk of transmission.
- You can both give and get COVID from giving breaths, compressions, or just moving someone from their front onto their back.

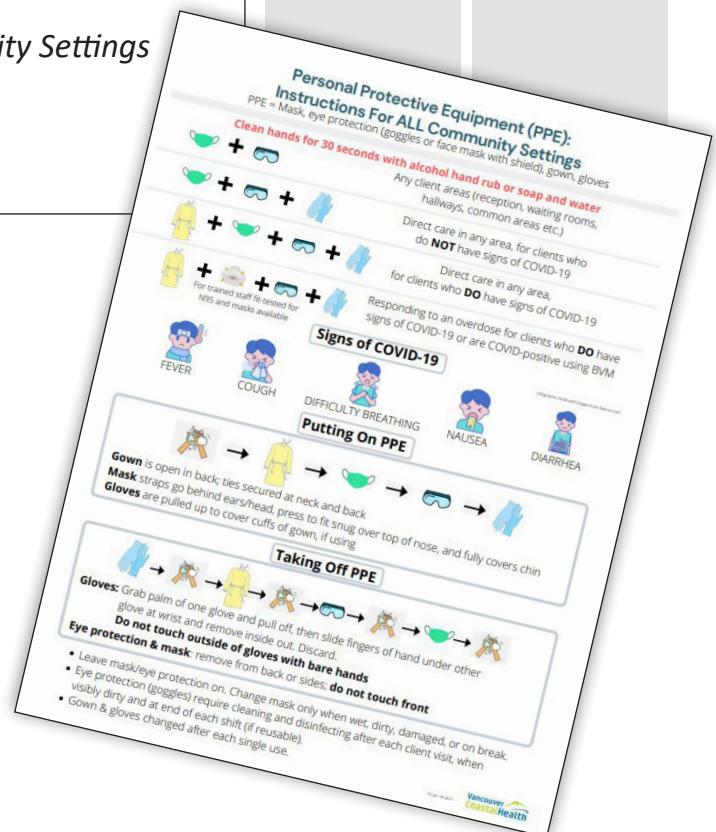
Presenter(s)

Section Time

10 Minutes

Healthcare protocols have changed across the board, and VCH protocols differ depending on which environment someone person is in.

Review the Handout from VCH for PPE in all Community Settings (current as of January 2021)



Module based on workshop developed by Izzi Kearns RN
<https://www.youtube.com/watch?v=hJ9C6x7c4d4>

2

HOW CAN WE REDUCE THE RISK?

ASK THE GROUP: what are some things you have done to stay safer responding to ODs during the pandemic?

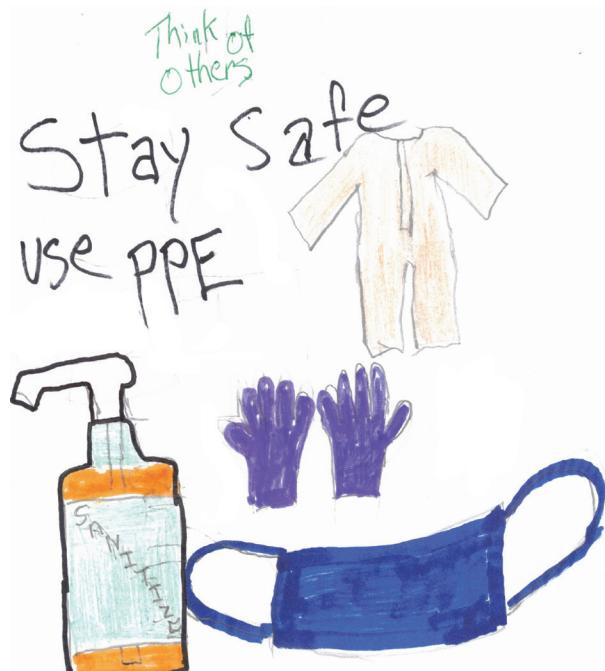
Add or emphasize:

- Anyone **not** responding to the overdose should leave the room or area. immediate
- When using a take home naloxone kit or facility overdose response box use the face shield/breathing barrier to give rescue breaths.
 - The face shield has a one-way valve and large impermeable area which protects the responder from respiratory secretions.
 - After responding dispose of the face shield before taking off the gloves and wash/clean hands thoroughly.
- If chest compressions are needed, gently place a towel or a piece of clothing over the person's nose and mouth
- If you are immunocompromised, live with someone who is immunocompromised (has HIV/HepC/is over the age of 60, is a child under 5, has COPD, asthma, heart conditions, or cancer) the safest thing to do for your own risk is to stay as far as you can from the person's upper body, and find someone else who can respond with breaths and CPR.
- Bag valve masks can increase the risk of COVID. If possible you can move the person outside before using these. This will reduce the risk.
- Administering oxygen at under 10 litres is low risk for the person providing it, and potentially life saving for the person receiving it. If someone is still breathing, administering oxygen through a face mask is a safer option
- If you provide breaths or CPR, monitor yourself closely for COVID symptoms. Symptoms now include shortness of breath, fever, soar throat, cough, lack of taste or smell, headache, fatigue, nausea, and diarrhea.
- If you present with any symptoms in the following days after responding, go for testing.

Presenter(s) _____

Section Time

15 Minutes



3

BREATHS OR NO BREATHS?

- The decision to give or not give breaths may be more complicated than we would like to admit.
- Your safety is as important as the safety of anyone you're helping.
- It's important to discuss with your team, or people who you respond to overdoses with in your community, what you feel comfortable with before an overdose happens, not while you're trying to respond.
- Once we have discussed what we're comfortable doing, we then need to consider how this will affect the way we respond to different situations.

SCENARIOS - (write key points on chart paper during discussion)

1) You observe someone against the wall who has slouched over. You approach them and they are not responsive. You feel for the pulse on their wrist and it is hard to find but you think you can feel it. Their lips are becoming dusky/greyish and you can't tell if they're breathing.

Your coworker arrives behind you and you realize that you both feel unsafe giving breaths.

ASK THE GROUP:

- o How do you proceed?
- o How many people does it take to safely respond?

2) You identify as someone who feels safe to give breaths through the face mask with the one way valve. Your coworker is behind you and you are unsure of how safe they feel responding.

ASK THE GROUP:

- o How do you figure out what to do next?

3) Your coworker identifies as someone who feels safe giving breaths through the face mask with the one way valve. You only feel safe giving compressions.

ASK THE GROUP:

- o How do you figure out what to do next?

Presenter(s)**Section Time**

15 Minutes

Personal Protective Equipment (PPE): Instructions For ALL Community Settings

PPE = Mask, eye protection (goggles or face mask with shield), gown, gloves

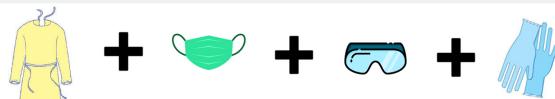
Clean hands for 30 seconds with alcohol hand rub or soap and water



Any client areas (reception, waiting rooms, hallways, common areas etc.)



Direct care in any area, for clients who do **NOT** have signs of COVID-19



Direct care in any area, for clients who **DO** have signs of COVID-19



Responding to an overdose for clients who **DO** have signs of COVID-19 or are COVID-positive using BVM

Signs of COVID-19

Infographic made with images from flaticon.com



Putting On PPE

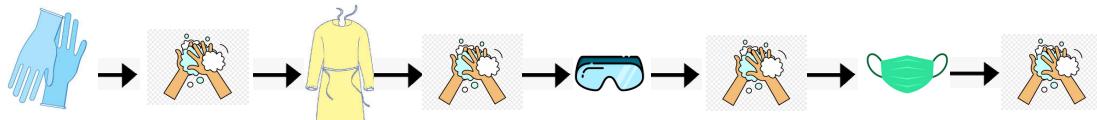


Gown is open in back; ties secured at neck and back

Mask straps go behind ears/head, press to fit snug over top of nose, and fully covers chin

Gloves are pulled up to cover cuffs of gown, if using

Taking Off PPE



Gloves: Grab palm of one glove and pull off, then slide fingers of hand under other glove at wrist and remove inside out. Discard.

Do not touch outside of gloves with bare hands

Eye protection & mask: remove from back or sides; **do not touch front**

- Leave mask/eye protection on. Change mask only when wet, dirty, damaged, or on break.
- Eye protection (goggles) require cleaning and disinfecting after each client visit, when visibly dirty and at end of each shift (if reusable).
- Gown & gloves changed after each single use.

V2 Jan 18 2021

WHAT CAN I DO TO STAY SAFE?

There is no evidence that CPR masks prevent the spread of COVID-19 but using one may offer some protection.

Call 9-1-1 Right Away

Paramedics have the tools to safely respond.

The Good Samaritan Law protects you from arrest for simple drug possession.

Encourage Breathing First

Before doing rescue breaths rub the person's sternum with your knuckles and tilt their head back to open their airway. If they are still not breathing or are blue consider rescue *breaths and/or chest compressions*.

Pick The Best Person To Help

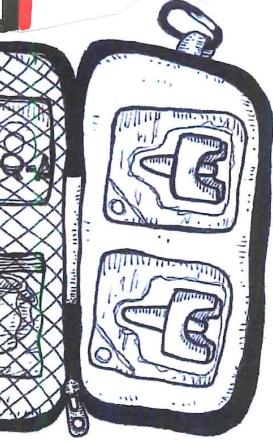
A partner or housemate who already shares germs with the person overdosing should be the person leading. If that is not an option, younger people without health conditions should lead.

Clear The Area

Ask those who are not assisting to leave the area.

Give Naloxone Faster

If you can't give rescue breaths, give a dose of naloxone every 2 minutes. Otherwise give naloxone every 2-5 mins until the person is breathing.

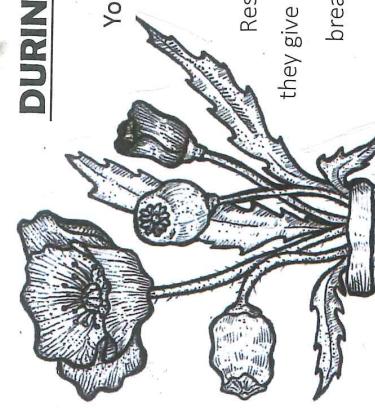


①



RESPONDING TO OVERDOSES

DURING COVID-19



You can give or get COVID-19 through rescue breathing and chest compressions.

Rescue breaths are important because they give oxygen to someone who isn't breathing on their own. To decrease risk of

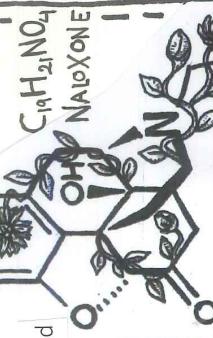
COVID-19 transmission, you can respond to an overdose by calling 9-1-1 and giving naloxone only, but there is a risk of brain damage if someone goes without oxygen for too long.



YOU CAN DECIDE if you feel comfortable taking the risk of giving rescue breaths.



②



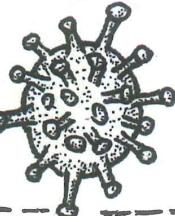
AFTERWARDS



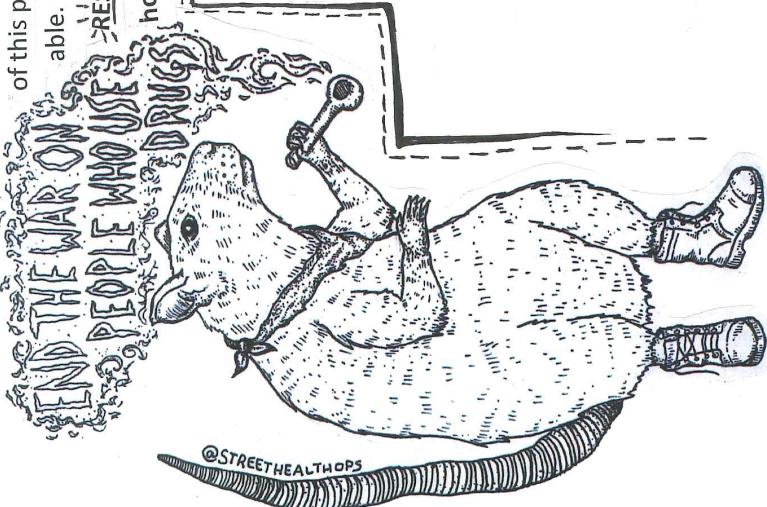
- After the overdose, wash your clothes in hot water
- If the person you gave rescue breaths to has symptoms of COVID-19 you may have come in contact with the virus. It can take up to 14 days to develop symptoms, but the virus can be passed on to others before symptoms appear. Stay away from others for 14 days and try not to pass it on.



Take care of yourself and stay safe!



Whenever possible, make use of your local Overdose Prevention Site & Harm Reduction Services! Hours of operation may have changed due to the uncertainty of this pandemic, so call ahead if you're able. Here's a list of [LOCAL RESOURCES](#) and their current hours during COVID-19:



USING A CPR MASK



- Place the CPR mask found in your naloxone kit over the person's face and mouth. Make sure the writing on the mask is facing you.

- Make sure there is a good seal between the mask and the person. Pinch their nose, tilt their head back and start rescue breaths.

If you must re-use a CPR mask, clean the mask after with soap and water.

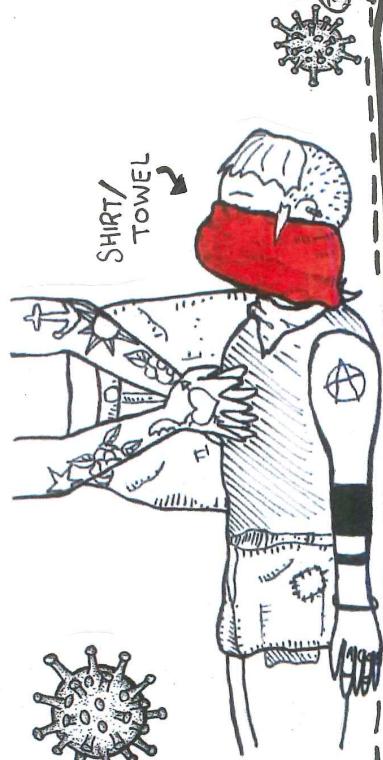
If you do not have a CPR mask, you can use an article of clothing, like a t-shirt or bandana, as a barrier. It is unlikely to protect you completely, but better than nothing!

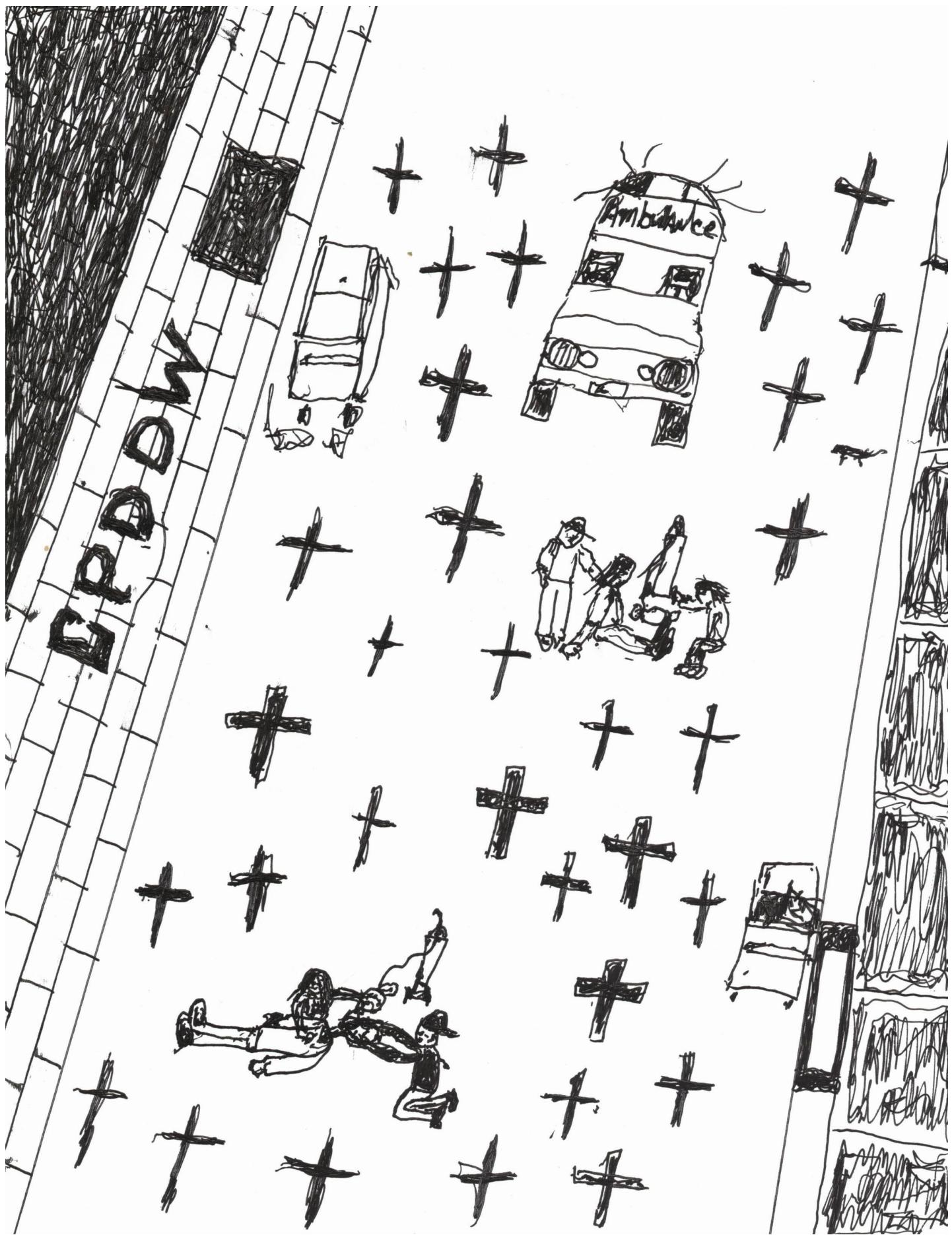
WHAT ABOUT CHEST COMPRESSIONS?

- Chest compressions are needed if someone does not have a pulse.

This is more likely to occur if you did not see the overdose happen and you don't know how long the person has been down for.

- Cover a person's nose and mouth with a shirt or towel to reduce the risk of COVID-19 spread during chest compressions.





HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

HARM REDUCTION BASICS SAFER SELF INJECTION I



40 MINUTE MODULE

Harm Reduction Basics and Safer Self Injection

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. Harm Reduction Supplies and How to Use Them 2. Safer Shooting 	<p>✓ Harm Reduction Supplies</p>	40 Minutes

***This workshop should be co-facilitated by someone who currently injects drugs!*

1

HARM REDUCTION SUPPLIES AND HOW TO USE THEM:

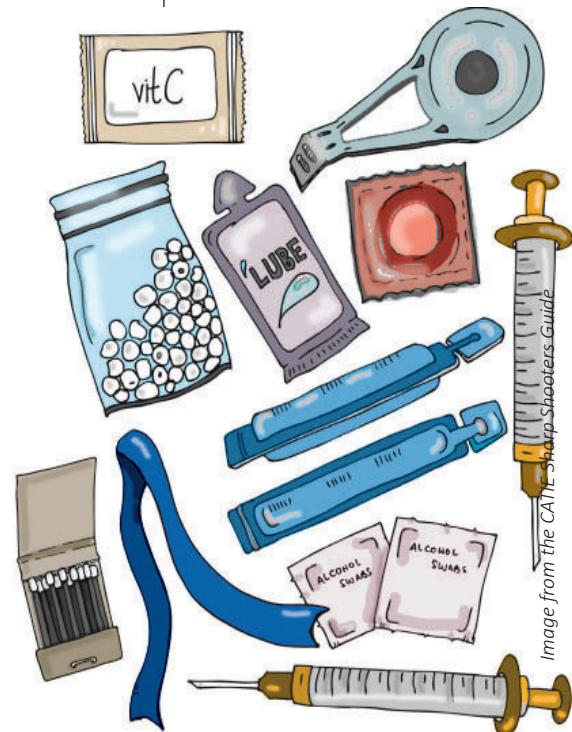
Types of Harm Reduction Supplies

- Alcohol swabs
- Water vials
- Syringes with needle attached (1cc and 1/2cc)
- Ascorbic acid
- Disposable cookers (with filter)
- Condoms
- Non-latex insertive condoms
- Lube
- Tourniquet
- Syringes without needles (3 and 5 cc)
- Needle
(18g x 1 ½", 22g x 1", 22g x ½", 25g x 5/8", 25g x 1",
26g x ½", 27g x ½")
- Sharps bin (1L, 500mL)
- Pipes (meth / crack)
- Plastic mouth tubing
- Screens
- Push stick

Presenter(s)

Section Time

20 Minutes



2

SAFER SHOOTING:**ASK THE GROUP:** *how do folks in the room think one can find a vein?***Finding a Vein**

1. Drink lots of fluid (preferably water) before, during and after injection. Drinking water before injecting will make your veins bigger and more visible.
2. Tie a tourniquet (sounds like “turn-a-key”) above the place where you’ll inject—the further away, the better. Try a rubber tie-off, panty hose or a soft belt. Untie it before you start to inject.
3. Clench and relax your fist.
4. Gently slap the skin.
5. Apply a warm cloth over the vein.
6. Take a hot bath—you’ll find veins you never knew you had. But never take a hit in the bath—you could nod off and drown.

Presenter(s)	Section Time
_____	20 Minutes

ASK THE GROUP: *how do folks in the room think one can take care of their veins?***Vein Care Tips**

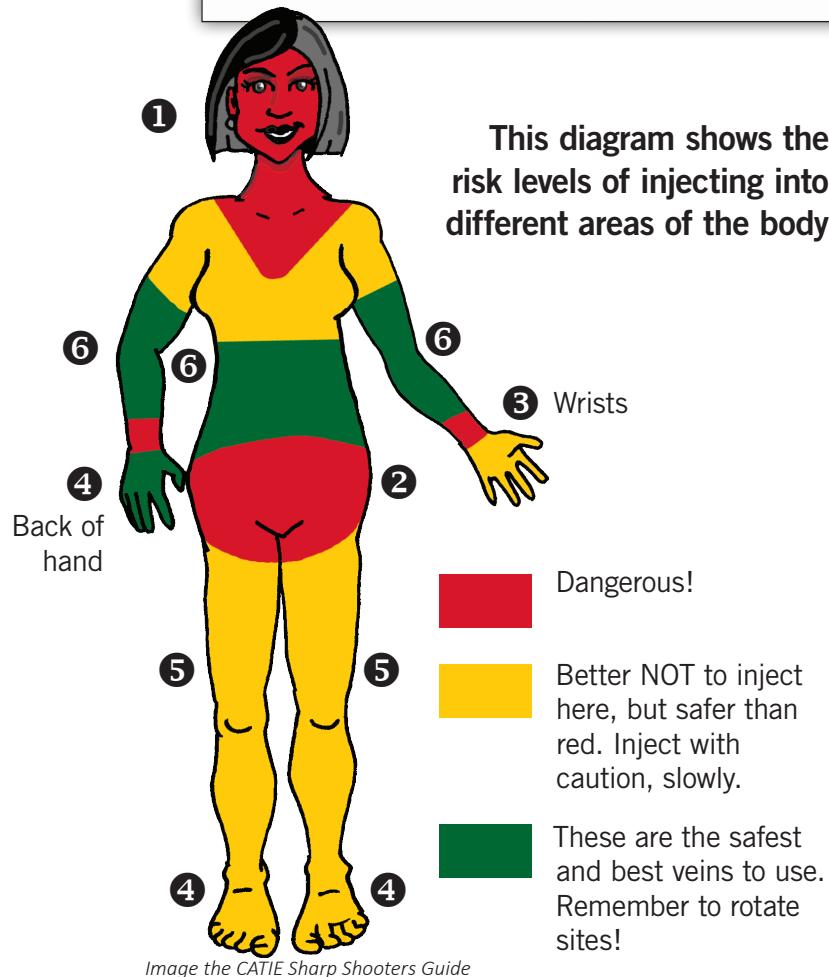
1. Using the smallest needle possible can reduce track marks, swelling and bruising, but it can sometimes be harder to flag, so you may end up poking yourself several times before you’re able to inject. This can damage the vein, especially over time. You can try to use a slightly larger gauge needle if it means that you’re able to flag right off the bat. Don’t be afraid of change—find out what works best for you. Remember to rotate your injection sites to minimize damage to the veins.
2. See or feel the vein before you start to bang.
3. Clean the area with an alcohol swab.
4. Always inject with the bevel up (the bevel is the sliced angle at the end of the needle).
5. Flag—pull back on the plunger until you see blood in your barrel (this way you know you’re in the vein).
6. Insert the needle in the same direction as the blood flow in your veins. Then inject slowly.
7. Never shoot into an artery! An artery has a pulse. You’ll know if you hit one because it will really hurt, the blood pressure will force the plunger backwards, the blood will look foamy, and it will take longer to stop the bleeding. If this happens, take the needle out right away. Press down hard on the site until bleeding stops. If it doesn’t stop in 5 minutes, you need to go to the hospital right away!

SAFER SHOOTING continued:

More tips:

- Use a tourniquet to help find a vein
- Clean with an alcohol swab first: this prevents bacteria from getting in your blood and also makes the veins shiny so you can see them better!
- Don't lick the injection, after because bacteria can get in and give you an abscess
- Try to wait 10-15 minutes between doses so your opioid receptors have time to use what is already in your system.
- Do a half shot or "tester" dose to feel the strength in case it's super strong
- Hydrate by drinking water and or electrolytes before your shot so your veins stand out more
- Try not to re-use the same vein and rotate vein sites regularly so that they can heal between injections

SAFE DRUG USE =
KNOWLEDGE
\$ + AWARENESS
\$ + EDUCATION
= LESS STIGMA
LESS DEATH



HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

HARM REDUCTION BASICS SAFER SELF INJECTION II



65 MINUTE MODULE

Safer Self Injection II

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. How to Prepare a Successful Shot 2. Dose Management 3. Doctoring 4. Risks of Infections and Treatments and Infection Prevention 	<p><input checked="" type="checkbox"/> HR Supplies</p> <p><input checked="" type="checkbox"/> Photocopies of handouts</p>	65 Minutes

***This workshop should be co-facilitated by someone who currently injects drugs!*

Section Time	Presenter(s)	1 HOW TO PREPARE A SUCCESSFUL SHOT:
20 Minutes	_____	<p>ASK THE GROUP: <i>how can you prepare a successful shot?</i></p> <p>Ask for volunteers to demonstrate the steps for each Heroin, Meth, Crack and Powder Cocaine using harm reduction supplies. Fill in any steps that are missed</p> <p>Heroin</p> <ol style="list-style-type: none"> 1. Wash Hands 2. Remove cooker from package, attach plastic handle cover 3. Put drug into cooker (If the heroin is in a hardened rock form it needs to be crushed) 4. Add preferred amount of sterile water 5. Heat drug and solution in cooker 6. Heat to point where bubbles appear, stirring if need to, until powder dissolves 7. Remove rig from package 8. Place filter on rig or cotton filter into cooker 9. Draw solution from cooker through the filter 10. Carefully remove filter if attached to rig 11. Finished; see qualified staff for safer injection technique if required

Meth

1. Wash hands
2. Remove cooker from package and attach plastic handle cover
3. Put drug into cooker
4. Add preferred amount of sterile water
5. Stir mixture until crystals dissolve
6. Remove rig from package
7. Place filter on rig or cotton filter into cooker
8. Draw solution from cooker through the filter
9. Carefully remove filter if attached to rig
10. Finished; see qualified staff for safer injection technique if required

Crack Cocaine

1. Wash hands
2. Remove cooker from package and attach plastic handle cover
3. Crush rock cocaine and place into cooker and add preferred amount of sterile water
4. Add ascorbic (or citric) acid (about 1/3 to 1/2 of volume of crack)
5. Stir the crack, ascorbic acid, and water mixture with the sterile end of a capped syringe until dissolved
6. Add more ascorbic acid if the crack does not dissolve (there is often particulate residue left over that will not dissolve)
7. Remove rig from package
8. Place filter on rig or cotton filter into cooker
9. Draw solution from cooker through the filter
10. Carefully remove filter if attached to rig
11. Finished; see qualified staff for safer injection technique if required

Powder Cocaine

1. Wash Hands
2. Remove cooker from package and attach plastic handle cover
3. If it needs to be crushed do this in a folded paper sleeve
4. Put drug into cooker and add preferred amount of sterile water
5. Using syringe plunger stir mixture until powder dissolves
6. Remove rig from package
7. Place filter on rig or cotton filter into cooker
8. Draw solution from cooker through the filter
9. Carefully remove filter if attached to rig
10. Finished; see qualified staff for safer injection technique if required

Injecting Prescribed Tablets

- Prescribed tablet medications contain predictable doses and can be a safer alternative to the illicit drug market.
- Tablet medications contain fillers, coatings, dyes, powders and waxes that can be harmful to veins skin, heart and lungs if injected.
- Harm reduction filters can be used to filter some of the things that make injecting tablets harmful but filtering does not eliminate the risks completely.
- Sterifilters and harm reduction cotton filters are the best options.
- Makeshift cotton and cigarette filters are not sterile, could have bacteria or viruses on them and risk infection. Cigarette filters contain small glass particles which can damage veins.



Filtering Tips & Facts:

- Keep everything as clean as possible.
- Filtering separates the dose from the fillers, it DOES NOT steal your drug.
- If the liquid is cloudy, there ARE fillers in the mix. Consider filtering again if it is still cloudy.

2

DOSE MANAGEMENT:

ASK THE GROUP: *how could someone manage their dose to prevent an OD?*

- If a person is trying a new drug, using again after a long break or recently switched dealers, taking half a hit or half a dose to test the potency of the drug can help prevent overdose.
- If you are sick (i.e. common cold), have an immune deficiency, your tolerance can drop

Presenter(s) _____

Section Time
10 Minutes

3

DOCTORING:

ASK THE GROUP: what is doctoring? What do folks think safer doctoring looks like?

Safe doctoring

- If you're having someone doctor your shot, make sure that they know what they're doing
- If you are doctoring someone, ensure that you know what you are doing, it is also important to know the person you are doctoring and where their veins are laid out
- Don't doctor someone else if you are high (i.e. on the nod)
- Cut out any chance of distractions if you are doctoring someone else

Consent

- Make sure you have the person's full informed consent before you doctor them
- Consent can be withdrawn at any time, and this can be indicated with either words or actions.
- No always means no, even if you or a partner initially agreed beforehand.
- Sometimes a person may say yes and later be hesitant or feel uncomfortable about continuing.
- If a person agrees to use drugs, but becomes unconscious or intoxicated by alcohol or drugs – the earlier consent does not count as a yes later. Activity must stop – and your priority should now be keeping your partner safe.
- If you are doctoring someone, always ask about where they would like you to inject, or if they want to try a new site.

Presenter(s)

Section Time

15 Minutes

4

RISKS OF INFECTIONS AND TREATMENTS AND INFECTION PREVENTION:

Discussion: what are some common infections folks in the room see due to IV drug use?

Review Avoiding Infection handout (pg 44-47)

Presenter(s)

Section Time

20 Minutes

AVOIDING INFECTIONS

From the CATIE SHARP SHOOTERS Booklet

Cotton Fever (Septicemia)

CAUSE: Cotton fever is caused by bacteria from particles of dirt that grow on the filter fibres getting in your water, or from the stuff that the hit is cut with.

SIGNS: Feeling extremely cold no matter how well you cover yourself, nausea (sick to your stomach), vomiting, diarrhea, shakes and shivers, blinding headache, hot and cold sweating, twitches (feels like withdrawal).

CARE: Keep warm by covering yourself with blankets. Taking a hot bath helps, but make sure someone stays with you so you don't drown. Get comfortable, and take medication for pain and vomiting if you need to. Don't do another hit as this can make you feel worse. Go to the hospital if you want to, and ask someone to take you.

REDUCE YOUR RISK: Try to fix in the cleanest space possible. Try not to put your syringe down, as it may come in contact with dust or dirt. Use sterile water to mix your hit, and avoid sharing your wash with others. Use new dental filters each time—the kind given out at needle syringe programs—and change them often, as they tend to get loose and microscopic strips stick to the end of your needle, causing cotton fever. Always check in with staff at a needle syringe program and other users about any changes in the cut—they may have some info.

Swollen Skin (Cellulitis) and Swollen Connective Tissue

CAUSE: Missing the vein, “digging around” with the needle, or spilling some of the hit between soft tissue (skin and muscle).

SIGNS: Redness, swelling, bumps that form right after injection (might look like hives or blisters) that may lead to scarring.

CARE: Apply ice or something cold. It can be helpful to keep a clean wet cloth or sock in your freezer. As soon as your skin starts to swell/bubble, throw the sock in cold water (to make it soft again) and wear it over the affected area. **If swelling doesn't go down in one hour, see a doctor.**

REDUCE YOUR RISK: Make sure you are in the vein—try to flag by pulling back on the plunger until you see blood in your barrel. If you’re injecting crack/cocaine, remember that it can numb the area where you are injecting, so you may end up digging around more for a vein because you can’t feel pain in that area, and there could be a greater chance that you miss your hit. Pull out if it starts to hurt or swell. If you miss, try again in a different place to reduce the risk of infection and damage to skin and veins. If you’re missing regularly, you may be using the wrong needle. Remember that it makes more sense to use larger-bore needles and inject once than to use small-bore needles and have to poke yourself a dozen times until you get a vein.

Heart Infection (Endocarditis)

CAUSE: Dirt or bacteria that get into your veins when you inject eventually travel to your heart valves where they build up. As your heart beats, little pieces of this build-up can shake loose into the bloodstream, causing embolisms

SIGNS: Chest pains, shortness of breath, fever, heart palpitations and/or fainting.

CARE: See a doctor when symptoms first appear; if left untreated, you could die.

REDUCE YOUR RISK: Try to make sure all your works and your injection site are clean. Use a new needle and filter every time. With re-used filters, microscopic cotton fibres can stick to the end of the needle, and then travel through your bloodstream and cause heart infection

Skin Infections (Abscesses)

CAUSE: Dirt or germs on the skin at the injection site (from not cleaning the site properly), missed hits, using the same site over and over, picking your scabs or not giving your scabs a chance to heal.

SIGNS: Redness and swelling at the injection site, which turns into a pus-filled sore.

CARE: Clean the abscess with soap and water, then keep it dry and apply a bandage. **Abscesses do not go away on their own.** See a doctor, go to the hospital or talk to someone at your local needle syringe program. If left alone, it could turn into a serious blood infection, and, in some cases, people can lose an arm or leg.

REDUCE YOUR RISK: Be sure to wash your hands, clean your spoon before you cook your hit, and clean your injection site with an alcohol swab before you inject. Flag to make sure you're in a vein before you inject. Some drugs, like crack/cocaine, are more likely to cause abscesses because it can be easy to miss your hit if the injection site has become numb from a previous injection.

Blood Clots and Embolisms

Blood clots can form in veins throughout the body. An embolism is a free-floating blood clot that moves through the veins and arteries.

CAUSE: Injecting pieces of dirt or bacteria can cause clots, which get stuck in the vein and block the flow of blood to the heart. Blood clots can also form around scarred veins. Embolisms can form from infections which cause build-up on the valves of your heart (see page 33 on Heart Infections) and then break off into your bloodstream.

SIGNS: Pain and swelling in the arm or leg, if this is where the blood clot is. If the clot is in your lungs, it may cause chest pain, shortness of breath, unconsciousness or death. A blood clot in your brain is called a stroke and can cause numbness or weakness in any part of your body, fainting, blurred vision, speech problems, unconsciousness or death.

CARE: Go to a hospital right away. This is serious. You could die!

REDUCE YOUR RISK: Try to keep dirt and bacteria out of your hit. Use a new needle, sterile water, clean cooker, tourniquet/tie and filter every time you inject. You can prevent vein damage by following the Vein Care tips on pages 6 to 9. Also do not keep bloody hits in your syringe for long. For example, if you've partially flagged but moved to another injection site, try to find the new site fairly quickly because the blood in the barrel will start to coagulate and form into clots. Never keep a bloody hit for later use.

HIV

HIV (which stands for human immunodeficiency virus) is a virus that weakens your immune system, your body's built-in defence against disease. There is no vaccine or cure for HIV, but with early diagnosis, treatment and care, most people with HIV can stay healthy and live a long, full life. The only way to tell if you have it is to get tested through a simple blood test.

HIV is passed through blood, semen (cum and pre-cum), vaginal secretions (pussy juice), anal fluids (ass juice) and breast milk. To get HIV, the virus in one of these fluids must come into direct contact with your bloodstream or the moist lining in the vagina, ass, foreskin or pisshole of the cock. This usually happens through sharing injection equipment and through unprotected vaginal and anal intercourse, and, very rarely, cock sucking. HIV cannot be passed through other body fluids (like sweat, tears, spit or piss) because they don't hold enough of the virus to infect a person.

When you inject a hit, you make a direct, open path to your bloodstream. This means there is a very high risk of HIV infection. Whether you are HIV positive or HIV negative, you can help to stop HIV from passing between people.

To lower the chance of HIV infection:

- Avoid sharing, lending or borrowing works!
- Use new equipment every time. Go to your local needle syringe program to get new works.
- Don't handle or hold other people's works and don't let them handle or hold yours.
- If you don't have access to enough new needles, mark yours clearly so there is no confusion. You can mark your needle by burning or breaking off a tiny piece of the plunger or mark it with a pen.
- Use a latex condom every time you fuck (that goes for anal sex too).
- Get tested for HIV and other STIs (sexually transmitted infections). If you know your status, you can take steps to be healthier and safer.

Contact any community health centre or needle syringe program near you to get free condoms and water-based lube (ask about how to use them properly!), and to find out where you can get tested for HIV.

HIV treatment is another important tool for stopping HIV. We know that people with HIV who are adherent to their treatment and maintain an undetectable viral load are much less likely to pass on HIV when sharing drug use equipment. And when it comes to sex, people on successful HIV treatment with an undetectable viral load **do not pass on HIV during sex**. For HIV-negative people, taking HIV drugs in the form of PrEP (pre-exposure prophylaxis) can help lower your chance of becoming HIV positive. You can talk to a doctor or nurse to find out more



Hepatitis B and C

Hepatitis B (Hep B), hepatitis C (Hep C) and HIV are passed on in similar ways. Using a condom when you have sex can protect you from HIV, Hep B and Hep C.

CAUSE: Hep B and Hep C are viruses that infect the liver. The liver works like a filter in our bodies to clean the blood. Some people with Hep B or Hep C never get sick, but others get really sick. Regardless of whether you get sick or not, you can still pass the virus on to others. Hep B and Hep C can lead to liver disease or liver cancer, both of which can, in some cases, kill you.

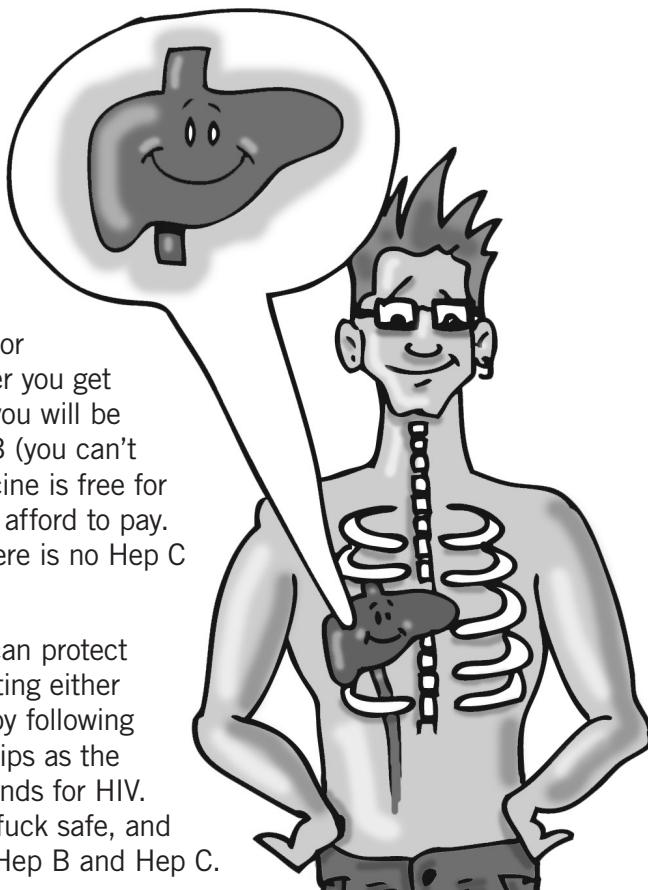
SIGNS: Most people go a long time before having any signs of illness. When people do develop symptoms, they may include: being tired, having no appetite, stomach pain on the right side (where your liver is), weakness, nausea, fever, yellow skin and eyes, dark pee and pale shit.

CARE: If you think you might have Hep B or Hep C, go to a doctor or clinic and ask to get tested. Once you know whether you're infected or not, you can take steps to stay as healthy as possible. Treatment for Hep C cures most people of the virus. There is treatment for Hep B too. It helps to manage the virus, but doesn't get rid of it.

REDUCE YOUR

RISK: You can get a Hep B vaccination (a series of shots that protect you from getting the virus) from your local doctor or health clinic. After you get the vaccination, you will be immune to Hep B (you can't get it!). This vaccine is free for people who can't afford to pay. Unfortunately, there is no Hep C vaccination.

Remember, you can protect yourself from getting either of these viruses by following the same safety tips as the booklet recommends for HIV. Shoot clean and fuck safe, and you'll avoid HIV, Hep B and Hep C.



Racing for
Clean Supplies,
Before Anyone
Else Dies



HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

LET'S TALK ABOUT DRUGS



50 MINUTE MODULE

Let's Talk About Drugs

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. Types of Drugs 2. Tolerance 3. Effects of Mixing Drugs 4. Knowledge Sharing around Safe Use 	<u>Equipment & Materials:</u> <input checked="" type="checkbox"/> Markers <input checked="" type="checkbox"/> Flip Chart	50 Minutes

1

TYPES OF DRUGS:

ASK THE GROUP: *What are different types of drugs, how do people use them and what are their effects?*

“Classes” of Drugs

- Delineating different categories of drugs can be difficult because the lines are frequently blurry
- Some classifications of drugs include:
 - Depressants (i.e. alcohol, opioid, benzodiazepines, barbiturates)
 - Cannabinoids (i.e. weed, hash)
 - Stimulants (i.e. Adderall, cocaine, meth)
 - Hallucinogens (i.e. LSD, mushrooms)
 - Inhalants (i.e. paint, dust off)
 - Disassociatives (i.e. PCP, Ketamine)

Routes of Administration

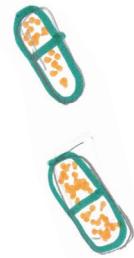
- Parachute, smoking, snorting, hot rail, injecting, hooping, transdermal

Presenter(s)	Section Time
_____	20 Minutes

Common street drugs

Methamphetamine

- Side, shard, speed, jib, ice, crystal, gack, glass
- Effects
 - Increased energy, invincible feeling, euphoria, increased focus, increased libido
 - Increased heart rate, psychosis, hallucinations, mood swings, anxiety, increased blood pressure, difficulty sleeping



Opioids

- Fent, heroin, morphine, perks, down, dillies, oxies, H
- Effects
 - Warm blanket feeling, euphoria
 - physical dependence; nodding out, malnutrition, sores, abscesses, OD, memory loss, dependency



Benzos

- Blties, roofies, downers, sleepers, benzos, bennies
- Effects
 - Relaxed muscles, decreased anxiety, euphoria, helps with sleep
 - Spaced out, memory loss, disassociation, withdrawal multiplies with alcohol, hard to reverse OD, heart attack and seizure from withdrawal

Cocaine

- Blow, snow, white, Charlie, soft, hard, powder, rock, hand, coke, up, more, toot, yay-o
- Effects
 - Intense happiness, increased energy, increased confidence
 - Anger/irritability, paranoid feeling, decreased appetite, headaches, convulsions and seizures, heart disease, heart attack, and stroke, risk of HIV or hepatitis if you inject it, bowel decay if you swallow it, loss of smell, nosebleeds, runny nose, and trouble swallowing if you snort it.

ASK THE GROUP: *What does sleep deprivation look like, and how does it affect people?*
 (Optional: write key points on flip chart)

Effects of Sleep Deprivation

- Sleepiness can cause accidents
- Sleep deprivation can cause psychosis
- Sleep deprivation can lead to serious health problems
 - o Heart disease, heart attack, heart failure, irregular heartbeat, high blood pressure, stroke, diabetes
- Sleep deprivation causes depression
- Sleep deprivation can cause memory loss
- Sleep deprivation causes impaired judgment, especially about sleep
- Sleep deprivation can cause death

2

TOLERANCE:

ASK THE GROUP: *What is tolerance?*

(Optional: write key points on flip chart)

Tolerance is your body's ability to process a certain amount of a drug.

- Low tolerance means that your body can only process a small amount of a drug
 - o i.e., it takes less drugs to feel the effects
- Increased tolerance means your body has learned how to process increased amounts of the drug
 - o i.e., it takes more drugs to feel the effects
- Tolerance develops over time, so the amount of a drug a long-time user needs to feel the drug's effects is a lot greater than a newer user.
- Tolerance also wavers depending on several factors including, weight, size, illness, stress, compromised immune system, and age.
- Tolerance can decrease rapidly when someone has taken a break from using a drug whether intentionally – for example, while in drug treatment or on methadone detox – or unintentionally – for example, while in jail or the hospital.
- Research has also shown that tolerance is effected when a person uses drugs in a new or unfamiliar environment, and therefore at a higher risk for overdose.

Presenter(s)	Section Time
_____	10 Minutes

3

EFFECTS OF MIXING DRUGS:

ASK THE GROUP: *What happens when someone mixes drugs?*

- The risks of using multiple drugs at the same time depend on the types and amounts of drugs mixed.
- Combining drugs amplifies pleasurable and negative effects (for example, mixing stimulants, such as ecstasy and cocaine, can increase the user's high, but also their risk of heart attack).
- The greatest risk of polydrug use is "combined drug intoxication."
- Some of the side effects of combining drugs include:
 - Brain damage, coma, heart problems, seizures, stomach bleeding, liver damage and failure, heatstroke, suppressed breathing, respiratory failure
- Mixing drugs severely depletes the brain's feel-good and calming chemicals. This can spark behavioral issues such as depression and anxiety.

Common drug mixtures

- Alcohol and other drugs (i.e. cocaine, heroin, prescription stimulants, benzodiazepines, opioids)
- Heroin and cocaine (speedball)
- Cocaine and ecstasy

Presenter(s)	Section Time
_____	10 Minutes



4

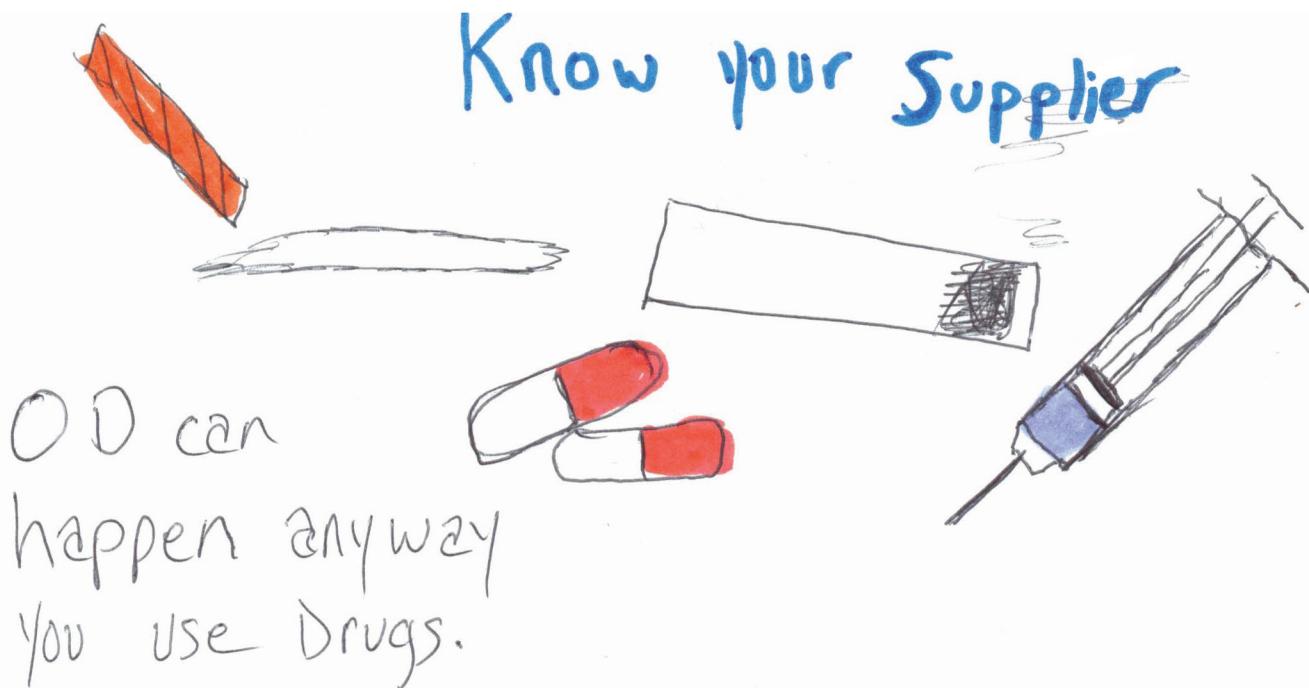
KNOWLEDGE SHARING AROUND SAFE USE:

ASK THE GROUP: How can people stay safe when they are using drugs? (Optional: write key points on flip chart)

Harm Reduction in Relation to Use

- Test street drugs
- Don't use alone, use sterile supplies, having naloxone and the training
- Replacement therapy
- Condoms and lube on hand because of potential for intercourse
- Narcan on hand
- Use with others
- Sleep, H2O, and snacks

Presenter(s)	Section Time
_____	10 Minutes



HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

COMMUNITY RESOURCES



45 MINUTE MODULE

Community Resources

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. Common Community Resources 2. Spreading Information 3. Creating a Follow-up Project 	<p><u>Equipment & Materials:</u></p> <ul style="list-style-type: none"> ✓ Markers ✓ Flip Chart ✓ Large Scale Map 	45 Minutes

1

COMMON COMMUNITY RESOURCES:

ASK THE GROUP: *What resources may folks we engage with need to know about?*

Common community resources

- Health care services
- Housing services
- Shelter services (low and high barrier)
- Food services
- Drug user services
 - Opiate agonist therapy
 - Harm reduction supplies
 - Where to get naloxone kits
 - Safe injection sites

Presenter(s)

Section Time

15 Minutes

2

SPREADING INFORMATION:

ASK THE GROUP: *how can information be best spread in our community?*

Common resource guide formats

- Booklet
- Map
- List
- Phone-line

Presenter(s)

Section Time

10 Minutes

3

CREATING A FOLLOW UP PROJECT:

ACTIVITY

Have people split into small groups and come up with a project for distributing information about community resources. Give each group a large piece of paper and markers.

Questions for the groups to consider (*have this written on the flip chart so groups can refer to it*):

- Who are we trying to reach? (i.e. tenants in one building? entire neighborhood?)
- What resources do we want to tell them about?
- What format will work best?
- How can we distribute our resource list to our community?
- Who will update the information?
- Who will coordinate the project?

Some points of process

- What is the purpose of the asset assessment and how will the results be used?
- What is the size/scope of the community being assessed?
- What people are available to do the work?
- How much time do you have for the task or how much time can you allow?
- How much money and other resources are available for incidental expenses?

Presenter(s)	Section Time
_____	20 Minutes

REFERENCE: <http://www.fris.org/Resources/ToolKit-Disabilities/PDFs/Section-A/A4.%20Creating%20a%20Community%20Resource%20List.pdf>

HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

COVID-19 & PPE



60 MINUTE MODULE

COVID 19 and PPE

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. Key COVID Information 2. Prevention without PPE 3. PPE 4. Using PPE safely 5. Practice Scenarios 6. Obstacles and Barriers 	<p><u>Equipment & Materials:</u></p> <ul style="list-style-type: none"> ✓ Computer ✓ Projector ✓ Photocopies of Handouts 	60 Minutes

1

KEY COVID INFORMATION:

- Understanding transmission helps us assess risk.
- Transmission happens via larger liquid droplets when someone coughs or sneezes. Droplets travel up to 2 meters
- Droplets enter through eyes nose or throat if you are closer than 2 meters.
- COVID can also be transmitted to a surface and then someone can pick up the virus if they touch the surface and touch their eyes, nose or mouth
- COVID can be aerosolized with some medical procedures like using a bag valve mask. A bag valve mask will make COVID droplets hang in air longer than normal.

Review Symptoms: see handout

Presenter(s)

Section Time

10 Minutes

Symptoms and Testing

Symptoms are new or worsening:

Cough (new)	Difficulty breathing	Fever/ chills	Runny nose/ Sore throat
Diarrhea	Nausea/ vomiting	Loss of taste or smell	Muscle aches/ Fatigue
Headache	Confusion/dizziness	Pink eye	Skin rashes/ discolouration

Clinics will test only when symptoms are present

If symptoms are severe – call 911

2

PREVENTION WITHOUT PPE:

1. Hand Hygiene. Review steps (handout)
2. Stay home if you are sick. If you start feeling sick when you are out, go home, or to a place that you are as isolated as possible.
3. Cleaning and disinfecting
 - Step 1: clean surfaces with a sanitizing wipe to clean off dirt
 - Step 2: clean surfaces with a new wipe to disinfect

Presenter(s) _____

Section Time

5 Minutes

3

PERSONAL PROTECTIVE EQUIPMENT:

Review VCH guidelines:

Presenter(s) _____

Section Time

10 Minutes

PPE: PERSONAL PROTECTIVE EQUIPMENT

PPE = Mask, eye protection (face mask with shield or goggles), gown, gloves

At Reception
In shared spaces

If unable to remain 2m away



Direct care for asymptomatic or COVID-negative client & in shared spaces, client rooms, or sleeping areas

 Direct care for symptomatic or COVID-positive client, anywhere

- Step 1: assess your risk
- Step 2: decide what level of PPE you need

ASK THE GROUP: *what kind of situations have you found yourself in that require PPE? What did you use?*

4

USING PPE SAFELY:

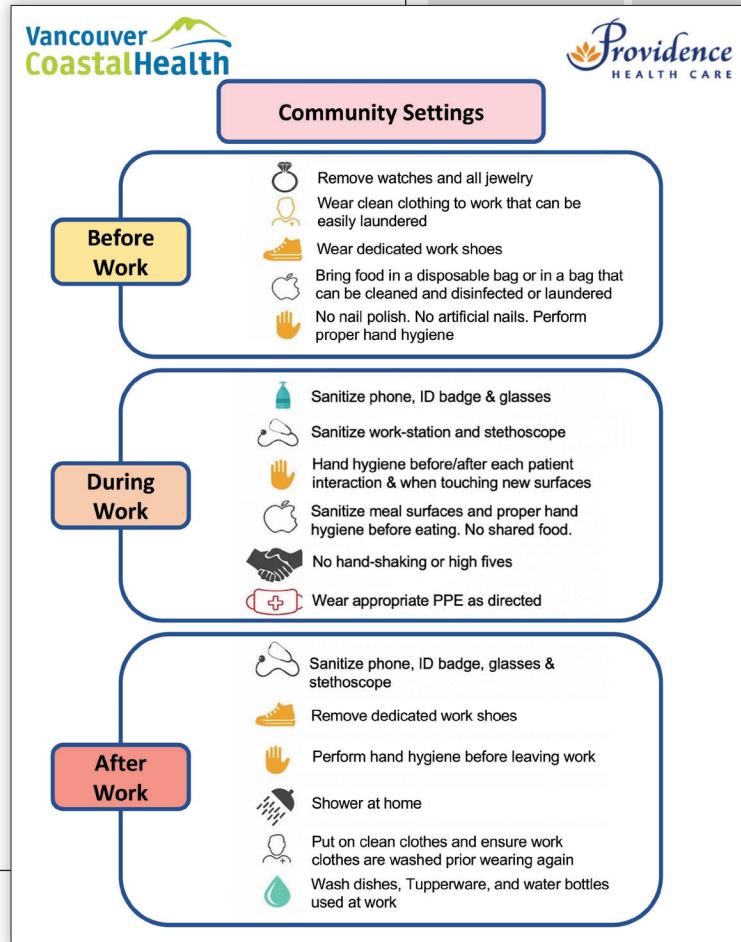
This information was made for VCH medical workers and includes maximum PPE. Whenever it's possible the same techniques should be used by anyone working in the community.

1. Putting on PPE is called "Donning" - This is fairly straightforward
 - o Review handout (or if you have a computer and projector you can show the 1 1/2 minute video: <https://www.youtube.com/eJsKmcblkiA&feature=youtu.be>)
2. Taking off PPE is called "Doffing" - This is where you need to be careful of contaminating yourself!
 - o Review handout (or if you have a computer and projector you can show the 2 1/2 minute video: <https://www.youtube.com/watch?v=ooZqZdehBCg&feature=youtu.be>)
3. Steps to take when you get home after using PPE: Review handout:

Presenter(s)

Section Time

10 Minutes



5

PRACTICE SCENARIOS:

1. Someone in your building has chest pain, cough and fatigue and they collapse in the hallway.

ASK THE GROUP: what steps do you need to take?

- Provide first aid and call 911. They are exhibiting symptoms of COVID.

In order to help them safely what PPE do you need?

- Mask, eye protection, gloves and gown.

What if I don't have that stuff?

- Wear any gloves you have.
- Wear a homemade mask or bandanna (as long as it's not wet!).
- Protect your eyes from droplets by using glasses, goggles or sunglasses.
- Clean your hands after with soap and water or alcohol-based hand sanitizer.

2. You are out in the community and you develop symptoms.

ASK THE GROUP: what should you do?

- Put on a mask
- Get tested
- Go home and wait for result

Presenter(s)

Section Time

15 Minutes

6

BARRIERS AND OBSTACLES

ASK THE GROUP: how do we self-isolate for COVID-19 when living in shared housing?

Review VCH handout

ASK THE GROUP: what about people who are staying outside, in a shelter, a vehicle or with friends?

COVID 19 Outreach Team

- Review COT handout: Services and Referral requirements

Presenter(s)

Section Time

10 Minutes

Symptoms and Testing

Symptoms are new or worsening:

Cough (new)	Difficulty breathing	Fever/ chills	Runny nose/ Sore throat
Diarrhea	Nausea/ vomiting	Loss of taste or smell	Muscle aches/ Fatigue
Headache	Confusion/dizziness	Pink eye	Skin rashes/ discolouration

Clinics will test only when symptoms are present
If symptoms are severe – call 911



PPE: PERSONAL PROTECTIVE EQUIPMENT

PPE = Mask, eye protection (face mask with shield or goggles), gown, gloves



At Reception
In shared spaces

If unable to remain 2m away

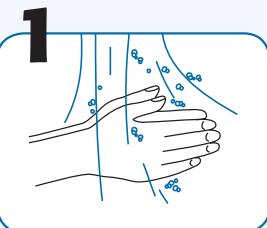


Direct care for asymptomatic or COVID-negative client & in shared spaces, client rooms, or sleeping areas



Direct care for symptomatic or COVID-positive client, anywhere

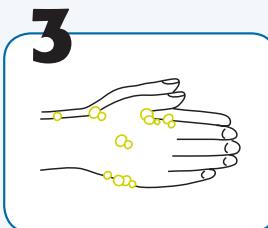
HOW TO HANDWASH



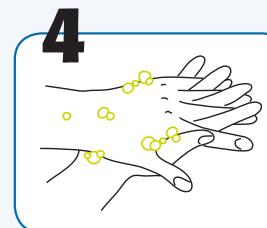
1
Wet hands with warm water.



2
Apply soap.



3
Lather soap and rub hands palm to palm.



4
Rub in between and around fingers.

Lather hands for a total of 30 seconds



5
Rub back of each hand with palm of other hand.



6
Rub fingertips of each hand in opposite palm.



7
Rub each thumb clasped in opposite hand.



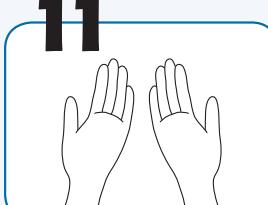
8
Rinse thoroughly under running water.



9
Pat hands dry with paper towel.



10
Turn off water using paper towel.



11
Your hands are now safe.



Vancouver
Coastal
Health

Community Settings

Before Work

-  Remove watches and all jewelry
-  Wear clean clothing to work that can be easily laundered
-  Wear dedicated work shoes
-  Bring food in a disposable bag or in a bag that can be cleaned and disinfected or laundered
-  No nail polish. No artificial nails. Perform proper hand hygiene

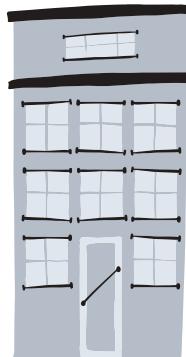
During Work

-  Sanitize phone, ID badge & glasses
-  Sanitize work-station and stethoscope
-  Hand hygiene before/after each patient interaction & when touching new surfaces
-  Sanitize meal surfaces and proper hand hygiene before eating. No shared food.
-  No hand-shaking or high fives
-  Wear appropriate PPE as directed

After Work

-  Sanitize phone, ID badge, glasses & stethoscope
-  Remove dedicated work shoes
-  Perform hand hygiene before leaving work
-  Shower at home
-  Put on clean clothes and ensure work clothes are washed prior wearing again
-  Wash dishes, Tupperware, and water bottles used at work

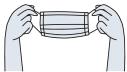
How to self-isolate for COVID-19 when living in shared housing



Self-isolate if you have symptoms of COVID-19, you've had contact to COVID-19, or after travel outside of Canada.

Symptoms include: fever, cough, difficulty breathing, nausea, diarrhea. If you have symptoms, get tested at your clinic or at 429 Alexander St.

Stay in your room as much as you can



Wear a mask when out of your room



Wash hands often with soap and water or hand sanitizer, especially when coming in or going out of your room



Wipe shared surfaces (i.e. doorknobs, faucets) with disinfectant after touching



Arrange for food to be delivered at your door if you can



Monitor your symptoms - if they get worse, seek medical help

When is isolation over?

If your test is negative and your symptoms are mild: isolate until your symptoms are gone.

If your illness gets worse: go back to your clinic or testing site. You might need a second test.

If you have symptoms but haven't had a test: isolate until 10 days after your symptoms started AND your symptoms are gone. (A dry cough that last more than 10 days is ok).

If you traveled outside Canada or are a contact to COVID-19: isolate for 14 days from your last day of contact/travel.

If you use substances



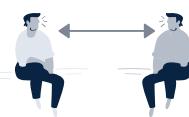
- Avoid using alone - ask someone to check on you when you are using - even through the door.
- If you have a phone, download the Lifeguard App. You can start the app's timer when you use. If you are unconscious and can't silence the timer when it goes off, it will send an ambulance to you.
- Wash your hands before you use
- Ask your clinic about safer supply, or contact the Overdose Outreach Team at 604.360.2874



Try to stay away from other people



Schedule daily phone check-ins with family or a buddy



If you do have someone in your room, stay 6 feet apart or wear a mask

COVID Outreach Team (COT)

Referral line: 604-290-3208

PURPOSE

Purpose: The VCH COVID Outreach Team (COT) was established at the beginning of the COVID-19 pandemic to provide support to under-housed, precariously housed or other vulnerable clients who live in Vancouver and who have been diagnosed COVID-19 positive, symptomatic, or are at risk for contracting COVID-19. The team helps vulnerable clients access appropriate sheltering and isolation space. The team also helps to ensure primary health care and other care needs – including those related to mental health and substance use – are well supported. Once a client is cleared from Public Health (i.e., no longer infectious, or a COVID negative test result), the team coordinates smooth transition for clients back into community.

COT SERVICE DESCRIPTION & DETAILS

COT services include:

- Outreach model nursing care for people who are COVID-19 positive, contacts of cases, symptomatic of COVID, or under quarantine
- Supporting client urgent and primary care needs (nurse practitioners and/or GPs available on call)
- Supporting client access to opioid agonist therapy (OAT) and/or medications to prevent withdrawal
- Supporting client complex care coordination and transition planning
- Supporting client access to infection prevention & control (IPAC) consultation and education
- Community consultation regarding clients who are symptomatic, awaiting test results, or who are contacts to COVID + cases.

When to reach out? If you are a service, including shelters, housing sites or other non-profits, who has had direct exposure to COVID or who has a positive COVID test result **AND** who doesn't have the means to safely shelter-in-place please call our referral line.

Referral line/process: To make a referral please call the COVID Outreach Team at 604-290-3208 (open 9am-6pm, 7 days a week) with as many of the following details as possible:

- Your Name and Agency
- Client's name
- Client's date of birth
- Client's Personal Health Care Number (PHN) or PARIS #
- Client's COVID status: active symptoms of concern, if they have been tested (& date), if they require a test
- Housing situation (i.e., shelter, SRO, recovery facility, many people in one location, etc.)
- Best way to contact client for follow-up (phone, address, hang-out)

If you have a general question or a question about a situation, feel free to email VCHCovidClinicalSupportTeam@vch.ca but do **NOT** include client name or **ANY** information that would constitute a client identifier. Note: COT Team Fax: 604-707-2794

Location: The team operates out of 1170 Bute Street, Vancouver. Clients are NOT seen onsite. COT outreach services are available across Vancouver.

Staffing: The team includes outreach nurses (RN and LPNs), outreach workers and access to Clinical Practice Lead, Social Worker, GPs and Nurse Practitioners.

HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

NAVIGATING HEALTH CARE



60 MINUTE MODULE

Navigating Health Care*

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. Personal Advocacy Skills 2. Working with an Advocate 3. Building Confidence 4. Rights and Responsibilities 	<u>Equipment & Materials:</u> <input checked="" type="checkbox"/> Markers <input checked="" type="checkbox"/> Flip Chart <input checked="" type="checkbox"/> Handouts	60 Minutes

1

PERSONAL ADVOCACY SKILLS:

ASK THE GROUP: What are some healthcare needs you may have that you need help with? Can you think of a time that you successfully advocated to get your healthcare needs met? What tools can you use to advocate for your needs? What are some barriers to these working?

- Identifying what we know
- Clarifying the problem.
- Identifying our needs
- Communicating clearly
- Taking notes: Write down what you need to accomplish in the appointment. If you are too upset to talk, hand the written list over to your doctor to read.
- Asking Questions
- Following up

ASK THE GROUP: What sort of things can you do to prepare for an appointment? During? After?

- Written notes, lists
- Debrief

Presenter(s)	Section Time
_____	10 Minutes

*Adapted from ANKORS Street College

2

WORKING WITH OR AS AN ADVOCATE:**ASK THE GROUP:** Does anyone know what an advocate is?

- Someone who can help us have our needs heard

ASK THE GROUP: How can we arrange accompaniment to appointments?

- Personal Networks (ie, friends, family)
- Social Service Providers
- Health Care Navigators
 - Distribute and Review Handouts on Healthlink Navigators and Aboriginal Patient Navigators

**10
MINUTE
ACTIVITY**

Distribute “*Scenerio 5: Medications*” handout.

Review together and brainstorm.

Presenter(s)**Section Time**
10 Minutes

3

BUILDING CONFIDENCE:**ASK THE GROUP:** What are some experiences you've had of feeling empowered?**ASK THE GROUP:** How can these experiences be applied when you're at a clinic, hospital or other health care setting?

Tips to build our personal advocacy power:

- Develop supportive relationships with other people and validate each other's experiences.
- Work together to advocate for each other.
- Know your rights when accessing services.
- Support and mentor other peers who are experiencing challenges.
- Provide education to others about your experiences when accessing health and social services.
- Remind yourself that you deserve to be listened to and to receive the best quality care available.

Presenter(s)**Section Time**
20 Minutes

4

RIGHTS AND RESPONSIBILITIES:

Knowing our rights: What are our rights in accessing care? What can we expect and demand? What are our responsibilities?

- You have the right to receive medical treatment in a way that respects your dignity and autonomy.
- You have the right to ask the clinic for their guidelines, rights and responsibilities.
- Health Care Consent Act and Representation Act (See BC^{Laws.ca}):
 - To be fully informed of all treatment options
 - To the recognition of your Representative or Substitute Decision Maker
 - The Recognition of your Advance Directive
 - To a Second Opinion
 - To Pain and Symptom Management
 - To refuse treatment
 - To end your own life
 - To assisted death

How are doctors, nurses and other health care workers held accountable? What is the process for making complaints if mistreated?

- Complaints made first to provider, then to clinic management, then to Patient Care Quality Office (PCQO). Advocates, social workers or human service workers may assist in making or following up complaints.

Vancouver Coastal Health:

PCQO Address:

855 West 12th Avenue, LBP-380

Vancouver BC V5Z 1M9

Telephone: 1-877-993-9199 (toll-free)

Fax: 604-875-5545

Email: pcqo@vch.ca

Presenter(s)**Section Time**

10 Minutes

Aboriginal Patient Navigator Program - East Hastings St

APNs provide a benefit to both the patient and to health care providers. The APN works directly with VCH staff and other health care service providers to make sure Aboriginal patients get the best care possible.

APNs can:

- Help staff create a personal plan when a patient leaves a hospital or care program.
- Help VCH health care teams understand and work with Aboriginal health practices and beliefs.
- Assist staff if a patient or family member requests access to an Elder or a traditional ceremony such as:
 - smudging,
 - cedar and eagle fan brushings,
 - blanketing, medicine bundles, or
 - talking circles.

Eligibility

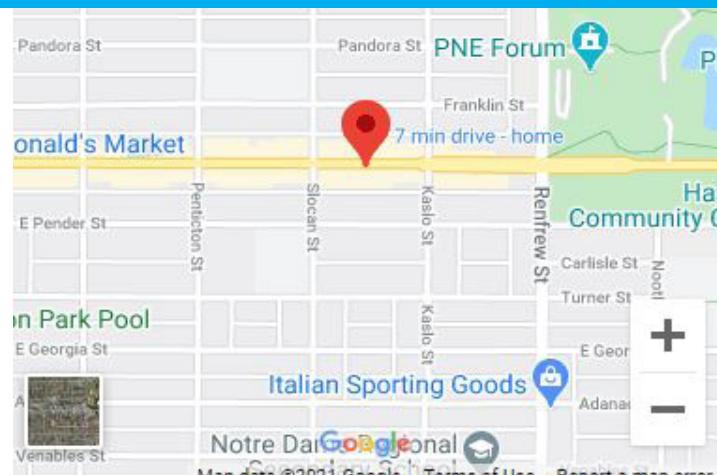
Serves people who self-identify as being Aboriginal or First Nations.

Hours of operation

Monday - Friday, 9 a.m. - 5 p.m.

Location and contact

2750 East Hastings Street
Vancouver, BC
V5K 1Z9
Phone: 1 (877) 875-1131 - Toll-free
Fax: (604) 675-2552
Email: info.aboriginalhealth@vch.ca



Scenario 5: Medications

John talks with you about helping him resolve some concerns he has about his medications. He feels like he's not being listened to, and he wants your help as a peer advocate. John has been put on a new medication, and has been experiencing blurred vision for the last several days. John believes that there is something wrong with his vision and that he may be losing his eyesight. John talks with his physician about his vision on several occasions and is told that his vision is fine. John continues to experience blurred vision and is very concerned about it. When he went to see the doctor about the medication and his vision, the doctor was rushed and did not have time to discuss John's concerns. He doesn't know what to do and hope that you, as the peer advocate, can help him out.

Pretend you are John's peer advocate

Think about:

- What additional information do you need?
- Where can you get more information?
- What outcome(s) does John want to achieve?
- What rules/ordinances/laws govern this situation?
- Who are some of the key decision-makers?
- What strategies could you use to achieve the desired outcome(s)?
- What barriers might you encounter/have to overcome?

List Possible Actions:

- _____
- _____
- _____
- _____
- _____



Call 8-1-1

Home / Navigation Services at HealthLink BC

Navigation Services at HealthLink BC

HealthLink BC's health service navigators can provide you with health information, help you navigate the health care system and find health services across the province, or connect you with a registered nurse, registered dietitian, qualified exercise professional, or pharmacist.

When can I contact a health service navigator?

Our health service navigators are available to all residents of British Columbia any time of the day or night, any time of the year (24 hours a day, 7 days a week).

How do I contact a health service navigator?

To speak with a health service navigator call **8-1-1** (or **7-1-1** for the deaf and hard of hearing). Translation services are available in over 130 languages.

If you are unable to reach us by dialing **8-1-1** from your phone, please contact your telephone service provider to arrange access. In a few cases local telephone service provider may not be able to support **8-1-1** dialing. If this is the case for you, please access our service using our 10-digit number: **604-215-8110**.

What services do health service navigators provide?

Our services are designed to help residents of British Columbia quickly and easily get answers to your health questions or to find health services across the province.

Ask Us Your Health Questions

Call **8-1-1** (or **7-1-1** for the deaf and hard of hearing) to get answers to your health questions such as: What are bed bugs? What vaccines are offered to students in grade 6? How is pinkeye spread?

If you have questions about your symptoms or need more detailed health advice we can transfer you to a registered nurse, registered dietitian, qualified exercise professional, or pharmacist. Translation services are available in over 130 languages.

Find Health Services

If you are looking for health services provided by the provincial government, provincial health authorities, and non-profit agencies, you can search the HealthLinkBC Directory. You can search for walk-in clinics, emergency rooms, hospitals, mental health programs, home care programs, pharmacy services, laboratory services, and more. Search by keyword or try our guided search to narrow down your search results by category.

If you need help finding what you are looking for, or don't have access to a computer, call **8-1-1** and a health service navigator can help you with your search.

Get Assistance Navigating Our Website

Can't find what you are looking for on HealthLinkBC.ca? Not a problem. Call **8-1-1** and a health service navigator can help you navigate our website to find what you are looking for. If you have an email address our team can send you a link to the resources we discussed.

What other services does HealthLink BC provide?

Visit the following pages to learn more about our other service areas:

- Nursing Services
- Dietitian Services
- Physical Activity Services
- Pharmacist Services

How do I get service in another language?

After dialing **8-1-1**, you will be connected with an English speaking health service navigator. To get service in another language, simply state the language you are looking for (example say "Punjabi"), and an interpreter will join the call.

Translation services are available in over 130 languages.

Can you provide health information or advice by email?

We are unable to provide general health information or advice about symptoms by email. For general health information or symptom advice, please call us at **8-1-1** any time of the day or night.

Can I use an internet calling service provider to call HealthLink BC?

Yes. However, you cannot access **8-1-1** by dialing **8-1-1** on web-enabled telephone services such as Skype or Google Talk. Instead, please dial **604-215-8110**.

Last Reviewed: November 2017

⚠ Is it an emergency?

If you or someone in your care has chest pains, difficulty breathing, or severe bleeding, it could be a **life-threatening emergency**. Call **9-1-1** or the local emergency number immediately.

If you are concerned about a possible poisoning or exposure to a toxic substance, call **Poison Control** now at **1-800-567-8911**.

HEALTH, HARM REDUCTION
AND OVERDOSE PREVENTION

STREET FIRST AID



40 MINUTE MODULE

Street First Aid*

Topics	Equipment & Materials: ✓ First Aid Supplies ✓ Handouts	Total Time 40 Minutes
<ol style="list-style-type: none"> 1. Making a Personal Kit 2. Staying Safe 3. Wound Care 4. Treating Shock 		

1

MAKING A PERSONAL KIT:

ASK THE GROUP: *What should you include in a personal first aid kit?*

- Go over the FIRST AID CHECKLIST and discuss/answer any questions
- Have people check off the items that they decide they should include
- Distribute supplies to get people's kits started (if this is something you have access to!)

Presenter(s)

Section Time

10 Minutes

OVER THE COUNTER PAINKILLERS

NAME	USES	SIDE EFFECTS
Tylenol/ acetaminophen	Reduce pain, fever, or inflammation.	Too much or mixed with alcohol can cause liver damage.
Advil/ Ibuprophen	Reduce pain, fever, or inflammation. Works faster than aspirin.	Can cause kidney and stomach problems.
Asprin/ acetylsalicylic acid	Reduce pain, fever, or inflammation. Thins blood so can help if taken right after heart attack.	Long term use: kidney damage, ulcers, stomach damage.

FIRST AID KIT CHECKLIST

- Medicines you take on a regular basis at home.
Carry all medicine in their original containers with clear labels that identify your name and dosing schedule. If you have a chronic condition, such as diabetes, seizures, or allergies, consider wearing a medical alert bracelet.
- Acetaminophen, ibuprofen, or aspirin to relieve headaches, pain, fever, and simple sprains or strains
- Antihistamines to relieve allergies
- Antacid medicine
- Antinausea or motion sickness medicine
- Antibacterial hand wipes or an alcohol-based hand cleaner
- Bandages of assorted sizes to cover minor cuts and scrapes
- Bandage closures, such as butterfly bandages, to tape edges of minor cuts together
- Triangular bandage to wrap injuries and make an arm sling
- Elastic wraps to wrap wrist, ankle, knee, and elbow injuries
- Gauze in rolls, as well as 2-inch and 4-inch pads to dress larger cuts and scrapes
- Adhesive tape to keep gauze in place
- Scissors with rounded tips to cut tape, gauze, or clothes, if necessary
- Safety pins to fasten splints and bandages
- Antiseptic wipes to disinfect wounds or clean hands, tweezers, scissors, or other utensils
- Antibiotic ointment to prevent infection in cuts, scrapes, and burns
- Hydrogen peroxide to clean and disinfect wounds
- Disposable, instant-activating cold packs to cool injuries and burns, as well as for use in strains and sprains
- Tweezers to remove small splinters, foreign objects, bee stingers, and ticks from the skin
- Disposable rubber gloves to protect hands and reduce risk of infection when treating wounds
- Thermometer
- Calamine lotion to relieve itching and irritation from insect bites and poison ivy
- Hydrocortisone cream to relieve irritation from rashes
- Sunscreen of SPF 15 or higher and Aloe gel for sunburns
- Insect repellent
- Over-the-counter medicine for diarrhea
- Cough and cold medicines
- Epinephrine auto-injector for individuals with severe allergies
- List of prescription medicines and generic names
- Latex condoms

2

STAYING SAFE:

ASK THE GROUP: *What are some risks when helping someone who is hurt?*

Make sure the person consents to you helping

Before you can help anyone, you MUST ask them if they want your help. If they say no, try to stick around to see if they change their minds or pass out. When a person is passed out and can't be woken up, you can help them without asking.

You can't force someone to take your help if they don't want it. Even if it looks like they really need it.

- **Stay Calm:** things can happen that are scary, BUT you can't help anyone if you're freaking out.

- **Look Around:** check out what's going on. Take the person out of any danger. Make sure you aren't going to be in danger.

- **Calm Them Down:** help them relax by talking to them and letting them know that you will do what you can to help.

- **Try your best:** do what you can do, even if it's just a call for help

Universal Precautions: Keeping yourself safe from germs.

One thing about diseases like HIV or Hepatitis, you can't tell who has them because people don't look sick.

Treat everyone as if they have germs in their blood.

No matter who you're helping, protect yourself. Keep other people's blood out of your body.

If the person is bleeding, try not to touch the blood with your bare skin if there's any chance you have a small cut.

- Use a clean towel or take off your shirt & bunch it up to hold over the bleeding part. You can also use dish gloves or a plastic bag over your hand.

Presenter(s)	Section Time
_____	10 Minutes

Infection

Germs are everywhere.

Any wound can get infected. Germs don't cause trouble until they end up somewhere they shouldn't be, like in a wound.

HOW?

Germs live in your mouth, on your skin, in the air and on other people. When these germs get into a wound, they cause infection.

Infections can get very serious.

They can spread to the different layers of your skin. They can even spread to your blood and bones.

You need to see a doctor if an infection keeps getting worse.

You don't want to lose an arm or leg or end up in the hospital.

3

BASIC WOUND CARE:

ASK THE GROUP: What are some things you know about wound care?

Wound treatment

1. First wash your hands and put on gloves.
2. Wash and disinfect the wound to remove all dirt and debris. If the wound is bleeding, use direct pressure and elevation to control bleeding and swelling.
3. When wrapping the wound, always use a sterile dressing or bandage. Very minor wounds may heal without a bandage.
4. Keep wounds and injection sites clean throughout the healing process with soap and water.
5. Monitor for signs of infection

When to seek medical attention

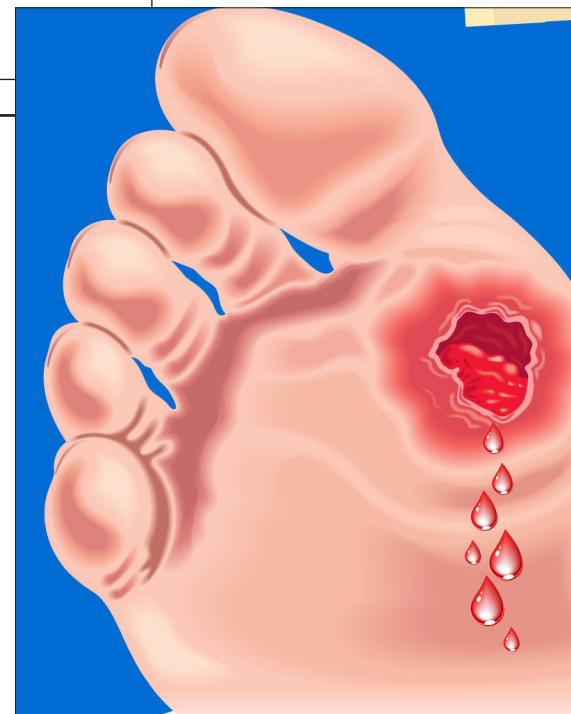
- if there are ANY signs of infection
- wound is not improving/healing
- the wound is very painful

Presenter(s) _____

Section Time
10 Minutes

Signs of Infection:

- Bright red skin around the wound.
- Warm/hot to touch.
- Pain.
- Green/yellow crap coming out of the wound.
- Wound smells bad.
- Fever (high temperature like 38°C or 100.4°F).



4

TREATING SHOCK:

What is Shock?

There's different kinds of shock. There's an emotional shock, like when your friend tells you her sister just died. Your friend is probably going to be a little dazed and upset for a while. She might need someone to talk to & someone to be with to help her through this.

Another kind of shock is how your body reacts when it is injured or in bad pain. It's very serious. You can DIE from this.

Here's an example:

Buddy was hangin' at the Easy Lay Inn having a few drinks. On his way out, someone shanks him in the gut. He's losing a lot of blood. It's everywhere. Then he starts to act real confused, like he's not really sure where he is or what's Going on. You touch him and feel that his skin is really cold and sticky. His heart's beating a mile a minute. Then he crashes to the floor, passed out. He's going deeper and deeper into shock and he might die unless someone helps.

HOW DO PEOPLE GET IT?

- Losing a lot of blood or fluid (like if buddy is bleeding or burned really bad).
- Heart attack.
- Blood poisoning (from a really bad infection).
- Extreme pain.
- Spine injuries.

SIGNS OF SHOCK

- Cold, sticky skin.
- Really fast heartbeat.
- Puking.
- Person might be really thirsty.
- Passing out
- Acting really tense or anxious.
- Light, fast breathing.
- Big black pupils in his eyes.

People in shock might have all or only a couple of these signs. People can be a little bit in shock or very deep in shock. It's important to try to do your best. Get help by calling 9-1-1. A person can go from being in light shock to deep shock in a short time.

Presenter(s)

Section Time

10 Minutes

HELPING SOMEONE IN SHOCK

1. Make sure the person can breathe; loosen tight clothing.
2. If they're bleeding try to stop it.
3. Cover them with something to keep them warm.
4. If the person is awake, put them on their back with their feet raised about 1 foot high. This helps his blood get to their brain & heart. (Don't move them if they've hurt their head or neck.) If they're unconscious put him in the recovery position
5. Call 911

REVIEW RECOVERY POSITION HANDOUT - team up and practice (if it is safe)



The Recovery Position



1



2

Place the hand closest to you up and out of the way.



3



4

Reach down to the further knee and pull it up keeping the foot flat on the floor.

Pull gently on the knee to roll them towards you.



5



6

Pull up on the knee to prevent them from rolling back. Knee and hip should be at 90°.

Adjust the head to keep the airway open.

BUILDING
RELATIONAL SKILLS

MANAGING EXTREME SITUATIONS I: LEARNING & TIPS FOR PEER OUTREACH



Managing Extreme Situations I:

Learning and Tips for Peer Outreach

Topics	Total Time
<ol style="list-style-type: none"> 1. Types of Abnormal Behaviors: 2. Sharing Strategies and Experience 3. Tips for Conflict Resolution 	45 Minutes

1

TYPES OF ABNORMAL BEHAVIORS:

Abnormal or Escalating Behavior: when someone shows when they are having a heightened/high emotional response, usually to something that is stressful

Non-Verbal:

- Pacing
- Clenched fists
- Intense staring

Verbal:

- Negative Comments: putting others down, saying mean things
- Swearing
- Verbal Threats
- Screaming

Physical:

- Pointing/Gesturing
- Increased Muscle tension
- Hitting/Striking out

Activity: Ask volunteers what non-verbal, verbal or physical examples they have seen and have them demonstrate

Presenter(s)

Section Time

15 Minutes

2

SHARING STRATEGIES AND EXPERIENCE:

ASK THE GROUP: *Has anyone thought of a time when they have felt escalating behavior...*

- Have you ever noticed escalating behavior in others?
- What went well?
- What did not work well or make things progress?
- How did you feel during the experience?
- Why do you think the person acted like this?

Presenter(s) _____

15 Minutes

3

TIPS FOR CONFLICT RESOLUTION:

- Make sure only one person takes a lead when interacting with someone who is upset or agitated
- Validate the feelings that the person is experiencing
- Offer support to the person:
 - o “Is there anything I can do to help in this situation?”
 - o “How can I help you feel better/calmer...”
 - o “What do you need right now?”

Presenter(s) _____

15 Minutes

10
MINUTE
ACTIVITY

Have volunteers go in pairs (for 2 minutes) and one person share one story of when someone was upset or agitated and what they did or said that helped calm the person down. Then debrief with the group.

BUILDING
RELATIONAL SKILLS

MANAGING EXTREME SITUATIONS II: PSYCHEDELIC CRISIS INTERVENTION



45 MINUTE MODULE

Managing Extreme Situations II: Psychedelic Crisis Intervention

Topics

1. Understanding Psychedelic Crisis
2. Crisis Intervention Practices

Equipment & Materials:

- ✓ Flipchart
- ✓ Markers

Total Time

45 Minutes

1

UNDERSTANDING PSYCHEDELIC CRISIS:

This presentation was originally designed for people who are in a psychedelic crisis, however, these techniques have been proven useful in individuals experiencing:

- Drug induced Psychosis
- Escalating Behavior
- Dementia
- Mental Health Crisis

It is not uncommon for psychedelic users to have difficult psychedelic experiences. This is most likely to happen with first-time users, with high doses and without adequate preparation or guidance. These experiences are sometimes called “bad trips.”

Presenter(s)

Section Time

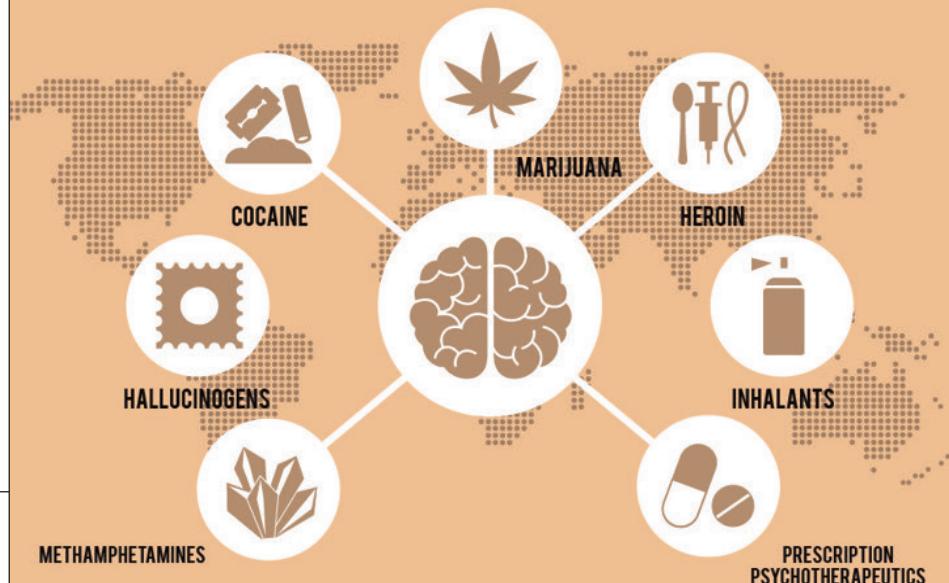
10 Minutes

Common features of a psychedelic crisis include:

- the feeling/experience that one is going crazy/ losing one's mind
- feeling that the experience will never end
- old traumas can be remembered and relived

Psychosis is one of the most serious side effects and results of heavy drug usage.

1 in 10 individuals in the past month have used either:



2

CRISIS INTERVENTION PRACTICES:

There are 5 main points to remember when dealing with someone whose mental state is changed:

1. Assess physical safety
2. Create a safer space
3. Use psycho-social support
4. Facilitation
5. Ensure safety

1. Assess physical safety

Priority: Get to know the person and symptoms

- Breathing and heart rate
- Symptoms
- Type of substance(s) used
- What might be triggering for them

2. Create a Safer Space

Try to create a calm environment, and be a calm presence

Priority: Making the person comfortable

Consider:

- Physical environment (Sound, Temperature)
 - Move the person to a quieter or more private area
- Social environment (Privacy)

Basic Human Needs:

- Water
- Food (Snacks, like a granola bar if they are alert)

Presenter(s)	Section Time
_____	20 Minutes

3. Psychological support

Be a calm, supportive presence:

- Support where they are at (but avoid guiding)
 - Let the person's unfolding experience be the guide.
- Talk them through an event, not down
 - Explore distressing issues as they emerge
 - Help the person connect with what they are feeling
- Difficult is not the same as bad
 - Encourage them to explore what's happening
 - Challenging experiences can lead to growth and learning
 - This difficult experience may be happening for an important reason

- Remember that "hurt people might hurt other people"

- A crisis event or "blow out" might be an accumulation of many smaller events

4. Facilitation

Create a trusting relationship with the person

It is important to:

- Be patient
- Be positive
- Be aware of any judgments you may have
- Know your limitations

5. Ensure Safety

Make sure person is not a threat to their self or others

If a violent episode happens, leave the situation

Your Safety is the most important !!!

Case study: Sean

- Take 5 pieces of chart paper and write each of the above points at the top of a paper.
- Read the scenario, then have the group discuss how they can support Sean.
- Record key points on chart paper under the 5 different headings.

- *25-year-old male named Sean*
- *Injected what he thought was heroin*
- *Drug injected actually contained a synthetic cannabinoid*
- *Mental state has changed, and declined from coordinated movement, to stumbling around*
- *Sean appears pale, sweaty, and panicked, glancing around. His lips are dry + pupils are dilated*
- *Unable to stay still for an extended period of time*
- *Doesn't know where he is. Believes his pants are wet.*
- *Seems to be dancing to music that doesn't exist*

15

**MINUTE
ACTIVITY**

BUILDING
RELATIONAL SKILLS

RECOGNIZING & MINIMIZING BURNOUT



Recognizing and Minimizing Burnout

Topics	Total Time
1. Definitions and Discussion	40 Minutes
2. Tips for Preventing Burnout	

1

DEFINITIONS:

ASK THE GROUP: *What is burnout? Why do you think peers may experience burnout?*

Burnout

- Physical or mental collapse caused by overwork and stress
- Exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration

Physical Reactions

- Fatigue, sleep disturbances, changes in appetite, headaches, upset stomach, chronic muscle tension

Emotional Reactions

- Feeling overwhelmed or emotionally spent, helpless and/or inadequate, sense of vulnerability, crying more easily or frequently, suicidal or violent thoughts or urges

Other Reactions

- Loss of enjoyment
- Pessimism
- Behavioral reactions such as isolation, withdrawal, increased mood swings, irritability, restlessness, changes with relationships to others
- Decreased concentration
- Difficulty making decisions or problem-solving
- Forgetfulness or impaired concentration and attention

Presenter(s)

Section Time

20 Minutes

2

TIPS FOR PREVENTING BURNOUT:

ASK THE GROUP: *What are some reasons we may not be able to prevent burnout (i.e. coercion)*

Self Care

- Set boundaries
 - Don't overextend yourself, learn how to say "no" to requests on your time. If you find this difficult, remind yourself that saying "no" allows you to say "yes" to the things that you truly want to do.
- Nourish your creative side – creativity is a powerful antidote to burnout

Working as a Team

- Team roles
 - Make sure you know who does what!
 - Ensure that you rotate roles and responsibilities .
- Create a debrief and support plan.
- Develop connections with your team (i.e. low stress team building).
- Having a good team leader or manager is important
 - Your team leader or manager should be alert to the potential for burnout .
- Create a positive narrative within your working culture focusing on strengths, gratitude, and what works in overdose response as a team.
- Rely on people around you to talk about how you're feeling and ask for support when you need it.

ASK THE GROUP: *What are some things you do to prevent burnout?*

Presenter(s)	Section Time
_____	20 Minutes

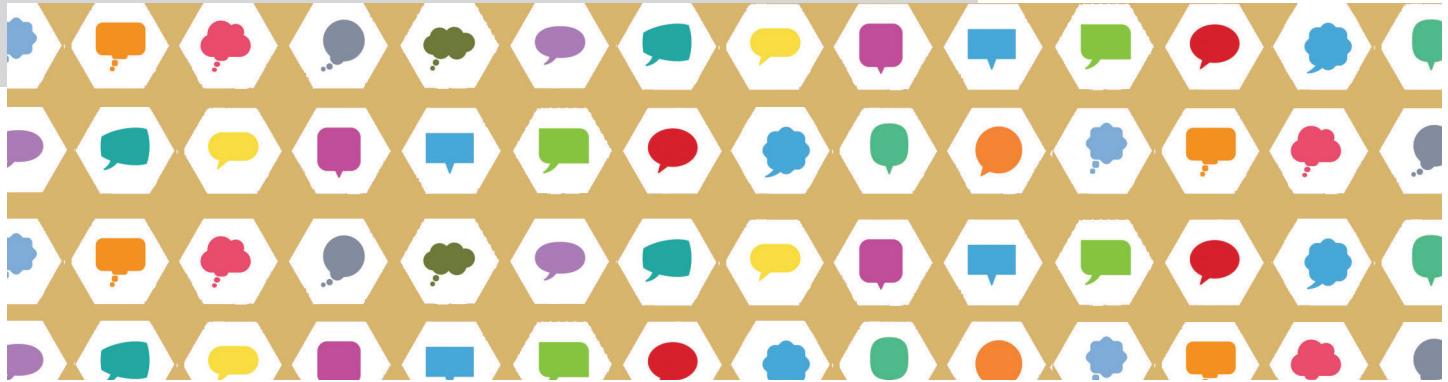
REMEMBER:

You don't wake up one morning and all of a sudden "have burnout".

- Its nature is much more subtle, creeping up on us over time like a slow leak, which makes it harder to recognize.
- Still, our bodies and minds do give us warnings, and if you know what to look for, you can recognize it before it's too late

BUILDING RELATIONAL SKILLS

COLLECTIVE RESILIENCY: BOUNDARY SETTING



60 MINUTE MODULE

Collective Resiliency: Boundary Setting

Topics	Total Time
<ol style="list-style-type: none"> 1. Defining Boundaries 2. Tips for Boundary Setting 3. Skills for Boundary Setting 4. Friend vs. Work Relationships 	60 Minutes

1

DEFINING BOUNDARIES:

ASK THE GROUP: what do you believe boundaries are? Why are they useful?

Boundaries

- Boundaries are like invisible lines drawn to define limits.
- Boundaries affect how a group interaction will work and include limits which exist around people, time, space, and the work of the interaction/group.
- It is often easier to understand where a boundary exists when it has been broken.
- Boundaries are an essential part of our relationships – this is especially true in a situation where personal details are being shared and trust is being built.
- Boundaries are inherently linked to the idea of respect.
- Sometime in an effort to appease, we may allow certain actions or behaviors to go on without stopping them for a fear of upsetting or even losing a relationship.
 - o Unfortunately, this can set a precedent that can lead to issues further down the road.

Presenter(s)	Section Time
_____	10 Minutes

2

TIPS FOR BOUNDARY SETTING:

ASK THE GROUP: what have you found effective in setting boundaries in your relationships? What are some situations you've found it difficult to set boundaries in?

Tips for Boundary Setting

- Know what limits are important before starting out.
 - It's hard to set boundaries with someone when they aren't clear personally
 - Identify comfortable physical, mental and emotional limits for yourself.
- Do not allow anyone to take advantage of your time.
 - Starting late or staying late are only options in extremes, not given alternatives to your schedule.
- Communicate effectively and be direct.
 - Some people will naturally have similar communication styles and understand without specific dialogue to guide them, others will not.
- Be assertive.
 - This is especially important if control is being lost, or someone is stepping over set boundaries.
 - Occasionally people are unaware, but sometimes they just need a firm reminder of your boundaries.
- Learn to say no and mean it.
 - Make sure to say no to activities that may take up too much time or energy and can cause burn out.
- Set expectations.
 - Ensure that you identify working times and when folks can expect responses or follow up.
- Do not feel guilty to set boundaries.
 - Some people may use manipulation or guilt to change a boundary they don't particularly like, but this should never be allowed to happen.
 - Some people may be better served by someone else if they continue to ignore your boundaries.

Presenter(s)	Section Time
_____	15 Minutes

3

5 SKILLS FOR SETTING BOUNDARIES:

1. Ensure You have Set Policies

- Discuss what the boundaries of your relationship are before any altercation takes place – “everyone in our group must arrive on time to be paid”.
- It is often better to set these policies collectively.

2. Name the Behavior

- Name the behavior might be as simple as stating – “you keep arriving late for our sessions”.

3. Give a Directive

- Tell the person exactly what you want them to do, as concisely and clearly as possible.
- For example:
 - o “Please ensure you give me enough notice when you are running late.”
 - o “I ask you respect my time by being on time as well.”

4. Repeat It

- Stay focused on the directive you are giving and don’t let yourself be diverted until it is respected.
- Call it a broken record or a skipping CD – this skill is about demonstrating persistence.

5. End It

- Sometimes all the good boundary setting you’ve been doing does not yield the desired results.
- You are not in control of how other people act and respond to you, and sometimes people are just not willing to respect your boundaries.
- This may mean that you get up and leave and seek out someone in the environment to assist you in ending the interaction, or end a relationship where your boundaries are repeatedly disrespected.

ASK THE GROUP: what may be useful or difficult about these skills?

Presenter(s)	Section Time
	15 Minutes

ACROSS THE ROOM ACTIVITY	Activity Time
<p>Find a partner, line up in two rows about 10-15 feet apart, facing each other. One of you will be in row 1, the other will be in row 2.</p>	10 Minutes
<p><i>Round 1: Non-Verbal Expression</i></p>	
<ul style="list-style-type: none"> Everyone in row 1 will pick a spot on the floor that they do not want to be crossed - keep the location to yourself! When the facilitator says “go”, participants in row 2 will walk towards the partner they are facing. When your partner reaches your secret boundary spot, use your body language to indicate that you don’t want them any closer. Then, switch positions! 	
<p><i>Round 2: Verbal and Non-Verbal Expression</i></p>	
<ul style="list-style-type: none"> This time, use your voice and your body language to indicate to your partner not to cross your secret boundary. 	
<p><i>Round 3: Reinforcing a Crossed Boundary</i></p>	
<ul style="list-style-type: none"> This time, use your body language and voice (tone, volume, inflection) to practice re-setting the boundary. Inform your partner of the boundary and re-setting positions. 	
<p><i>Discussion: which round did you find hardest to do? Which one was easiest? Could you see yourself using these skills in real life?</i></p>	

4

FRIEND VS. WORK RELATIONSHIP:

ASK THE GROUP: why can boundaries between friends and workplace relationships become blurry when engaging in peer work?

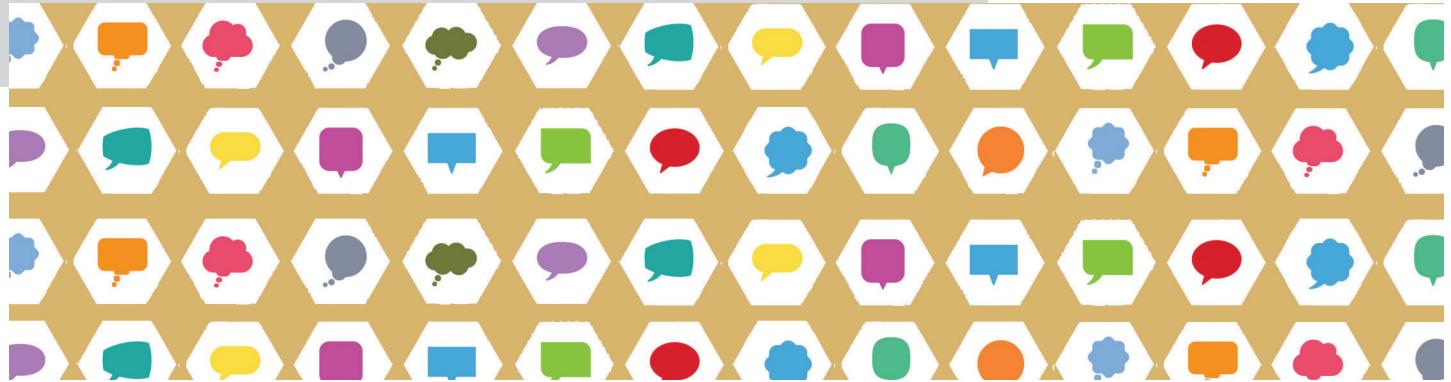
Presenter(s)

Section Time

10 Minutes

BUILDING
RELATIONAL SKILLS

REDUCING STIGMA



Reducing Stigma

Topics	DISCLAIMER:	Total Time
<ol style="list-style-type: none"> 1. Understanding Stigma 2. Stigma and the Role of Service 3. Options and Opportunities 	<p>DISCLAIMER: <i>We recognize that stigma is a systemic problem, which is not easily fixed. This workshop aims to build awareness and build capacity to resist the negative impacts of stigma.</i></p>	45 Minutes

1

UNDERSTANDING STIGMA:

ASK THE GROUP: What is stigma? What is stigma against drug users?

Social Stigma

- Social stigma is the disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society.
- Social stigmas are commonly related to culture, gender, race, intelligence, and health

Drug User Stigma Strong disapproval and negative judgments toward people who use drugs

Presenter(s)	Section Time
_____	20 Minutes

Structural Stigma

- Structural stigma is the discrimination that we face from institutions - like at the hospital or when trying to receive government assistance.
- When we are discriminated against by health care and social services it creates a major barrier to receiving the supports we need to stay healthy and survive.
- Stigma can affect our ability to find housing and jobs, which in turn affects our overall health and quality of life.
- When people who use drugs face stigma in the health system, it reduces the quality of care we receive and our legitimate health concerns are often ignored or our drug use is blamed.
- It also makes us less likely to follow through on a treatment program (related to drug use, or other health issues), out of fear we will face stigma again.

2

STIGMA AND THE ROLE OF SERVICE:

Shelter Scenario:

R has been staying at the same shelter for two months. The shelter's policy is to not distribute Harm Reduction supplies or allow using in the shelter. R has not always abided by this policy, because the shelter is the safest place in which she can use.

As a result, R has had conflicts with a staff member who doesn't understand why she sometimes injects inside the shelter. This staff member constantly monitors R's behavior, and complains about R's drug use to a new staff member.

The new staff member decides she needs to get to know R, and develop a supportive relationship based on her own understanding of R's needs.

Presenter(s)	Section Time
_____	15 Minutes

Discussion: Behaviors

1. How did the first staff member or second staff member's behavior positively or negatively affect the situation?
2. What might have motivated each person to behave the way they did?
3. What are the possible outcomes of each person's behaviors?

Discussion: The Service

1. How did the design of the Harm Reduction Service positively or negatively affect the outcome of the situation?
2. Why might the service be set up that way?
3. What are some possible outcomes of the way the service was set up?

ASK THE GROUP: *How might stigma contribute to negative outcomes for people?*

Consider:

- Internal stigma
- Stigma in relationships
- Stigma in organizations (institutions, government, society)
- Stigma in how people communicate

3

OPTIONS AND OPPORTUNITIES:

ASK THE GROUP: *How might we be able to contribute to improving the outcomes of situations involving stigma?*

ASK THE GROUP: *What could leaders and management change to produce a positive outcome in situations involving stigma?*

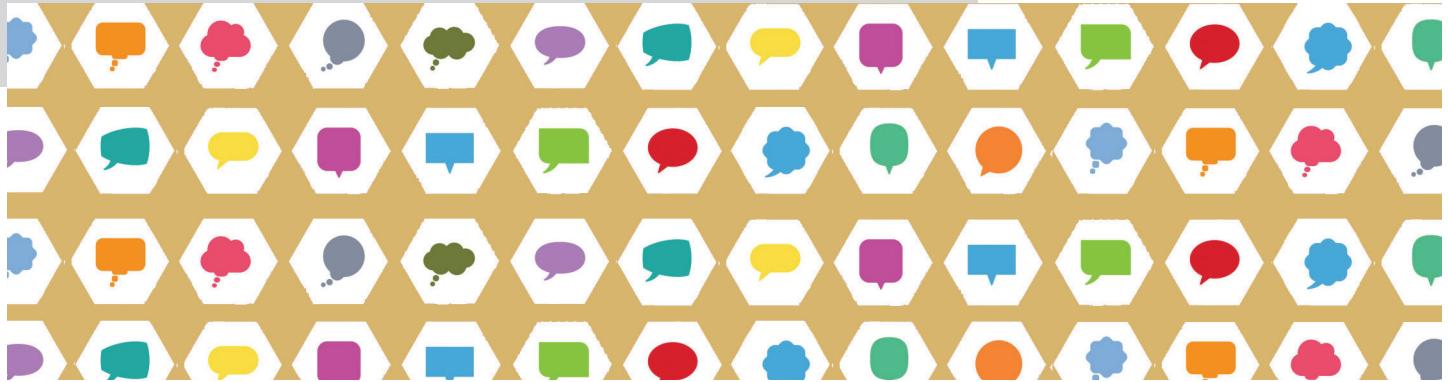
Stigma busting tips:

- Develop supportive relationships with other people and validate each other's experiences
- Work together to advocate for each other
- Know your rights when accessing services
- Support and mentor other peers who are experiencing challenges
- Provide education to others about your experiences when accessing health and social services

Presenter(s)	Section Time
_____	10 Minutes

BUILDING RELATIONAL SKILLS

STRENGTH BASED CARE



40 MINUTE MODULE

Strength Based Care

Topics	Total Time
<ol style="list-style-type: none"> 1. Coping Mechanisms 2. Strength Based Care 3. Key Principles 	40 Minutes

1

ASK THE GROUP: *what are some ways that you cope with difficult situations in your life?*

Ideas to add:

- *Talk to a trusted friend who understands your experience.*
- *Ask for help when you need it.*
- *Surround yourself with people who treat you well and avoid people who treat you badly*
- *Listen to your instincts.*
- *Remind yourself of your strengths.*
- *Give yourself goals that you can realistically achieve.*
- *Give support to someone else.*
- *If possible, walk away (leave a situation that is causing you stress).*

Presenter(s)	Section Time
_____	10 Minutes

STRENGTH BASED CARE:

ASK THE GROUP: what do you believe we mean when we talk about Strength Based Care? How can we prioritize people's strengths when we provide assistance to them?

Strengths Based Approaches to Care:

- Takes into account people's strengths.
- Places priority on people's safety, choice and control of their own care.
- Being open to learning and working together to provide the best care possible.
- Understanding that people may need a variety of supports and being open to collaborating to provide the best support.
- Recognize needs for physical and emotional safety, as well as choice and control in decisions affecting one's treatment.
- Believing people when they say what they want and/or need.
- Avoiding confrontational or condescending approaches.
- Offering a variety of options without expectation.
- Listening to what people want and honoring their decisions about what kind of care they want or don't want to receive.
- Building trust, confidence and respect.
- Making changes based on feedback.
- Respecting people's boundaries.

Presenter(s)	Section Time
_____	15 Minutes

3

KEY PRINCIPLES:**Community Self-Determination**

- In order to provide the best care to our communities it's important to have community driven and peer driven services.
- Part of community self-determination means speaking with and taking leadership from Indigenous Elders.

Trust

- People need to be able to trust the services and supports they are accessing.
- Not meeting people where they're at leads to escalation.
- Building trust with the people you're working with is important because it allows connection in a real way, and requires that you give them the opportunity to take leadership

Opportunity for Choice, Collaboration and Connection

- Giving someone a sense of self determination and dignity make it easier to collaborate.
- Communicating openly allows, and taking criticism, creates the opportunity for the expression of feelings without fear of judgement, and provides choices as to preferences.
- The experience of choice of those involved is integral in evaluating and forming groups that provides advice on service design in a way that benefits all involved parties

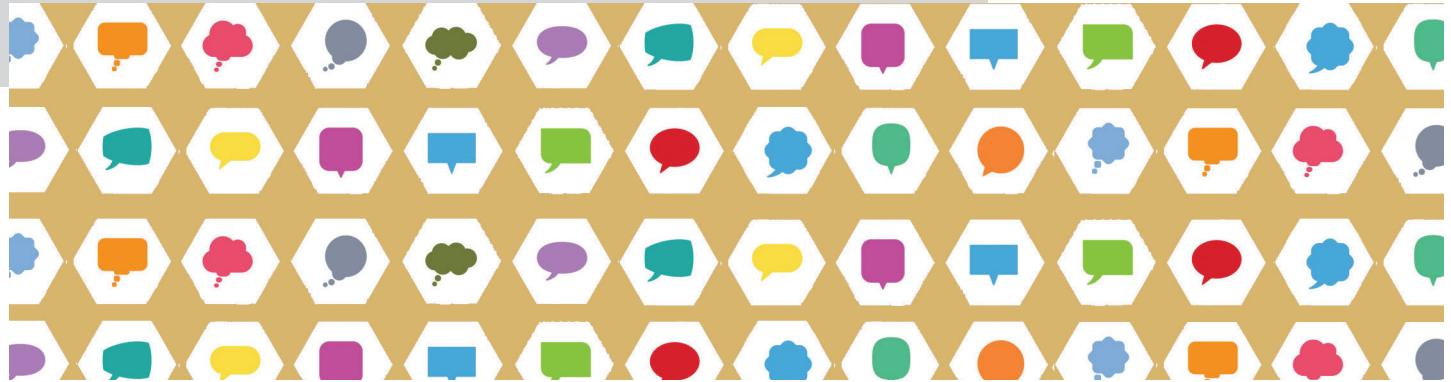
ASK THE GROUP: *What does trust and community self determination look like to you?*

ASK THE GROUP: *What does safe connection looks like to you?*

Presenter(s)	Section Time
_____	15 Minutes

BUILDING
RELATIONAL SKILLS

COMMUNICATION SKILLS



Communication Skills

Topics	Total Time
<ol style="list-style-type: none"> 1. The Basics of Effective Communication 2. Communication Skills 3. Communication in Conflict Situations 	65 Minutes

1

THE BASICS OF EFFECTIVE COMMUNICATION:

What is Communication?

- Communication is simply the act of transferring information from one place, person or group to another.
- Every communication involves (at least) one sender, a message and a recipient.
- The transmission of the message from sender to recipient can be affected by a huge range of things which impact how the message is received.
 - These include our emotions, the cultural situation, the medium used to communicate, and even our location.
 - People's **culture** and **values** can impact the way they understand things and the way in which they try to communicate things.
- The different categories of communication include:
 - Spoken or verbal communication
 - Non-verbal communication
 - Written communication
 - Visualizations

ASK THE GROUP: *What do people in the rooms feel makes for effective or ineffective communication?*

Presenter(s)	Section Time
_____	10 Minutes

THE BASICS OF EFFECTIVE COMMUNICATION continued:

Non-Verbal Communication

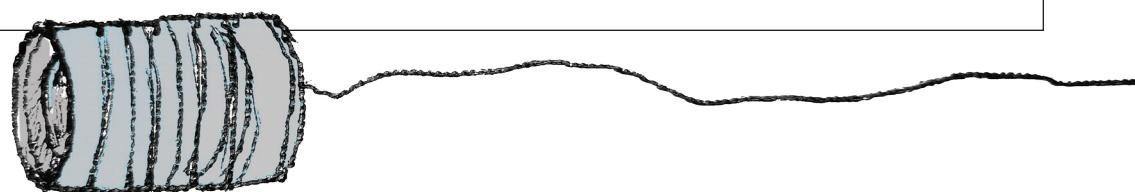
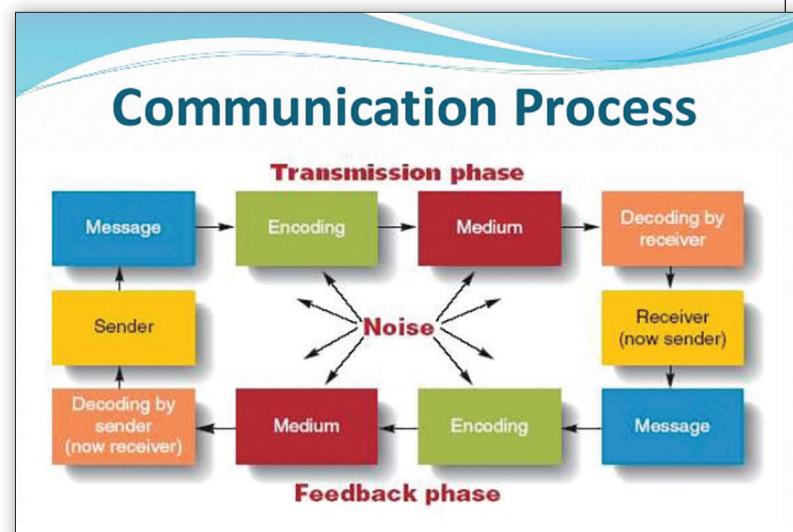
- Body movements, for example, hand gestures or nodding or shaking the head, which are often the easiest element of non-verbal communication to control
- Posture, or how you stand or sit, whether your arms are crossed, and so on
- Eye contact, where the amount of eye contact often determines the level of trust and trustworthiness
- Para-language, or aspects of the voice apart from speech, such as pitch, tone, and speed of speaking
- Closeness or personal space (proxemics), which determines the level of intimacy, and which varies very much by culture
- Facial expressions, including smiling, frowning and blinking, which are very hard to control consciously.
- Physiological changes, for example, you may sweat or blink more when you are nervous, and your heart rate is also likely to increase.

- The Cultural Context

- o The good news is that most of us learn to interpret non-verbal communication as we grow up and develop. It is a normal part of how we communicate with other people, and most of us both use it and interpret it quite unconsciously.

- o This can make it harder to interpret consciously. However, if you stop thinking about it, you will probably find that you have a very good idea of what someone meant.

- o The bad news is that non-verbal communication can be very culture-specific



ASK THE GROUP: what do people in the room feel makes for intimidating non-verbal communication? What do you feel may be less threatening?

Common barriers to communication

- The use of jargon. Over-complicated, unfamiliar and/or technical terms.
- Emotional barriers and taboos. Some people may find it difficult to express their emotions and some topics may be completely 'off-limits' or taboo. Taboo or difficult topics may include, but are not limited to, politics, religion, disabilities (mental and physical), sexuality and sex, racism and any opinion that may be seen as unpopular.
- Lack of attention, interest, distractions, or irrelevance to the receiver.
- Differences in perception and viewpoint.
- Physical disabilities such as hearing problems or speech difficulties.
- Physical barriers to non-verbal communication. Not being able to see the non-verbal cues, gestures, posture and general body language can make communication less effective. Phone calls, text messages and other communication methods that rely on technology are often less effective than face-to-face communication.
- Language differences and the difficulty in understanding unfamiliar accents.
- Expectations and prejudices which may lead to false assumptions or stereotyping. People often hear what they expect to hear rather than what is actually said and jump to incorrect conclusions. Our page The Ladder of Inference explains this in more detail.
- Cultural differences. The norms of social interaction vary greatly in different cultures, as do the way in which emotions are expressed. For example, the concept of personal space varies between cultures and between different social settings.



2

COMMUNICATION SKILLS:

ASK THE GROUP: what is the difference between listening to someone and hearing them?

ASK THE GROUP: has there been a time where your communication style didn't work out for you? What skills do folks think can help improve your interactions?

Role of listening and active listening

- 'Active listening' means, as its name suggests, actively listening. That is fully concentrating on what is being said rather than just passively 'hearing' the message of the speaker.
- Active listening involves listening with all senses. As well as giving full attention to the speaker, it is important that the 'active listener' is also 'seen' to be listening - otherwise the speaker may conclude that what they are talking about is uninteresting to the listener.
- Interest can be conveyed to the speaker by using both verbal and non-verbal messages such as maintaining eye contact, nodding your head and smiling, agreeing by saying 'Yes' or simply 'Mmm hmm' to encourage them to continue. By providing this 'feedback' the person speaking will usually feel more at ease and therefore communicate more easily, openly and honestly.
- Listening is not something that just happens (that is hearing), listening is an active process in which a conscious decision is made to listen to and understand the messages of the speaker.
- Listeners should remain neutral and non-judgmental, this means trying not to take sides or form opinions, especially early in the conversation. Active listening is also about patience - pauses and short periods of silence should be accepted.
- Listeners should not be tempted to jump in with questions or comments every time there are a few seconds of silence. Active listening involves giving the other person time to explore their thoughts and feelings, they should, therefore, be given adequate time for that

Presenter(s)	Section Time
_____	15 Minutes

Reflections

However good you think your listening skills are, the only person who can tell you if you have understood correctly or not is the speaker. Therefore, as an extension of good listening skills, you need to develop the ability to reflect words and feelings and to clarify that you have understood them correctly.

Reflecting is the process of paraphrasing and restating both the feelings and words of the speaker. The purposes of reflecting are:

- To allow the speaker to 'hear' their own thoughts and to focus on what they say and feel.
- To show the speaker that you are trying to perceive the world as they see it and that you are doing your best to understand their messages.
- To encourage them to continue talking.
- Reflecting does not involve you asking questions, introducing a new topic or leading the conversation in another direction. Speakers are helped through reflecting as it not only allows them to feel understood, but it also gives them the opportunity to focus their ideas. This in turn helps them to direct their thoughts and further encourages them to continue speaking.

Paraphrasing

- o Paraphrasing involves using other words to reflect what the speaker has said. Paraphrasing shows not only that you are listening, but that you are attempting to understand what the speaker is saying.

Clarification

- In communication, clarification involves offering back to the speaker the essential meaning, as understood by the listener, of what they have just said. Thereby checking that the listener's understanding is correct and resolving any areas of confusion or misunderstanding.
- Clarification is important in many situations especially when what is being communicated is difficult in some way. Communication can be 'difficult' for many reasons, perhaps sensitive emotions are being discussed - or you are listening to some complex information or following instructions.

Some examples of non-directive clarification-seeking questions are:

- o "I'm not quite sure I understand what you are saying."
- o "I don't feel clear about the main issue here."
- o "When you said what did you mean?"
- o "Could you repeat ...?"

Clarifying involves:

- o Non-judgmental questioning.
- o Summarizing and seeking feedback as to its accuracy.

3

COMMUNICATION IN CONFLICT SITUATIONS:

Two types of difficult conversations

- Planned conversations occur when the subject has been given thought, they are planned as the time, place and other circumstances have been arranged or are chosen for a reason.
 - o Although these situations are, by their nature, difficult they are controlled and as long as time has been taken to prepare and think properly about how others may react they can often end up being easier than imagined.
- Unplanned difficult conversations take place on the spur of the moment; these are often fueled by anger which can, in extreme cases, lead to aggression.

There are two main factors that make communication seem difficult: **emotion** and **change**.

ASK THE GROUP: *what are some ways we can approach unplanned conversations that are tinged with anger or aggression?*

The First Line of Defense is Self-Control

- Aggression is often associated with deep emotional responses: it is a reaction to threats, or anger. It therefore triggers an emotional response in other people.
- If you are going to deal effectively with aggression in others, it is important that you understand and can manage your own emotional responses.
- To develop an understanding of aggressive behaviour, it is important for people to recognise their own feelings and how they react and deal with aggression—both within themselves and in others. The first line of defence is very definitely not attack, in this case—it is self-control.
- Listening to people, and treating them as human beings, can go a very long way to helping you to defuse aggression in others. Very few people actually want to be angry and aggressive.

Presenter(s)	Section Time
_____	15 Minutes

COMMUNICATION IN CONFLICT SITUATIONS continued:

The Importance of Listening and Accepting

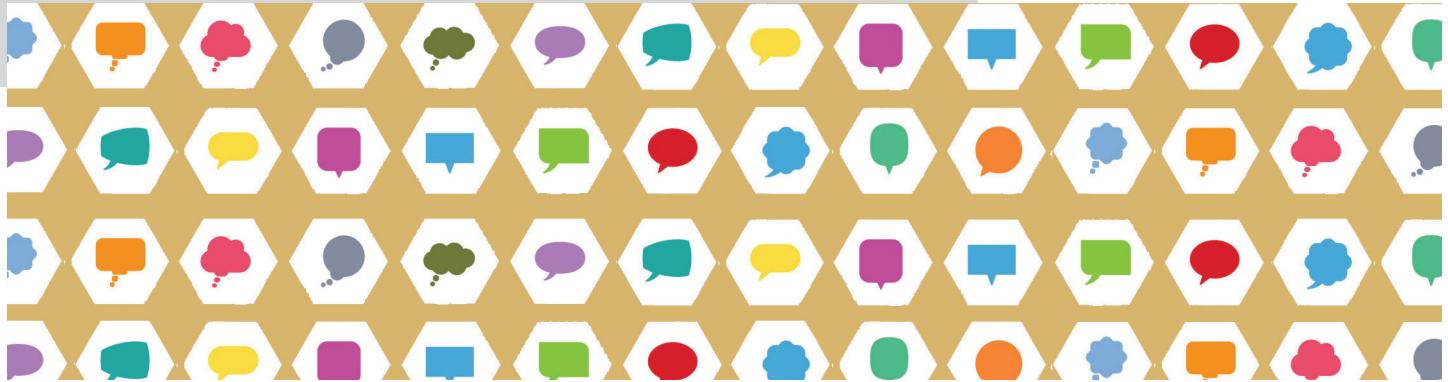
- We all want to be listened to, especially when we are talking about something that is important to us.
- One of the main triggers for aggression is a feeling of frustration or anger.
- Individuals are less likely to become aggressive if they:
 - Feel safe and unthreatened
 - Expect to be treated with respect, perhaps because of previous experience in that environment or with that person
 - Understand the behavior that is expected, or the social norms
 - Are able to communicate effectively
 - Are in a calm environment, where most people feel comfortable, and where people are treated with respect.

Defusing Aggression in Others

- There are a number of techniques for dealing with aggression, including both verbal and non-verbal behaviors.
- Non-verbal behaviors that can help to defuse aggression include:
 - Being aware of your own body language and showing a non-threatening, open stance.
 - Keeping good eye contact but ensuring this does not appear confrontational.
 - Moving slowly and steadily. Try to keep your physical movements calm.
 - Respecting the other person's personal space.
- Verbal behaviors that will help to encourage assertive responses include:
 - Listening to what the other person has to say and accepting, recognizing and emphasizing positive aspects of what is being said—without minimizing the negatives.
 - Showing respect through polite formalities, but aiming to work towards familiarity.
 - Showing understanding and empathy with the person by reflecting, clarifying and summarizing their thoughts and feelings.
 - Avoiding any expression of power, for example “You must calm down”.
 - Encouraging the other person to take responsibility for their own behavior and to direct it into more creative or positive outlets, e.g., by making a written complaint rather than verbally criticizing someone/an organization.

BUILDING
RELATIONAL SKILLS

FACILITATION SKILLS



30 MINUTE MODULE

Facilitation Skills

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. The Importance of Co-Facilitation 2. Skills for Successful Facilitation 	✓ Photocopies of handouts	30 Minutes

1

THE IMPORTANCE OF CO-FACILITATION:

ASK THE GROUP: *how do you feel when you're presenting alone as opposed to with someone else?*

To be more comfortable teaching courses or public speaking it often helps to co-facilitate.

- Working with other trainers allows us to support each other with-in our best capacities.
- Working with a co-facilitator can relieve some of the pressure or stress of presenting alone
- Presenting together can give a more fun, in-depth discussion leading to good questions and more audience participation
- Co-facilitating allows for the other person's eyes and ears to catch something that may get missed, and helps to get the group into deeper discussion to maximize what the participants learn
- Participants may be especially good at reading a group to know where their energy and commitment levels for training are.

Presenter(s)

Section Time
10 Minutes

2

SKILLS FOR SUCCESSFUL FACILITATION:

ASK THE GROUP: *What has helped people in the room facilitate in the past? What do you feel makes a good session?*

ASK THE GROUP: *What do I need to facilitate or co-facilitate successfully?*

- Orientation and preparation on the subject
- Goals and objectives of the session
- Knowledge of the topic being trained or to be taught
- Understanding of room set-up and resources
- Discussion with co-presenter prior to the session

Review Handouts

- FACILITATION CHEAT SHEET
- CO-FACILITATION GUIDELINES
- CO-FACILITATOR CHECKLIST

Presenter(s)	Section Time
_____	20 Minutes

Facilitation Cheat Sheet

1. Create the Space	Make sure you have a comfortable room, ensure there are enough breaks, and bring food if possible. Try to create a safer space.
2. Before you Start	Have participants involved right away – set up group guidelines and introductions.
3. Conflict in the Group	It's okay to disagree. Try to acknowledge the different ideas in the room.
4. Question Posing	Asking the audience questions is a great way to keep them engaged.
5. Active Listening	Summarize what people have said.
6. Participants Talking Over Each Other	Create group guidelines at the beginning, use a talking stick if necessary.
7. One Person Taking Up Too Much Space	Summarize their point, be directive, and ask for other people's opinions.
8. Shy Participants	Ice breakers; small group work; "pair and share" – turn to person next to you and share. Have people write ideas down on paper and facilitator reads out.

CO-FACILITATION GUIDELINES

1. Check in with each other in advance. As soon as you know you will be working with each other, get together to plan. You need to agree on the timing, who will do which sessions and what roles and responsibilities you each have.
2. Tell your co-trainer what you expect and need. The first time you meet, tell each other what you expect from a co-trainer and how you work best. Everyone has a different understanding of co-training and this needs to be shared before you work together.
3. Check in with each other during the training. When possible and necessary during each session, check in with each other briefly. Sometimes, for example, you just need to tell the person you are going to end early or that you will need paper, but sharing this information can help the flow of the workshop and minimize frustration. The best time to check in with each other is during breaks. Avoid talking to one another when learners are working on their own rather than listening attentively to the dialogue.
4. Check in with each other before and after the training. Before the training you need to check in with each other about what you are planning to do and if anything has changed since you last spoke. After the training you need to check in to share your thoughts on how the session went, what needs to change in the following session, and what could be done better next time. Because 'the unexpected' can always happen, checking in before and after a session is critical. This is also a great time to affirm each other.
5. Support your co-trainer. While your co-trainer is leading an activity you should be fully attentive to what he or she needs and what the group may need that you can best do. Helping your co-trainer hand out paper, support a confused working group or tape something on the wall, can help him or her be more focused on the task at hand and keep up the energy of the group.
6. Don't interfere. While your co-trainer is leading an activity, don't interfere or contradict him or her (unless it is critical to the learning). You need to stay focused on what is happening so that you can support your co-trainer without being an interference or burden.
7. Set personal and team goals. Before you teach, name 1-2 things you want to remember and work on in the session. If you share these with your co-trainer, you can also get feedback on these goals at the end of the session. Setting team goals is also a great idea.
8. Stay on time. Always try to stay within your delegated time frame. The sessions are often scheduled for a short amount of time, where every minute is valuable and accounted for. If you use more than your allotted time, it will impact your co-trainer's activity and the learning that needs to happen.
9. Affirm each other. Whenever possible and true, affirm your co-trainer. Everyone feels nervous about teaching, especially to peers. You need to take every opportunity to tell your co-trainer what he/she is doing well.
10. Work as a team. You want learners to see the two of you as "a team." Support each other, talk positive about each other in front of the group, and weave the work your co-trainer did into your work.

25+ THINGS TO ASK YOUR CO-FACILITATOR, AND FIND COMMON GROUND ON, BEFORE YOU GET IN FRONT OF A GROUP

CONTEXT

- What experiences do you have facilitating? Facilitating similar material?
- What are your triggers?
 - How can we let the other know we are feeling triggered?
 - How best can we support each other when triggered?
 - How can we avoid triggering one another?



This conversation will likely take 45 - 60 minutes. Checking each of these boxes will help you prevent a lot of co-facilitation hiccups.

CONTENT

- What content are you excited to lead or feel most confident about?
- Is there any content you are not comfortable talking about?
- Are there any styles of engagement or types of activities you're more or less comfortable with?
- What are our rules around personal disclosure or sharing? Are we, as facilitators, comfortable sharing personal stories, identities, experiences, etc.?
- How much time are we planning to allocate to each component?
- What are our "wins" (overall goals) for the facilitation?
 - What are our small "wins" for each individual component? How do we know when to move on, or when to stick?



These themes are broad, but hit at the major points to structure your discussion around. Context about one another, the content you'll be facilitating, the process you'll employ to facilitate it, and anticipating "what if..." situations that might derail the experience.

PROCESS

- Who is responsible for what preparation?
- Is one person going to lead the facilitation, or are we going to trade off lead roles for each component or activity?
 - Are we chiming in when the other is leading?
 - Are you okay with being corrected, or will that throw you off? How would you prefer to be corrected?
- Is staying on time important to you? Who is going to keep track of time?
- What participant feedback do we want to ask for?
- Do we want to do feedback with each other? If so, what feedback do we want, how do we want to give it, and when?



Add or remove questions (or sections) based on your relationship, and what you're facilitating.

"WHAT IF..."

- How do we want to check in with each other throughout the facilitation?
 - Do you want to come up with a super secret signal? (e.g., to alert about time or to move the discussion forward)
- What are we willing to cut (e.g., for time or if a situation calls for a different direction)?
 - What do we need to cover?
- What activities or components do we have in our back pocket in case we need them?
- Are we doing anything that is risky? Do we have appropriate medical or psychological support ready if we need it? Who is responsible for what if that is needed?



Get an editable version of this list, and other facilitator resources, free at www.facilitating.xyz

COMPUTER LITERACY

SOCIAL MEDIA



Social Media

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. Introduction 2. Examples of social media for social change 3. Overview of Facebook, Instagram and Twitter 4. Tips and Tools 5. Discussion Questions 	<u>Equipment & Materials:</u> <input checked="" type="checkbox"/> Computer <input checked="" type="checkbox"/> Projector	60 Minutes

1

INTRODUCTION:

What is social media anyways?

Social media is any website or online application that can be used to create and share content with other people and participate in online social networking. (Examples: Facebook, Twitter, Instagram, Linked in, Tiktok, Snapchat, Reddit.)

ASK THE GROUP:

What social media do you use?

What social media does your group use?

For organizations, social media presence has become an expectation to some degree.

It's a way to let your target audience know that you exist and to interact with them. You can take some time to figure out who you want to reach based on your project and to determine what platform you want and type of content you want to share. You don't need to have every social media platform!

It's important to remember the "social" part of social media and make sure to engage with people - like reacting to comments and posts of other people and groups. This is to create relationships rather than just being a place to announce.

Presenter(s)

Section Time

10 Minutes

2

SOCIAL MEDIA FOR SOCIAL CHANGE:

Social media has become a tool that allows people to have some power in terms of how they connect with others. Especially true in the case of people that are marginalized. It's a way for people to spread messages, make calls to action and mobilize people without as many barriers. Part of this has to do with an increased use of smartphones.

ASK THE GROUP:

What are some of the challenges that come with using social media for activism?

- Digital literacy - which means knowing how to use the technology.
- Internet access
- Censorship - right now seeing issue with Facebook and Instagram flagging and blacking out people based on their activism content

EXAMPLES OF USING SOCIAL MEDIA FOR SOCIAL CHANGE*Black Lives Matter*

- This movement has been active both on social media and on the street.
- BLM has utilized up-to-the-minute, on-the-ground storytelling and responses to mobilize a movement and call for change

Indigenous Digital Activism

- Building awareness about lack of safe drinking water on reserves, pipeline protests, orange shirt day and more
- Live tweeting, live broadcasts, calls to action
- Strong and large communities of indigenous people have developed on facebook, twitter and tiktok with hashtags like #landback, #inuk, and #indigenoustiktok

Decriminalization and Substance Use Activism

- Twitter is a hub for this because you can access individuals, organizations, physicians and politicians. More ability for direct communication and effective way to connect with people

Presenter(s)	Section Time
_____	10 Minutes

3

OVERVIEW OF FACEBOOK, INSTAGRAM AND TWITTER:

What platform is best for your group?:

Let's look at three...

FACEBOOK

- *Facebook is the most widely used platform in Canada and probably the world.*
- *23.6 million people in Canada (2018) on FB (about 64%)*
- *Acts as an info hub in rural areas*
- *Optimized for connecting your community with pages and groups*
- *You can create groups of people that are either private or public for communication and or collaboration*
- *You can create a page for your group*
- *This lets people see all the information about your group and see the posts that you're making as they come up in their feeds.*
- *Integrates with instagram*
- *Many tools available, including live broadcasting, events as calls to action, messaging from pages, stories, people can message you directly*

facebook

Presenter(s)	Section Time
_____	15 Minutes

INSTAGRAM

- Also very popular: 12.7 million people in Canada (2018)
- Generally younger audience
- Optimized for images and video
- Algorithm (computer coding that decides who sees what, when) may not show your content if you are not actively posting
- Important to decide whether or not you are able to commit to frequently posting, if not it may not be the best tool for your group
- Requires high quality photos and graphics to catch people's attention
- Stories can be used for spontaneous content
- Ability to go live
- You can create a "business" account for a group or project



Instagram

**TWITTER**

- Communities built around common topics, hashtags
- Access to expertise
- Up-to-the minute information
- Big picture connections
- Birthplace of many activist/advocacy movements
- Limited to 280 characters per tweet, but tweets can be stacked in threads
- Not as visually driven, but can upload videos and photos

4

SOCIAL MEDIA TOOLS:**#HASHTAGS**

What are they?

They're used to categorize topics. They are searchable and they connect you to community.

On Instagram you can use up to 30, on Twitter, however many can fit into the word limit

TAGGING PEOPLE

Use "@" symbol and use person's user name. You can do this to make sure certain people see your posts.

IMAGES

Using images can help make your posts more interesting. If you don't have pictures directly related to your post, you can use images from the internet

Using images of people can sometimes bring up issues around confidentiality and consent. With social media and the internet you lose control over what happens with the images. If you do use someone's photo, make sure you explain how it'll be used and the risks. Make it clear that you won't necessarily be able to remove a photo that has been shared etc.

Resources for accessing images:

- Unsplash - free stock photos
- Canva Photos - free photos and templates that you can customize to make graphics

The pro version is about \$12 a month, but might be useful for groups that want to use a lot of graphic posts.

*(Facilitator Tip: If you've got a projector & internet you can show this 3 min video on how to make graphics with Canva
<https://youtu.be/Jf87zUM5h90>)*

Presenter(s)	Section Time
	15 Minutes

SCHEDULING TOOLS FOR SOCIAL MEDIA

On Facebook and Instagram you can use a tool called “creator tool”. It allows you to plan and schedule your content. You can also see insights into how and when your content is being viewed, shared, liked etc.

- You can schedule posts for when most people are online.
- Helpful if you’re doing a campaign or story telling series. You could schedule things over a week or something.
- This is a free service on facebook and instagram.
- You can learn how to do this on youtube by searching “Facebook Scheduling Tutorial”

FREE APPS TO HELP WITH CONTENT:

- Unsplash (stock photos)
- Canva (graphics)
- Facebook Creator Studio (scheduling)
- Over (graphic tool - similar to canva)
- Clips (add captioning)

OTHER THINGS TO CONSIDER

- Storytelling: May think about how you might want to anonymise content so you can still share your on the ground experience but in a way that is a bit more broad on social media
- Collaboration: Think about ways to work with other people. You can go live on ig and fb with another account. You can do campaigns together to amplify your cause.
- Fundraising is possible through different platforms - be mindful of how much money is taken by the platform. Also important to make a policy for your group around fundraising.

5

DISCUSSION QUESTIONS:

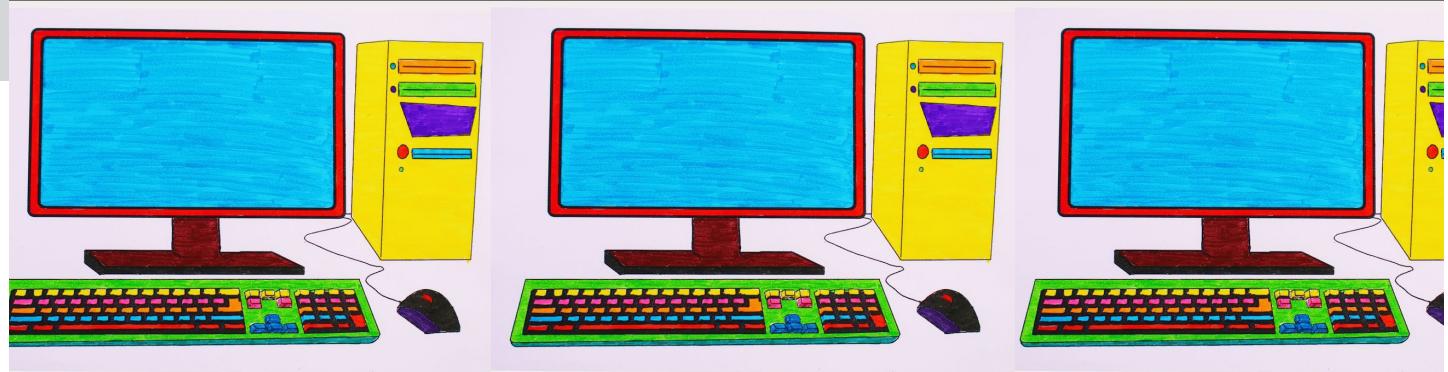
How do you see social media supporting your project?

How has your group used social media effectively?

Presenter(s)	Section Time
_____	10 Minutes

COMPUTER LITERACY

INDESIGN BASICS: CREATING A ZINE



InDesign Basics: Creating a Zine

Topics

1. How to Set Up the Zine Document in Indesign
2. How to Edit Your Zine's Master Pages
3. How to Section Your Zine
4. How to Create a Front Cover for Your Zine
5. How to Build Up Content on the Inside Pages of Your Zine
6. How to Export Your Zine for Print

Equipment
& Materials:

- ✓ Photocopies of handouts
- ✓ Computer
- ✓ Projector

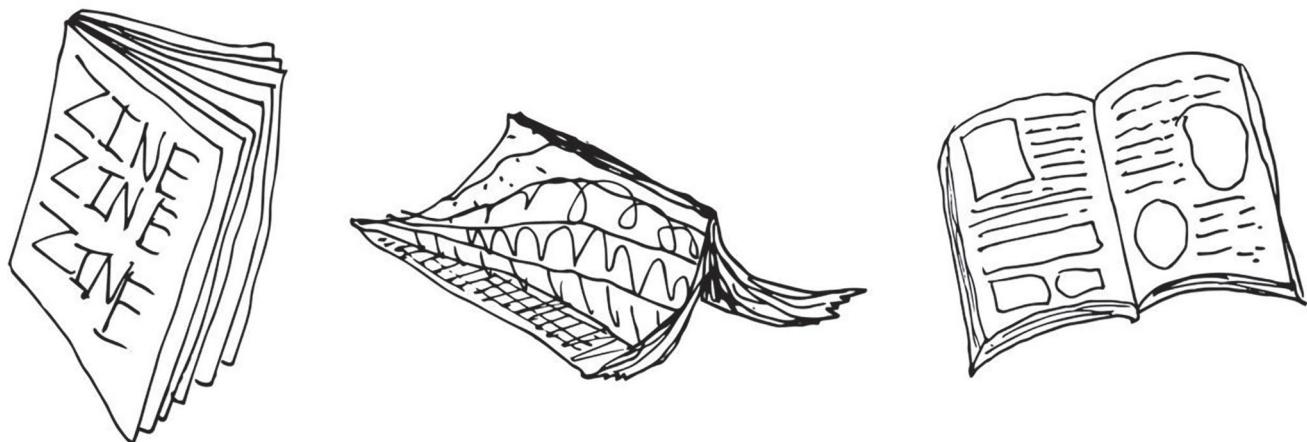
Total Time

60 Minutes

Materials Needed:

1. Computer
2. Projector
3. InDesign Software
4. Zine Examples

- Provide packages of pages 122 - 145 for participants.
- Ideally participants will have computers to follow along and make their own document during the training.



1

HOW TO SET UP THE ZINE DOCUMENT IN INDESIGN

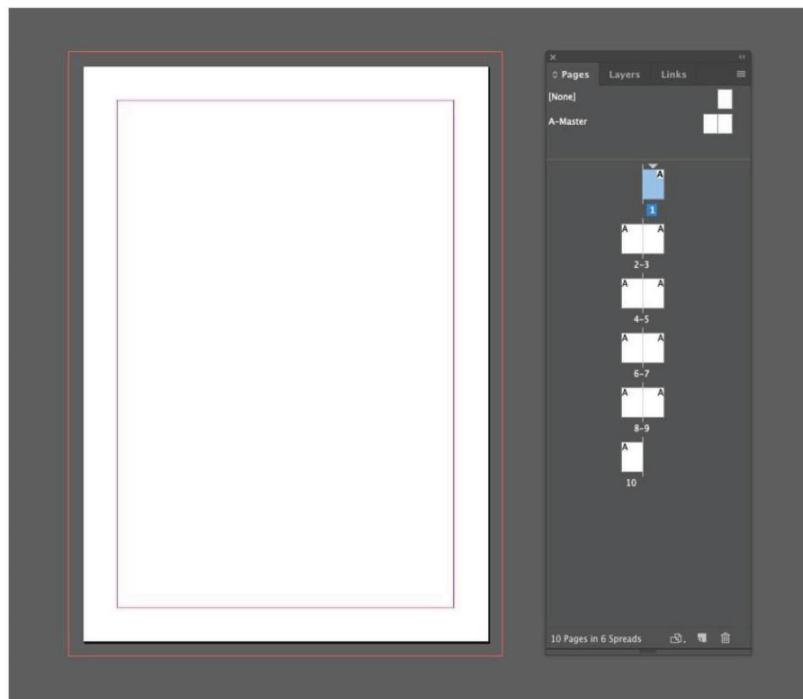
Step 1

Open InDesign and go to **File > New > Document**.

Set up the document for **Print**, with a **Half Letter** page size. Set the number of pages to 10 and make sure **Facing Pages** is checked.

Add a **Top and Bottom Margin** of 19 mm, set the **Inside Margin** to 21 mm and the **Bottom Margin** to 25 mm.

Finally, add a **5 mm Bleed** to all edges except the **Inside** edge, and click **Create**.

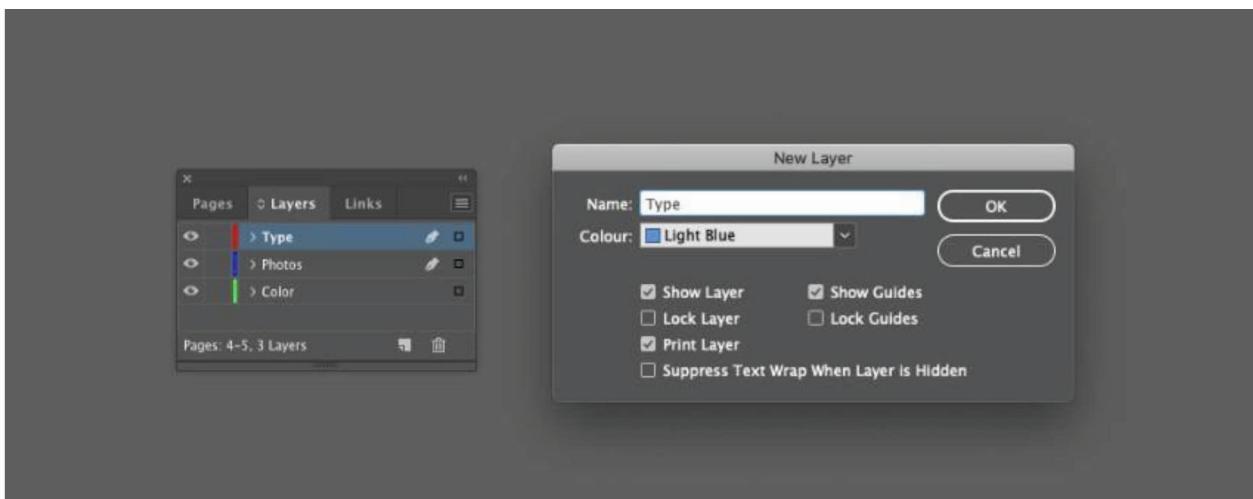


Step 2

Expand the **Layers** panel (**Window > Layers**).

Double-click on **Layer 1** and rename this **Color**.

Create two more new layers—**Photos**, and **Type**.



Step 3

You can spell-check a selected range of text, in all of the text in a story, in all stories in a document, or in all stories in all open documents. Misspelled or unknown words, words typed twice in a row (such as “the the”), and words with possible capitalization errors are highlighted. In addition to checking the spelling in a document, you can also enable dynamic spelling so that potentially misspelled words are underlined while you type.

When you check spelling, the dictionary for the languages you assigned to the text is used. You can quickly add words to the dictionary.

Set spelling preferences

1. Choose **Edit > Preferences > Spelling (Windows)** or **InDesign > Preferences > Spelling (Mac OS)**.
2. Do any of the following:
 - o Select **Misspelled Words** to find words that do not appear in the language dictionary.
 - o Select **Repeated Words** to find duplicate words such as “the the.”
 - o Select **Uncapitalized Words** to find words (such as “germany”) that appear in the dictionary only as capitalized words (“Germany”).
 - o Select **Uncapitalized Sentences** to find uncapitalized words following periods, exclamation points, and question marks.
3. Select **Enable Dynamic Spelling** to underline potentially misspelled words while you type.
4. Specify the underline color of misspelled words (words not found in the user dictionaries), repeated words (such as “the the”), uncapitalized words (such as “nigeria” instead of “Nigeria”), and uncapitalized sentences (sentences that don’t begin with a capital letter).

Step 4

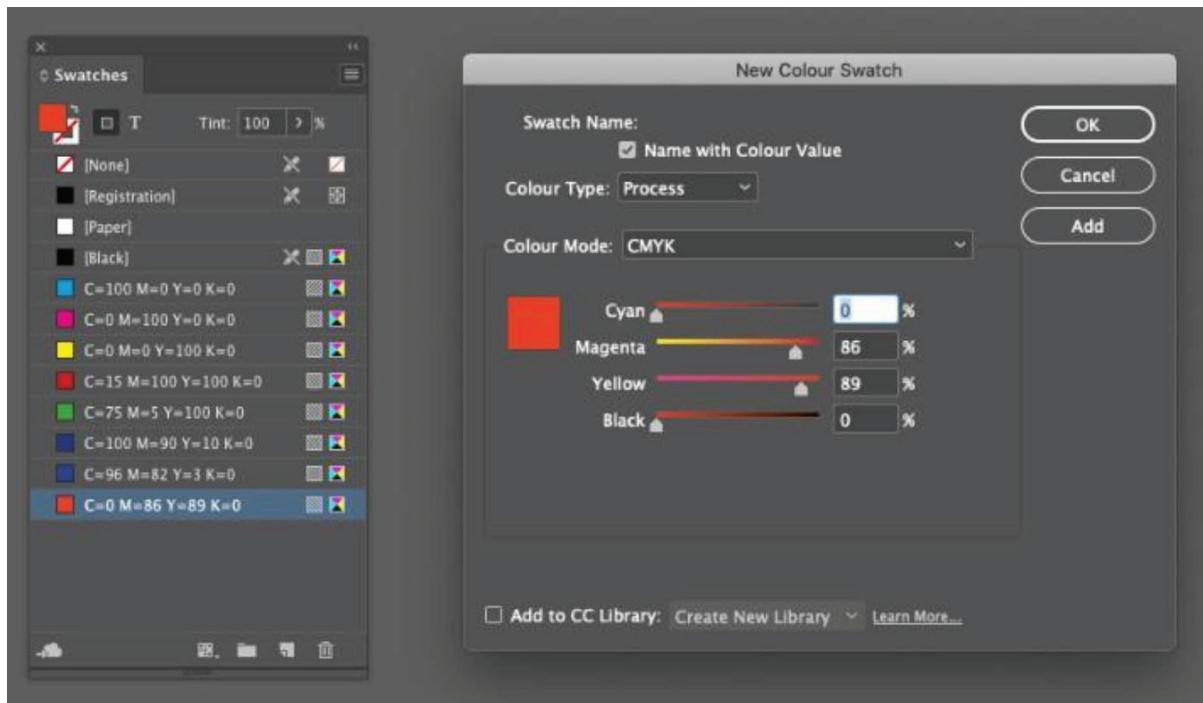
Expand the **Swatches** panel (**Window > Color > Swatches**).

Choose **New Color Swatch** from the panel's drop-down menu (at top-right).

With the **Type** set to **Process** and **Mode** to **CMYK**, set the levels below to **C=96 M=82 Y=3 K=0**.

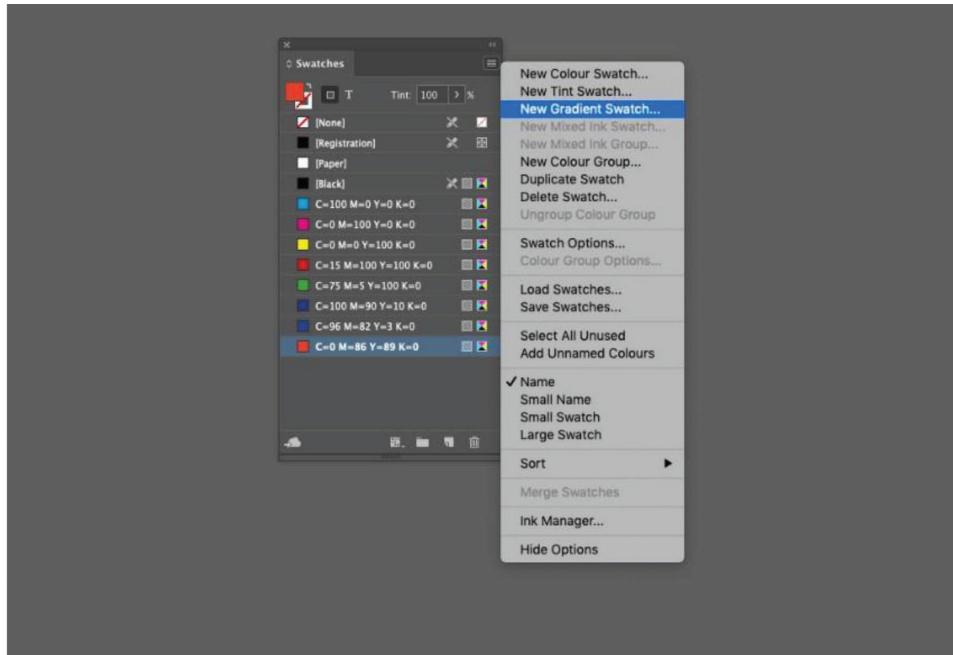
Click **Add** and **Done**.

Create a second new swatch, **C=0 M=86 Y=89 K=0**.



Step 5

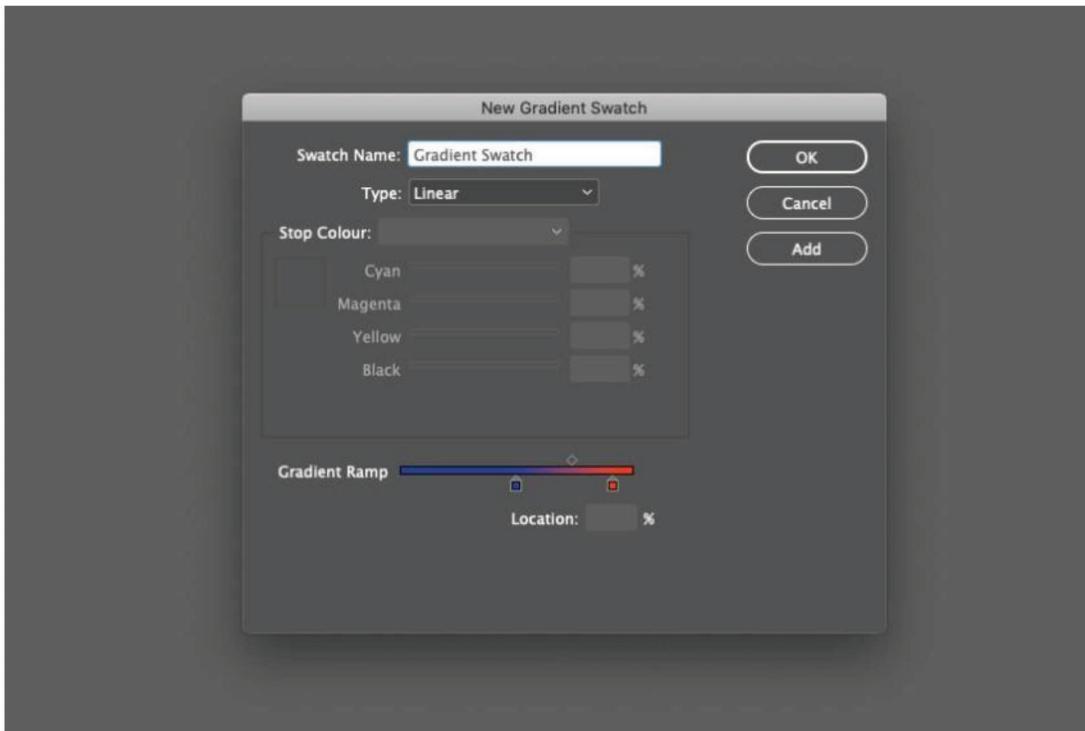
Choose **New Gradient Swatch** from the **Swatches** panel's menu.



Name the swatch **Gradient Swatch**. Click on the left-hand stop on the **Gradient Ramp**, and choose your blue swatch, **C=96 M=82 Y=3 K=0**, from the **Stop Color** menu.

For the right-hand stop choose your red swatch, **C=0 M=86 Y=89 K=0**.

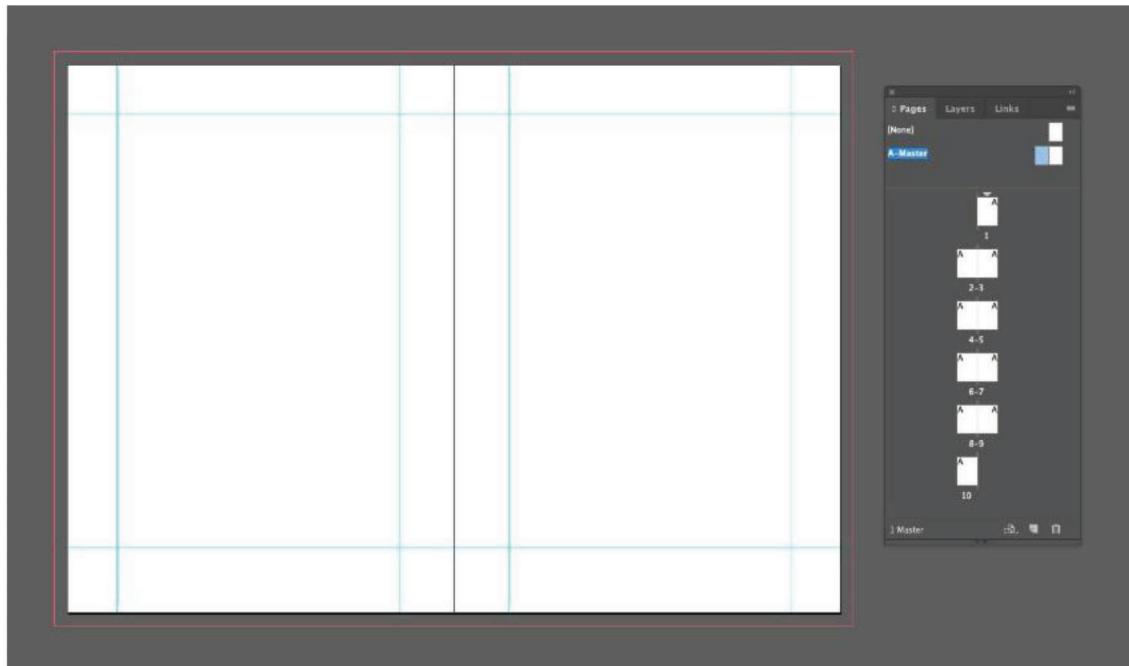
Click **Add** and **Done**.



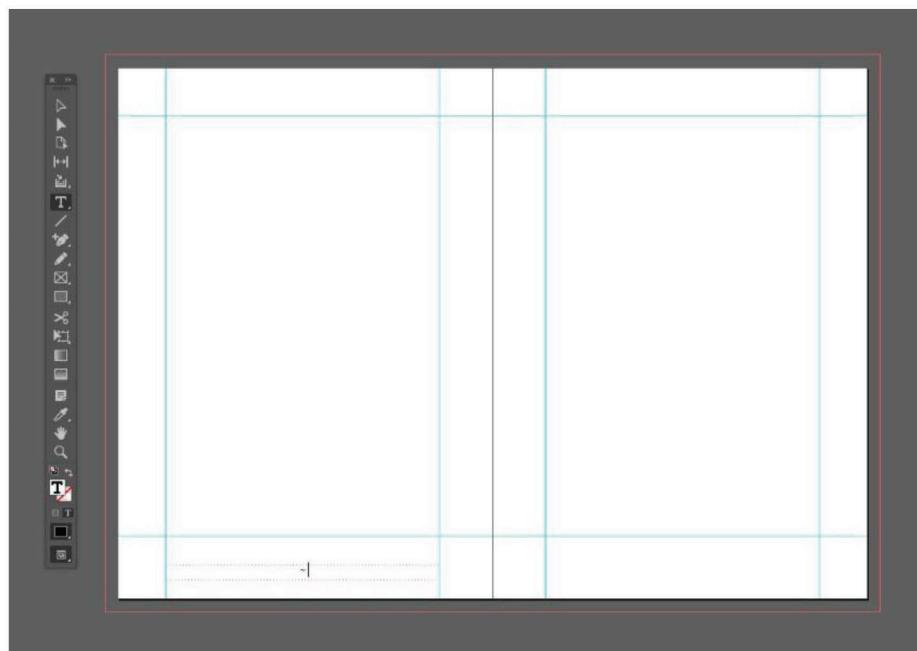
2 HOW TO EDIT YOUR ZINE'S MASTER PAGES

Step 1

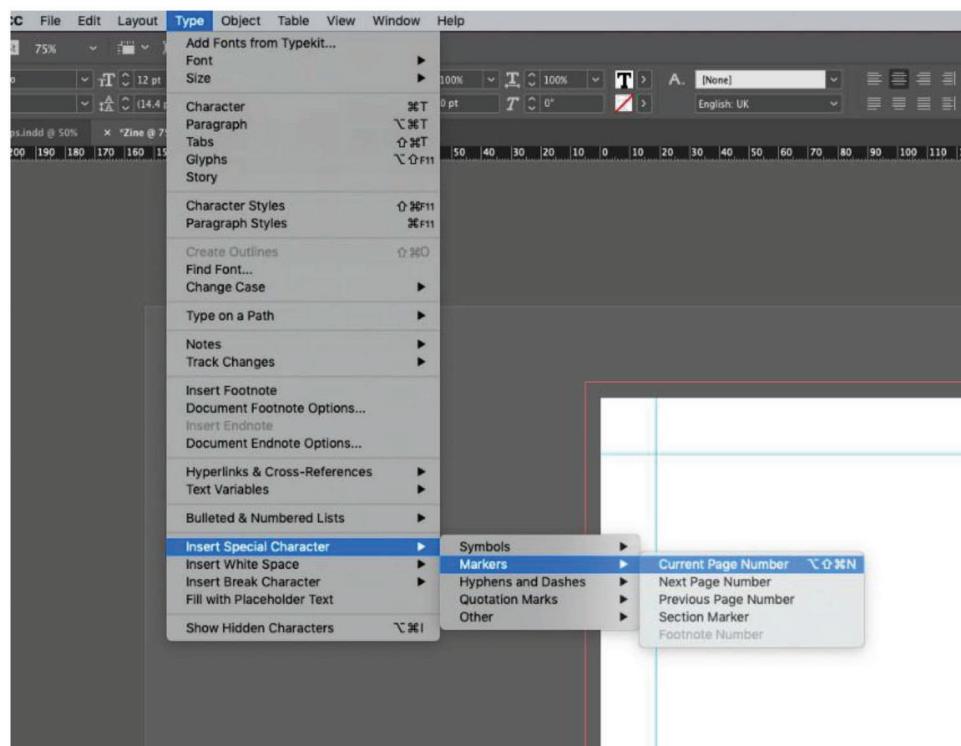
Double-click on the **A-Master** icon at the top of the **Pages** panel (**Window > Pages**) to bring up the master on your screen.



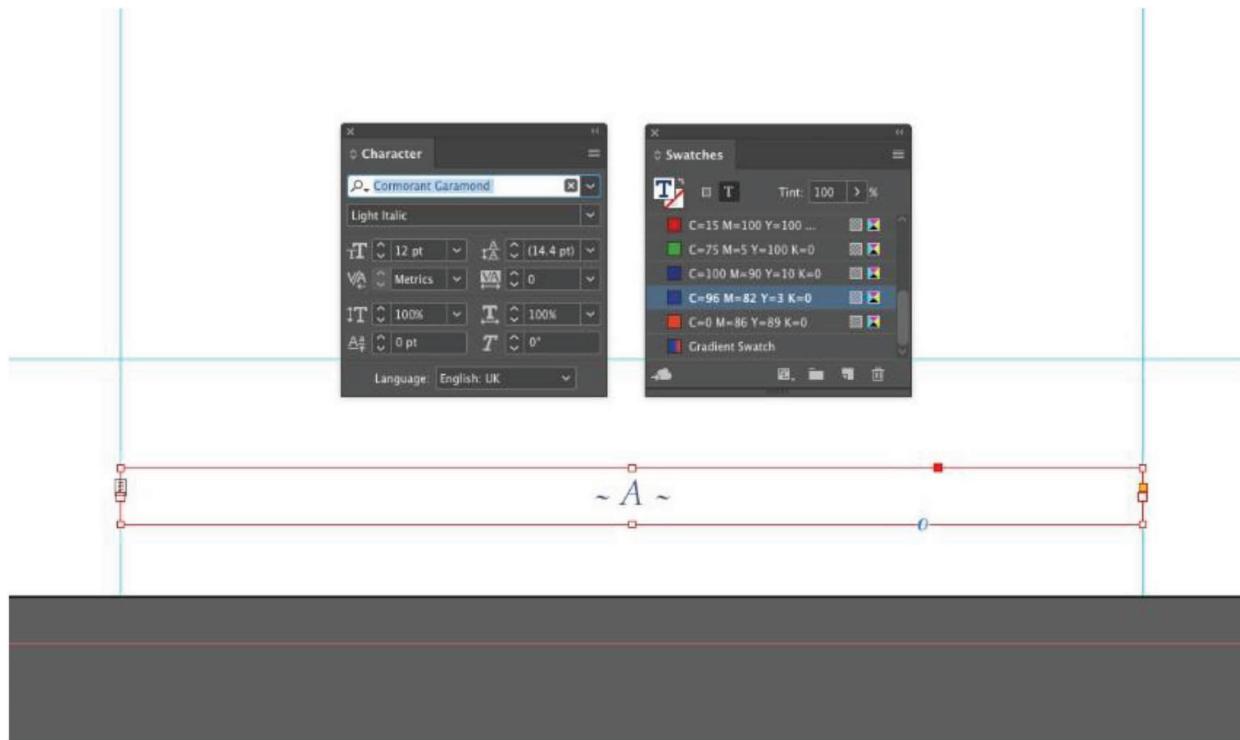
Use the **Type Tool (T)** to create a text frame across the bottom of the left-hand page.



Here you can place page numbers. With your type cursor in the frame, go to **Type > Insert Special Character > Markers > Current Page Number**.

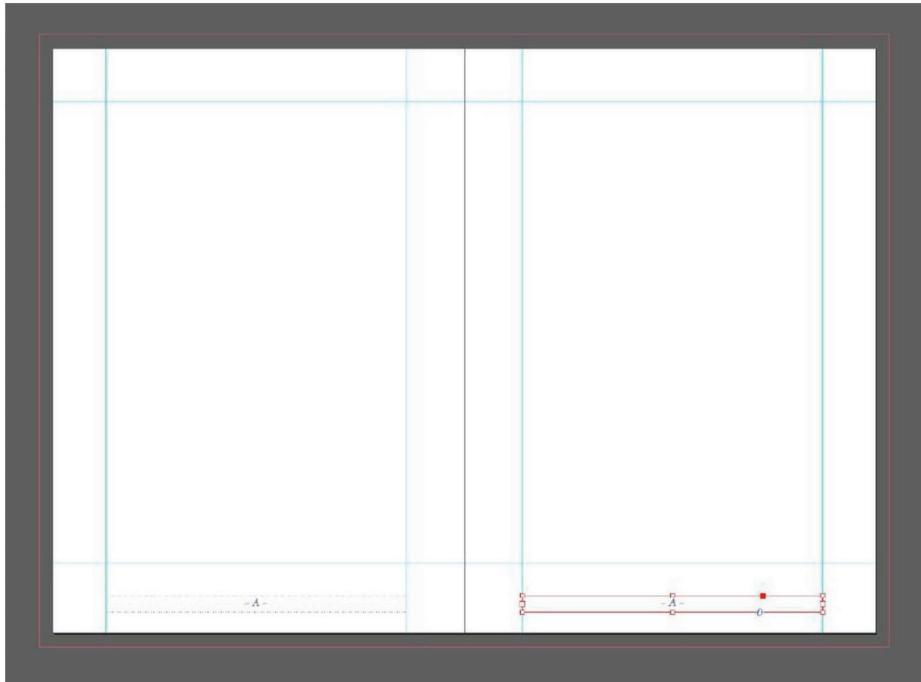


You can format the page number using the **Swatches** panel and **Character** and **Paragraph** panels (**Window > Type & Tables > Character / Paragraph**).



Step 2

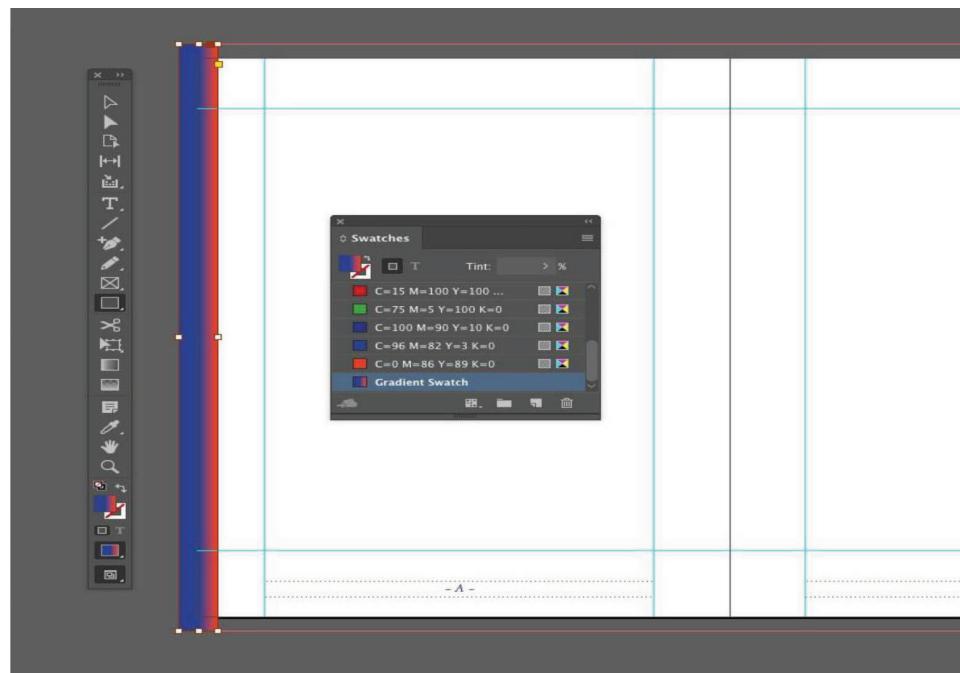
Edit > Copy and Edit > Paste the page number text frame, moving this over to the right-hand page.



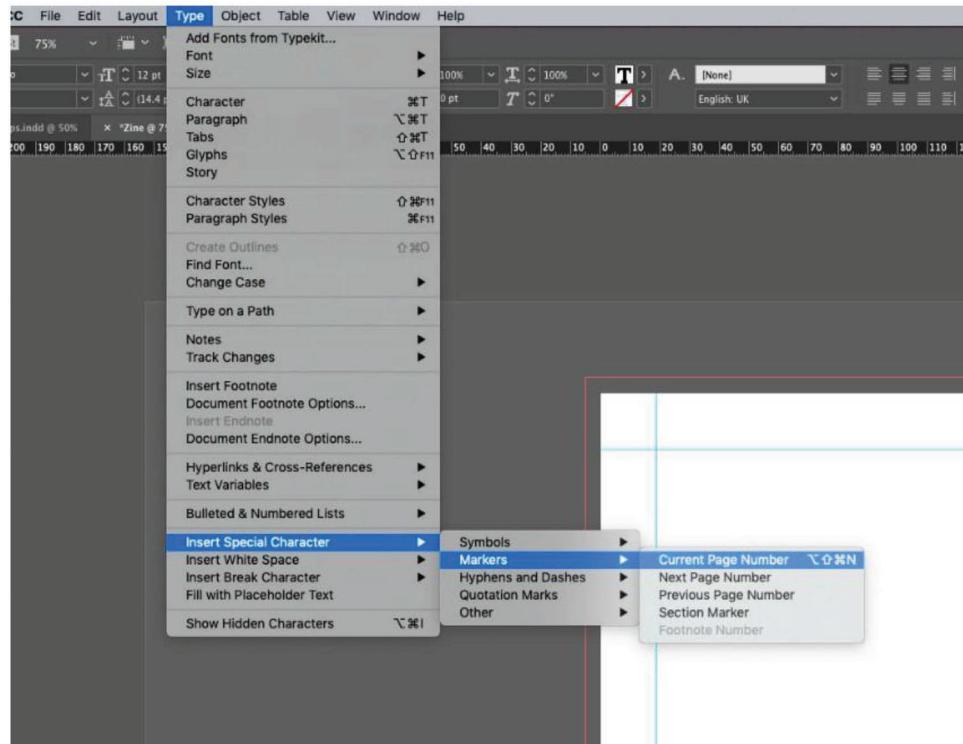
Step 3

Use the **Rectangle Tool (M)** to create a tall, narrow shape across the left edge of the spread, taking it up to the bleed, and allowing a small area to extend onto the page.

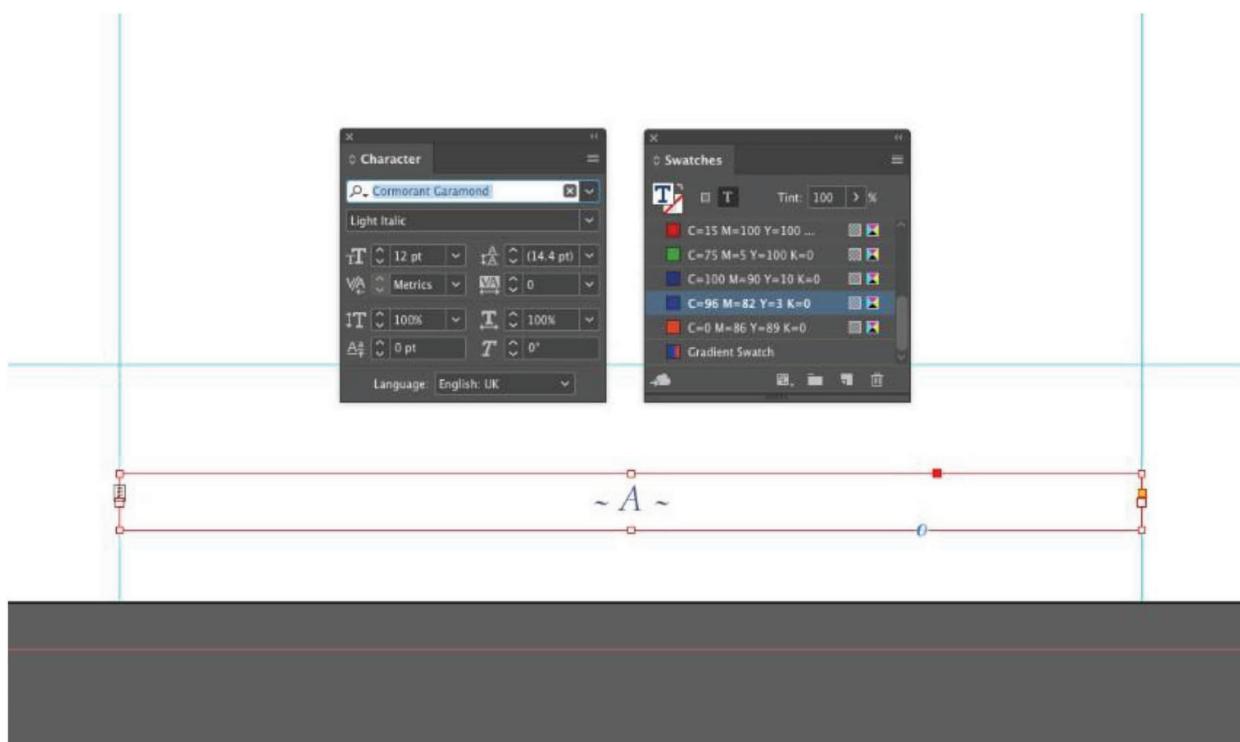
Set the **Fill Color** of this to **Gradient Swatch**.



Copy and Paste the rectangle, and on the copy, Right-Click > **Transform** > **Flip Horizontal**.

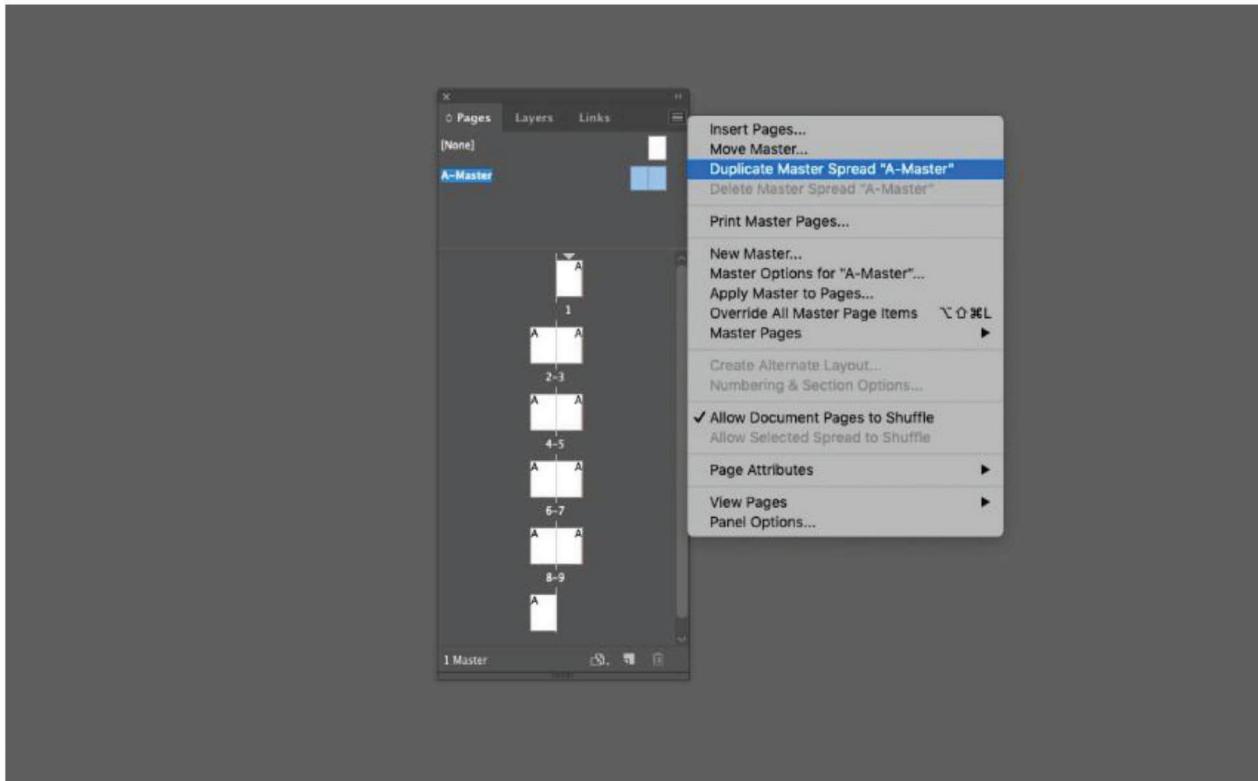


Move this over into a mirrored position on the right-hand page.

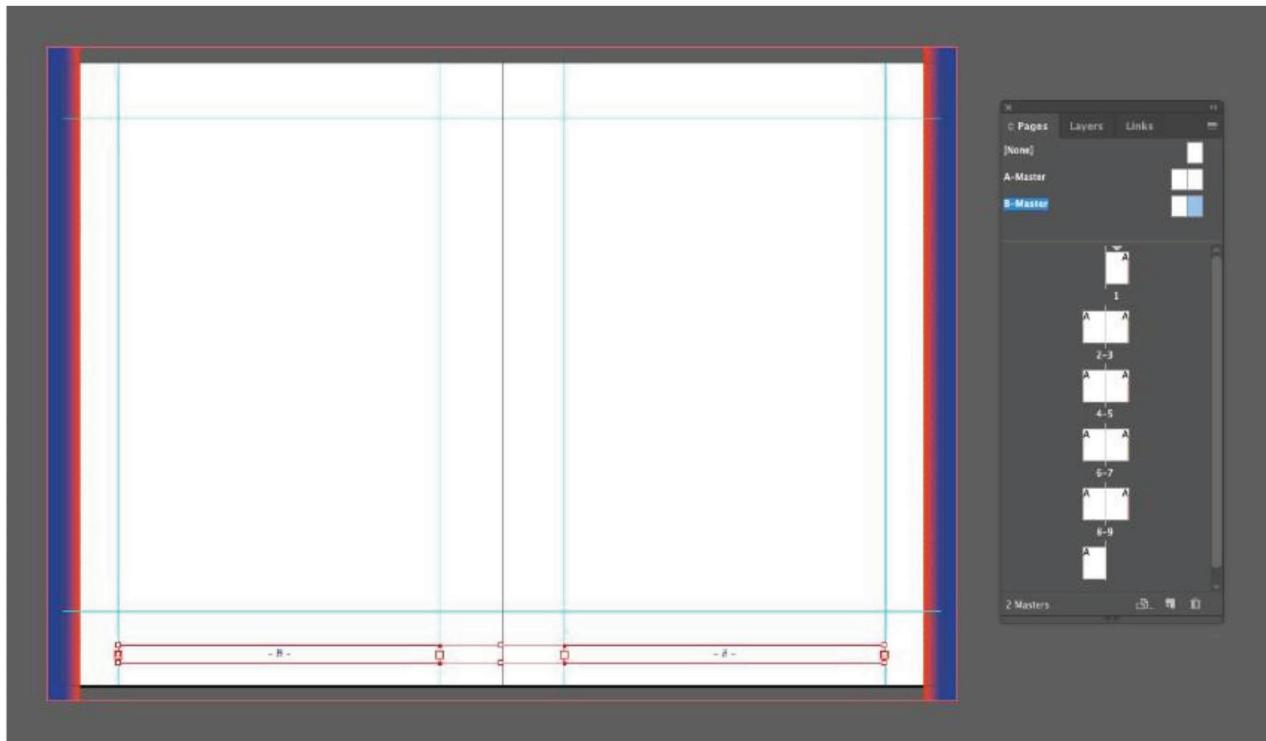


Step 4

In the **Pages** panel Right-Click on the **A-Master** icon, and choose **Duplicate Master Spread "AMaster"**.



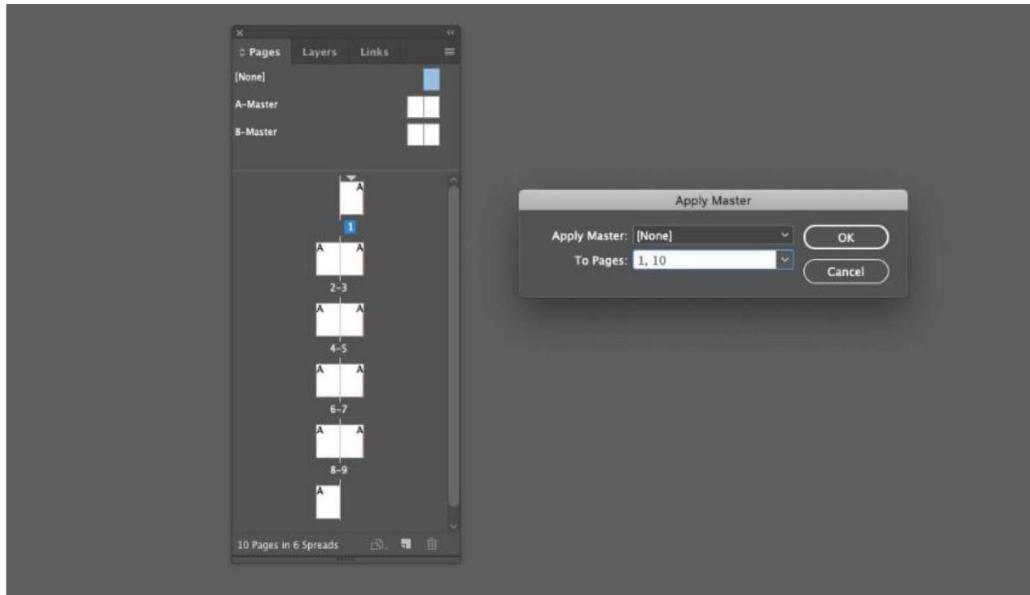
On the new **B-Master**, select and delete the page number text frames.



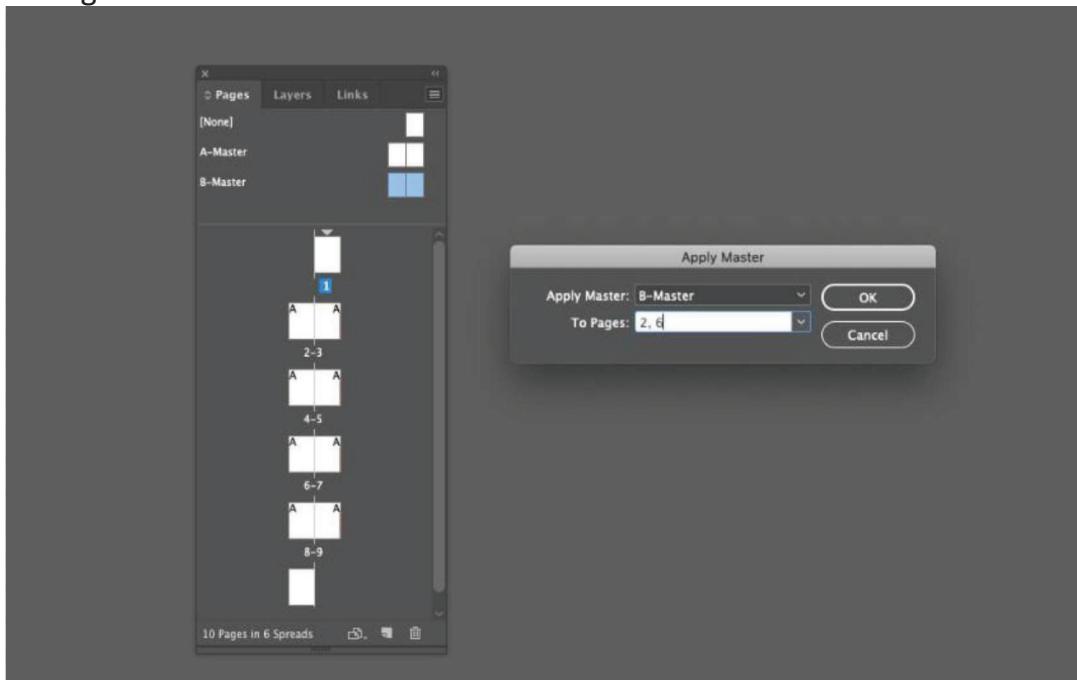
Step 5

In the **Pages** panel, select the top **[None]** master page, and choose **Apply Master to Pages** from the panel's drop-down menu.

We want to have no master applied to the front and back cover of our zine, which is on pages 1 and 10 of our document. So type in **1, 10** and click **OK**.



Select the **B-Master** icon in the **Pages** panel, and, as before, choose **Apply Master to Pages**. You want to apply the **B-Master** to any pages which you don't want to have page numbers. In this case, I type in **2, 6**, before clicking **OK**.



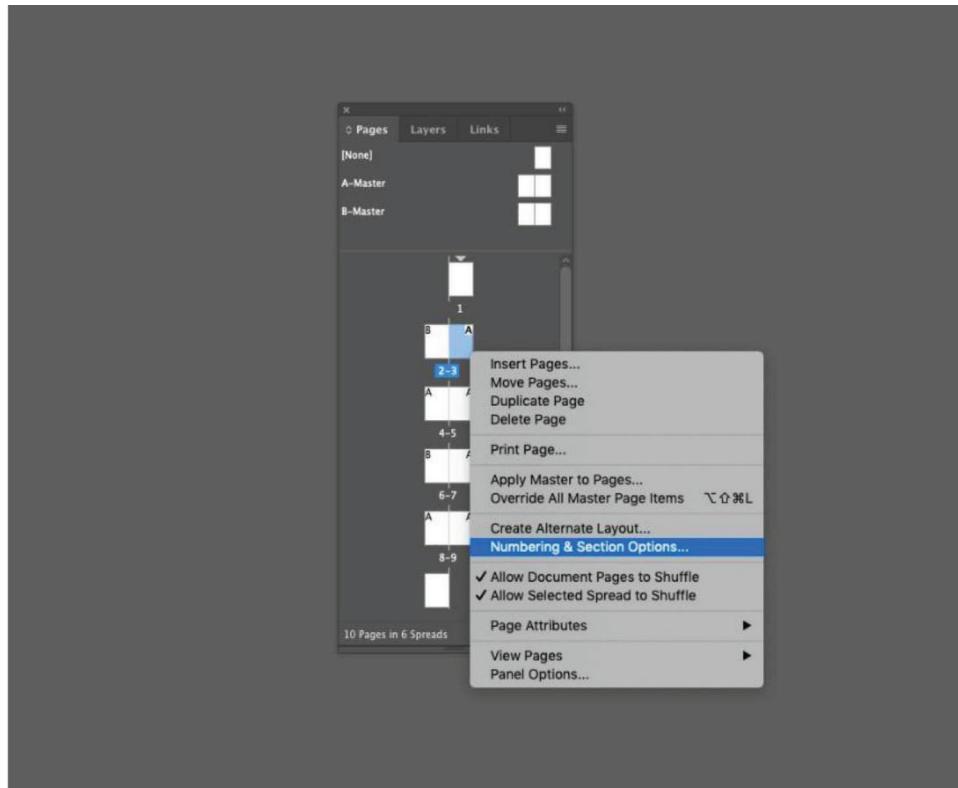
3

HOW TO SECTION YOUR ZINE

Step 1

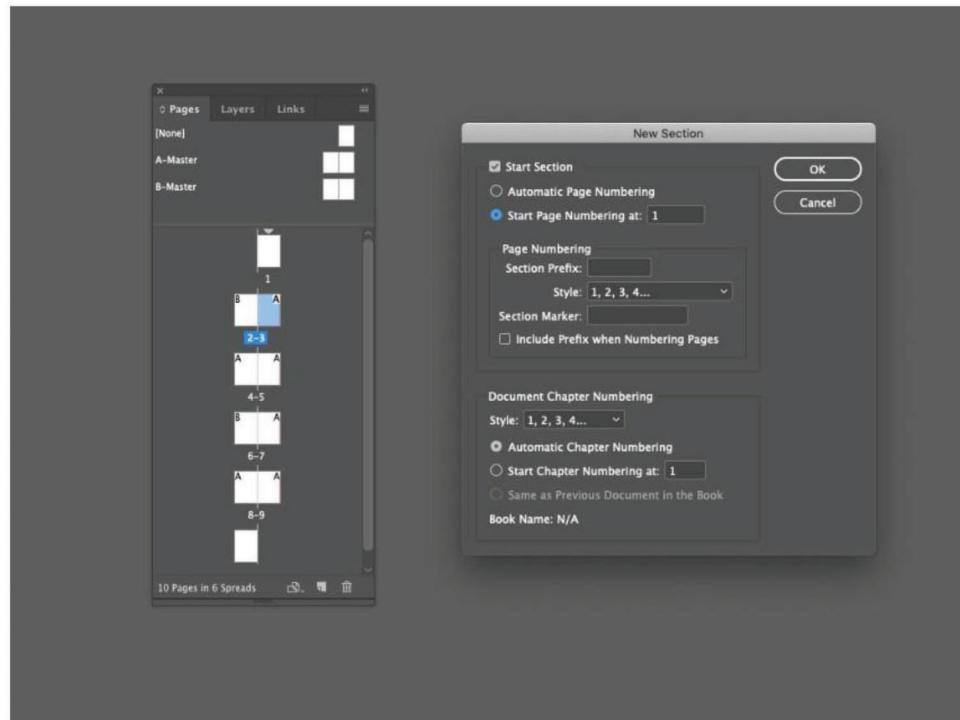
In this zine, I want to split the document into two sections, with page 1 beginning on what is currently page 3 of the document.

To begin a new section, **Right-Click** on the page you want to start as page 1 (in this case page 3), and choose **Numbering & Section Options**.



Step 2

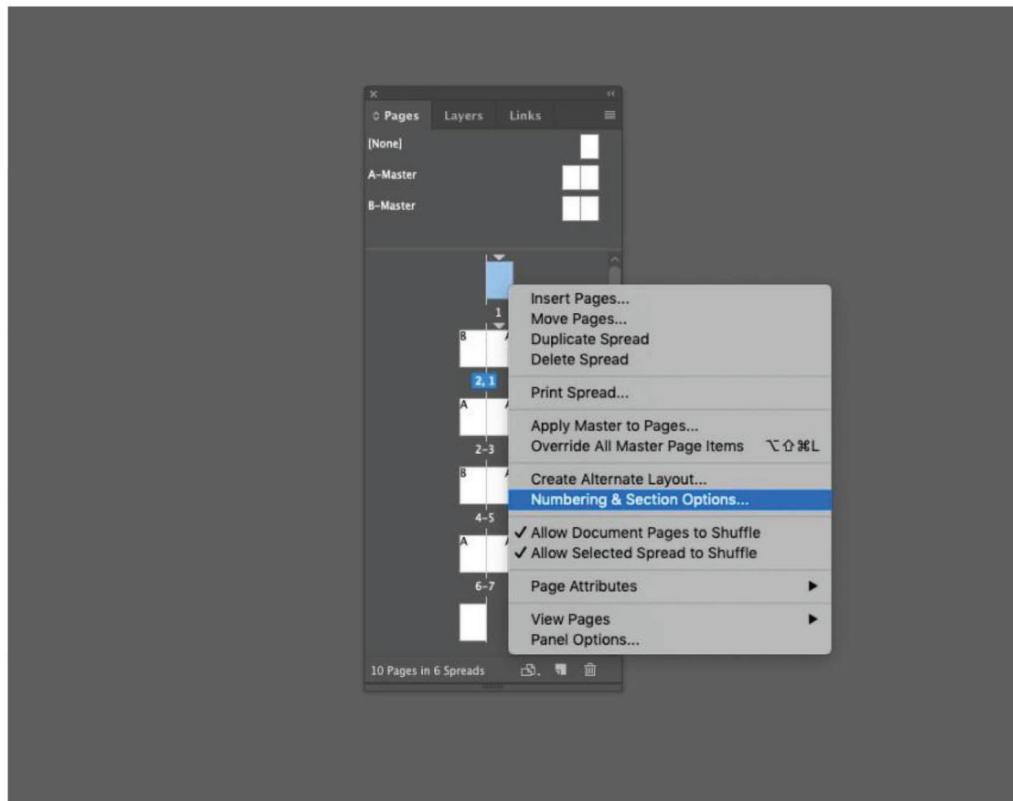
In the **New Section** window that opens, check **Start Page Numbering at**, and set this to 1.



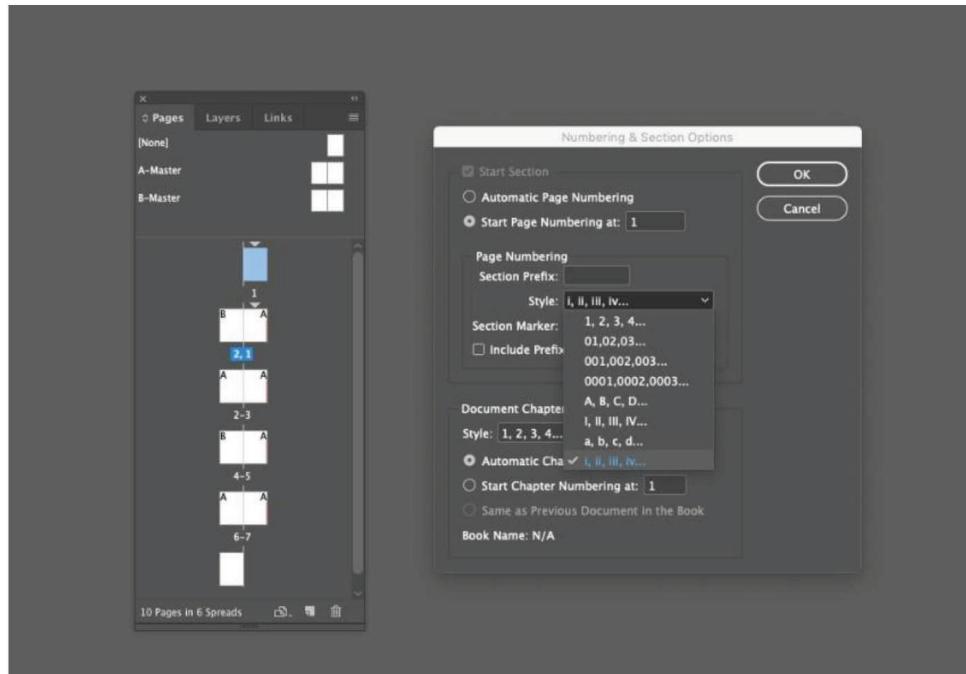
Then click **OK**. You'll get a warning message, but don't worry about that. Just click **OK**.

Step 3

On the first page of the document, **Right-Click > Numbering & Section Options**.



As before make sure **Start Page Numbering** at is selected and set to 1. But this time choose a different **Style** for the **Page Numbering**, such as lowercase roman numerals. Then click **OK**.



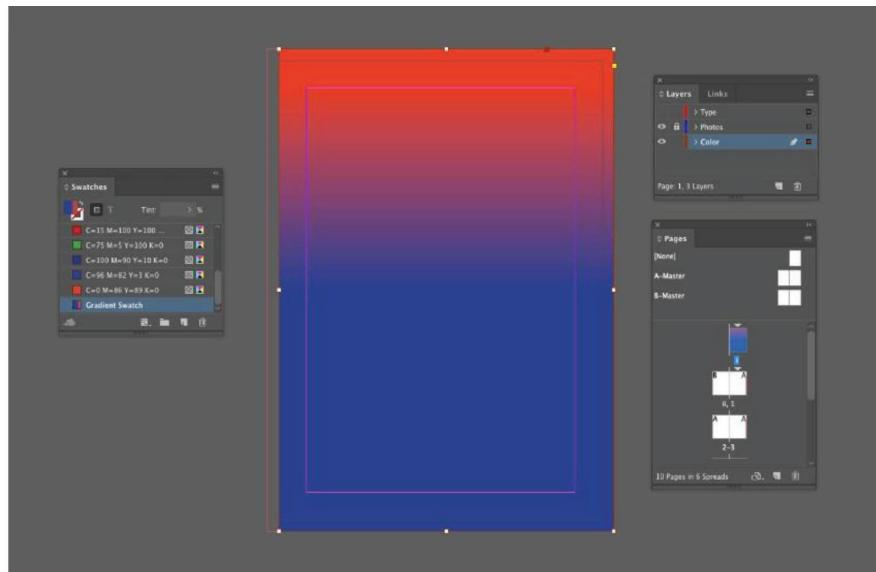
4

HOW TO CREATE A FRONT COVER FOR YOUR ZINE

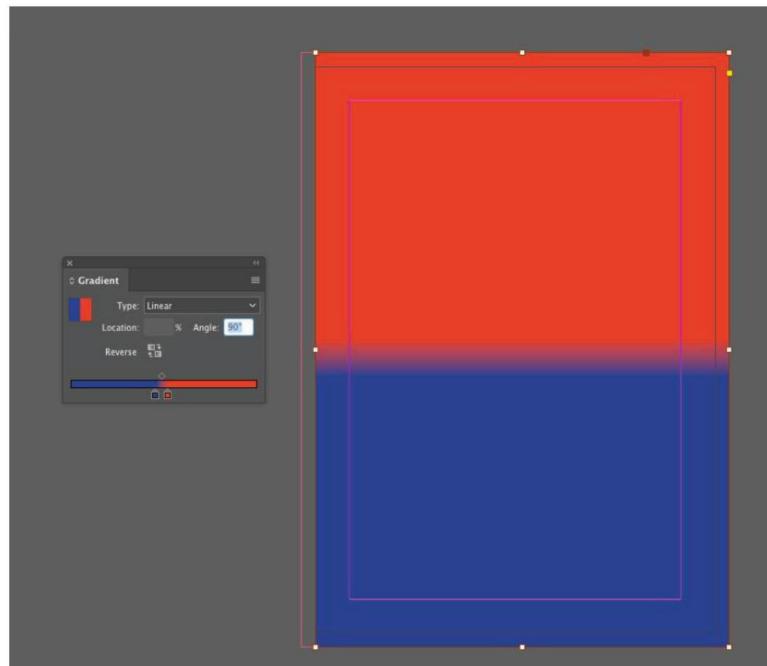
Step 1

Working on the first page (i) of your document, and on the **Color** layer, use the **Rectangle Tool (M)** to create a shape across the whole page, extending the edge up to the bleed on the top, right and bottom sides.

Set the **Fill Color** to **Gradient Swatch**.

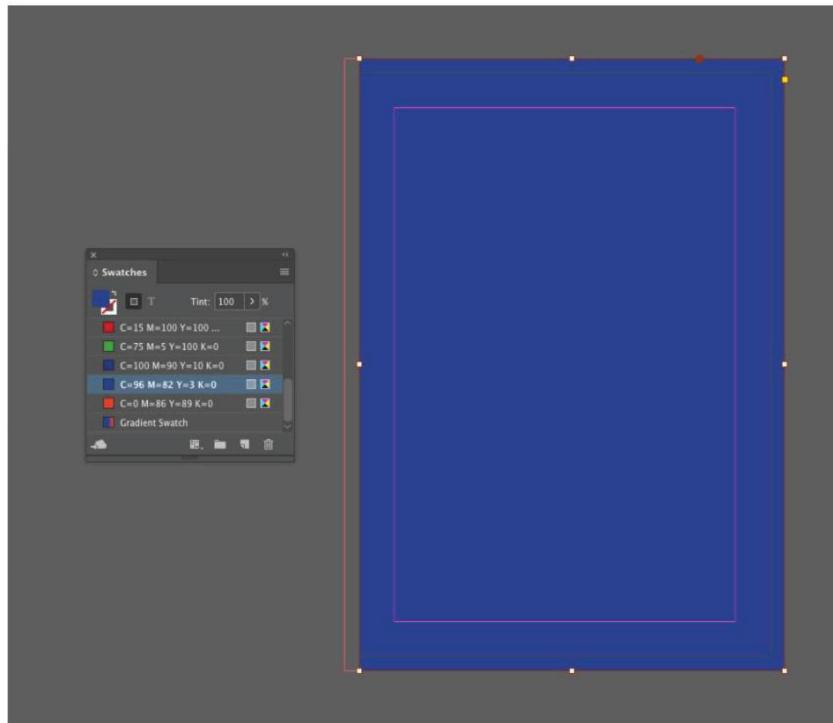


You can adjust the strength of the gradient from the **Gradient** panel (**Window > Color > Gradient**). Here I want to make the gradient blend more abruptly in the center of the page.

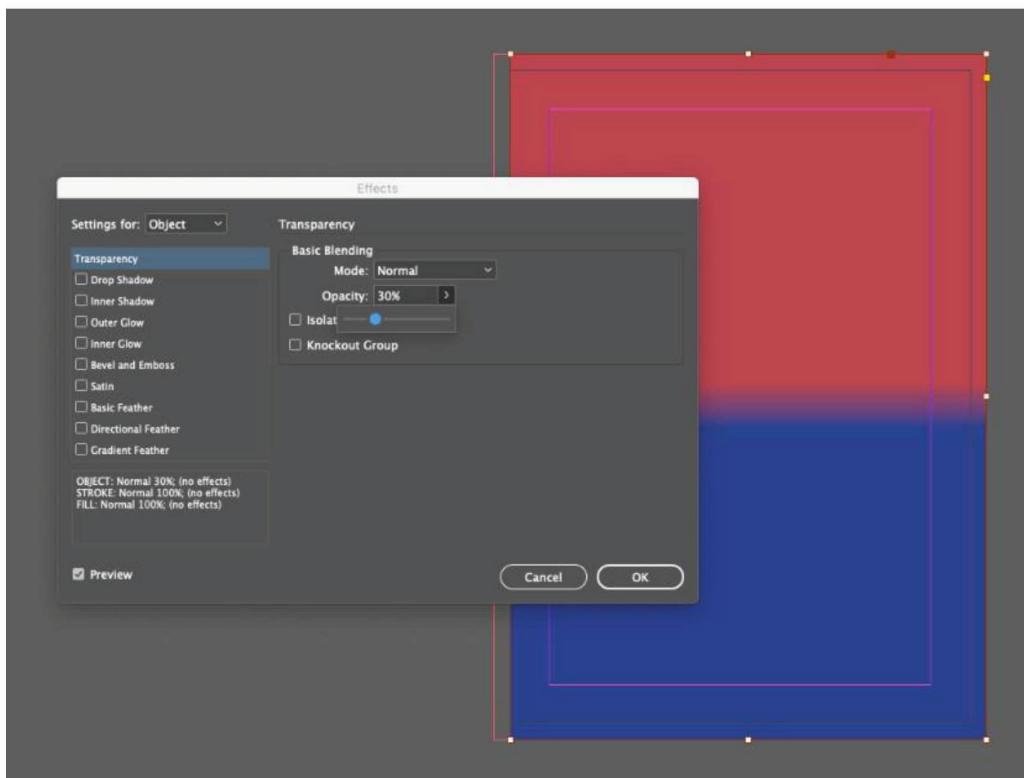


Step 2

Copy and Edit > Paste in Place the rectangle shape, adjusting the Fill to your blue swatch, C=96 M=82 Y=3 K=0.



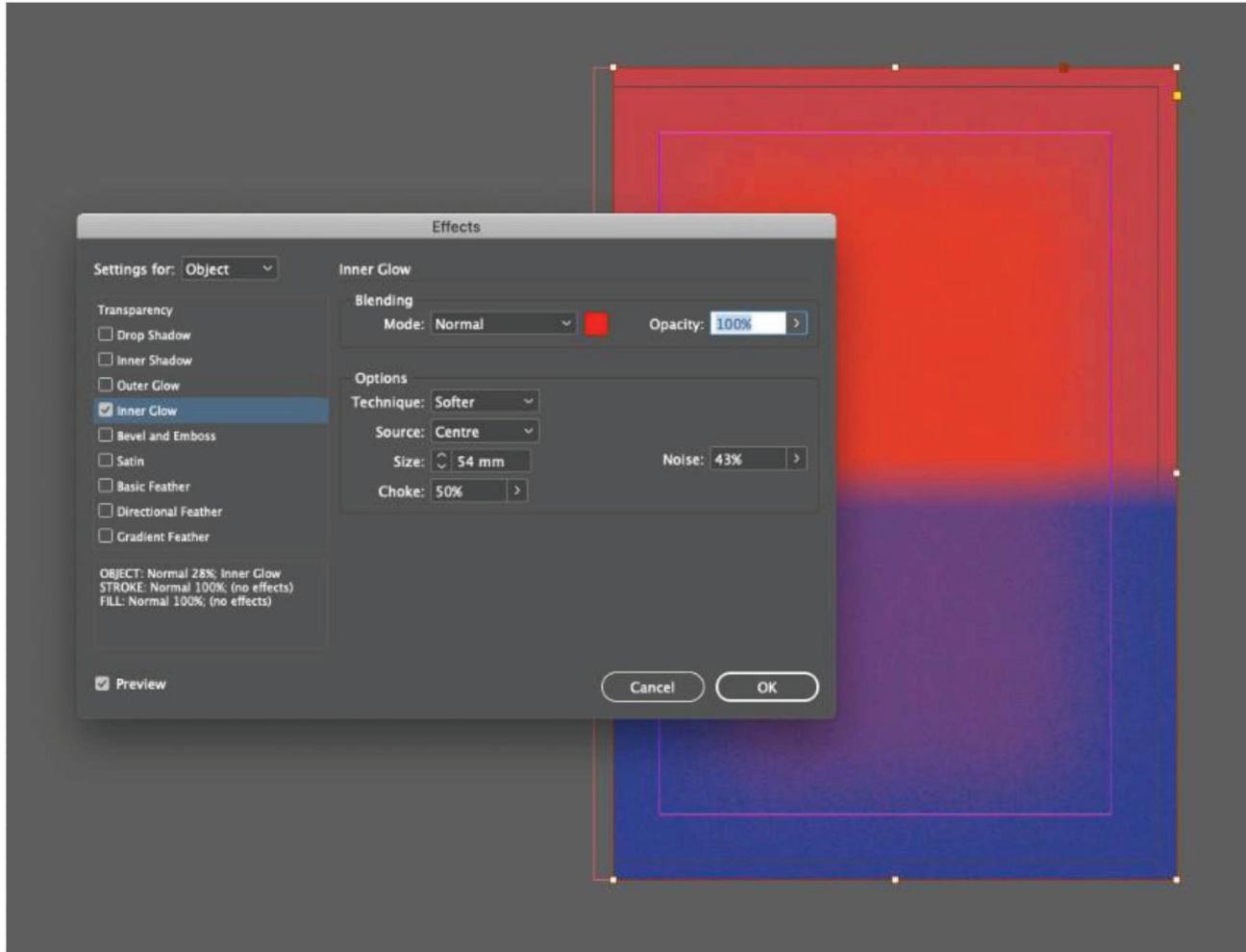
With the blue shape selected go to **Object > Effects > Transparency**, and bring the **Opacity** down to 30%.



Click on **Inner Glow** in the panel's left-hand menu. With the **Mode** set to **Normal**, click on the colored square to adjust the **Effect Color** to your red swatch, **C=0 M=86 Y=89 K=0**.

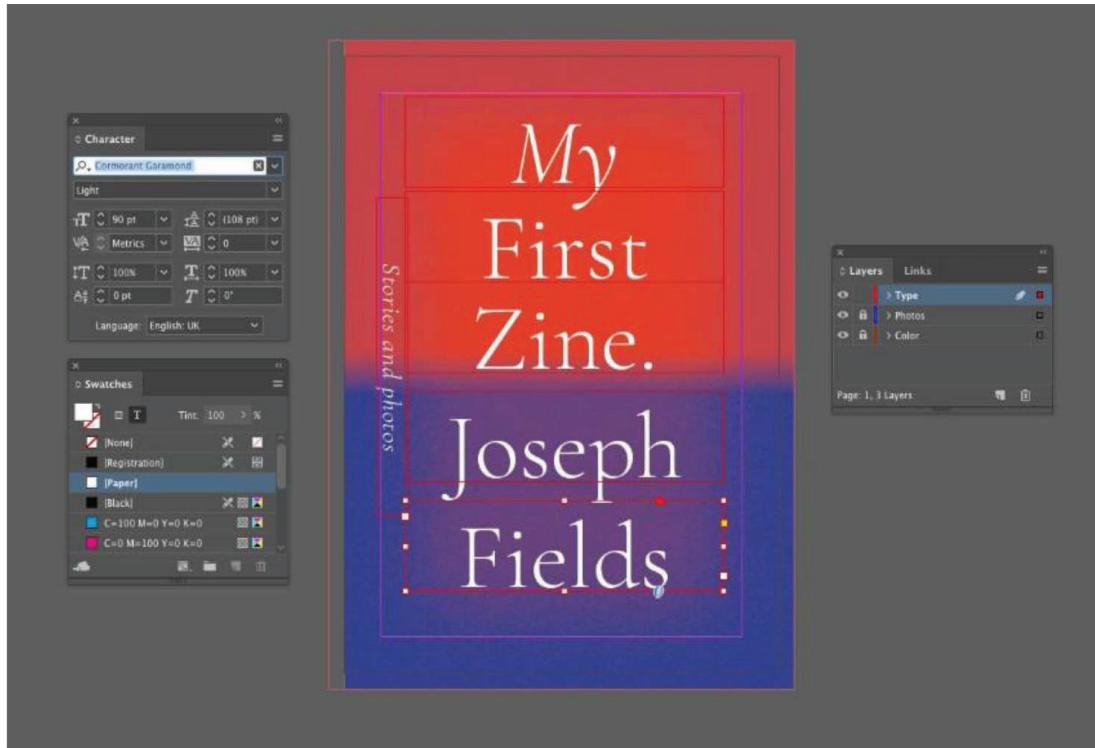
Increase the **Opacity** to **100%**.

Set the **Source** to **Centre**, **Size** to around 55 mm, **Choke** to **50%** and **Noise** to about **45%**. Then click **OK**.



Step 3

Working on the **Type** layer, use the **Type Tool (T)** to add text to your cover, setting the **Font** to **Cormorant** and **Font Color** to **[Paper]**.



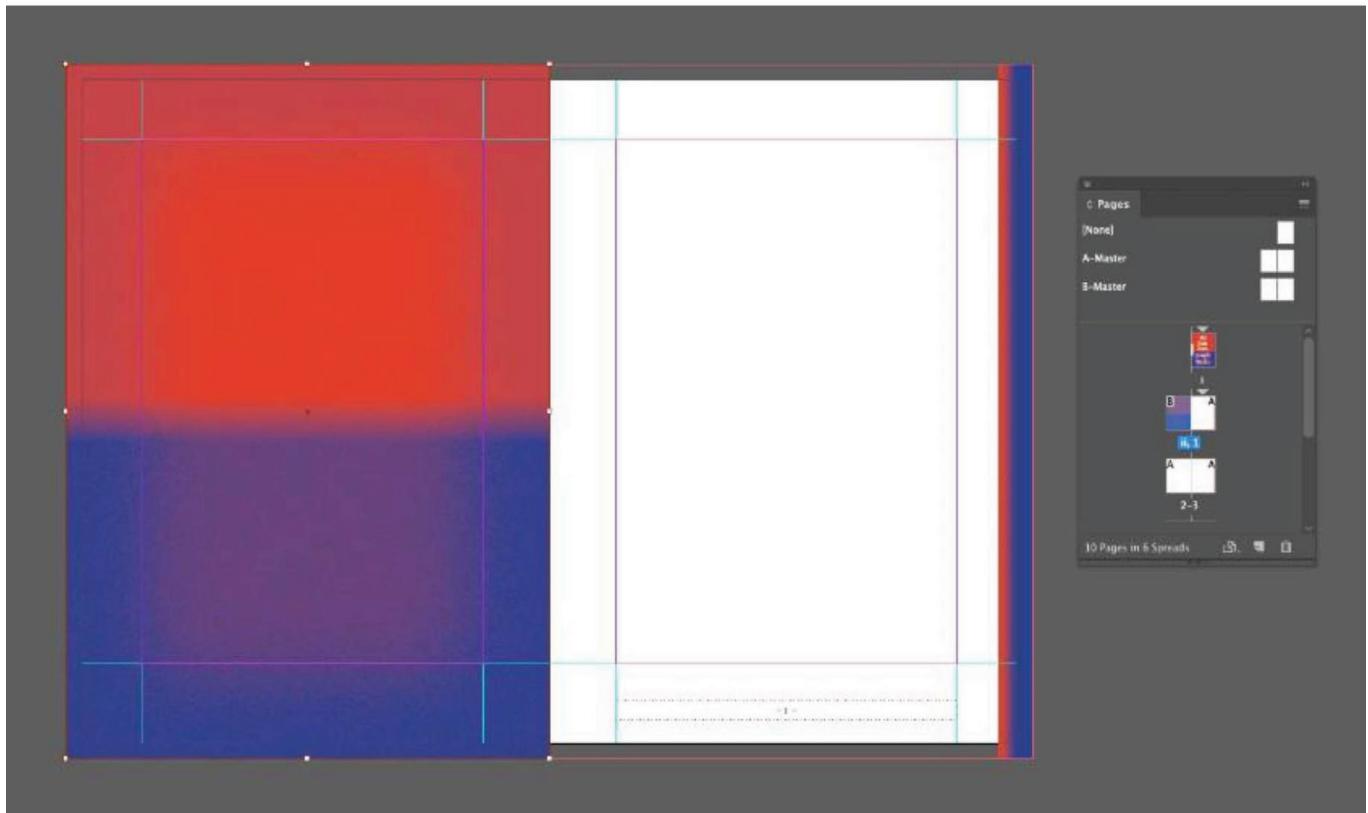
5

HOW TO BUILD UP CONTENT ON THE INSIDE PAGES OF YOUR ZINE

Step 1

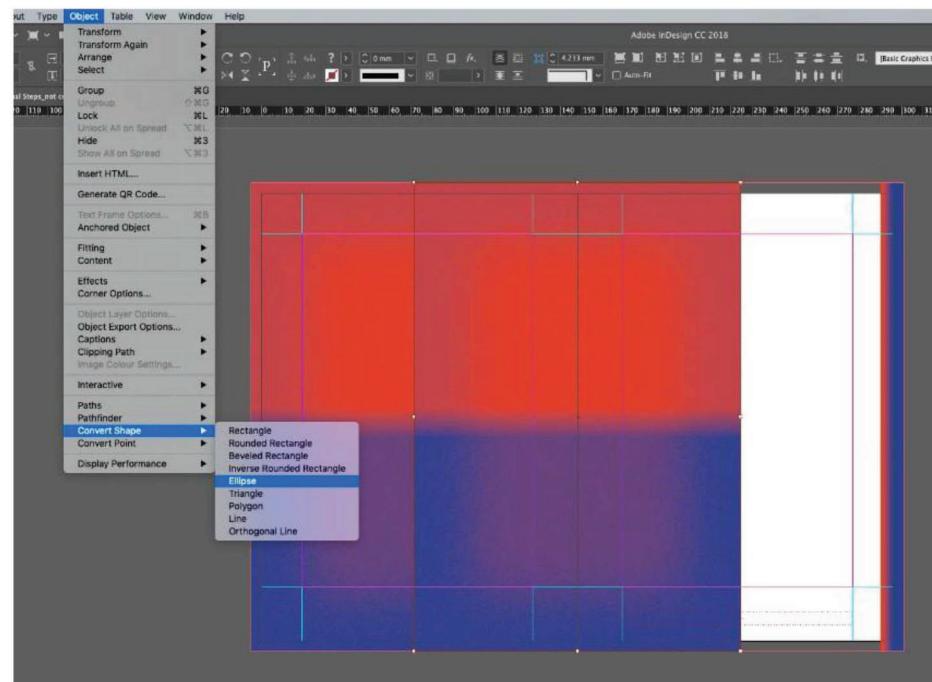
Select both rectangle shapes sat on the **Color** layer on the front cover, and **Copy** them.

Scroll down to the first inside spread of your zine, and **Paste** the shapes, moving them over onto the left-hand page.

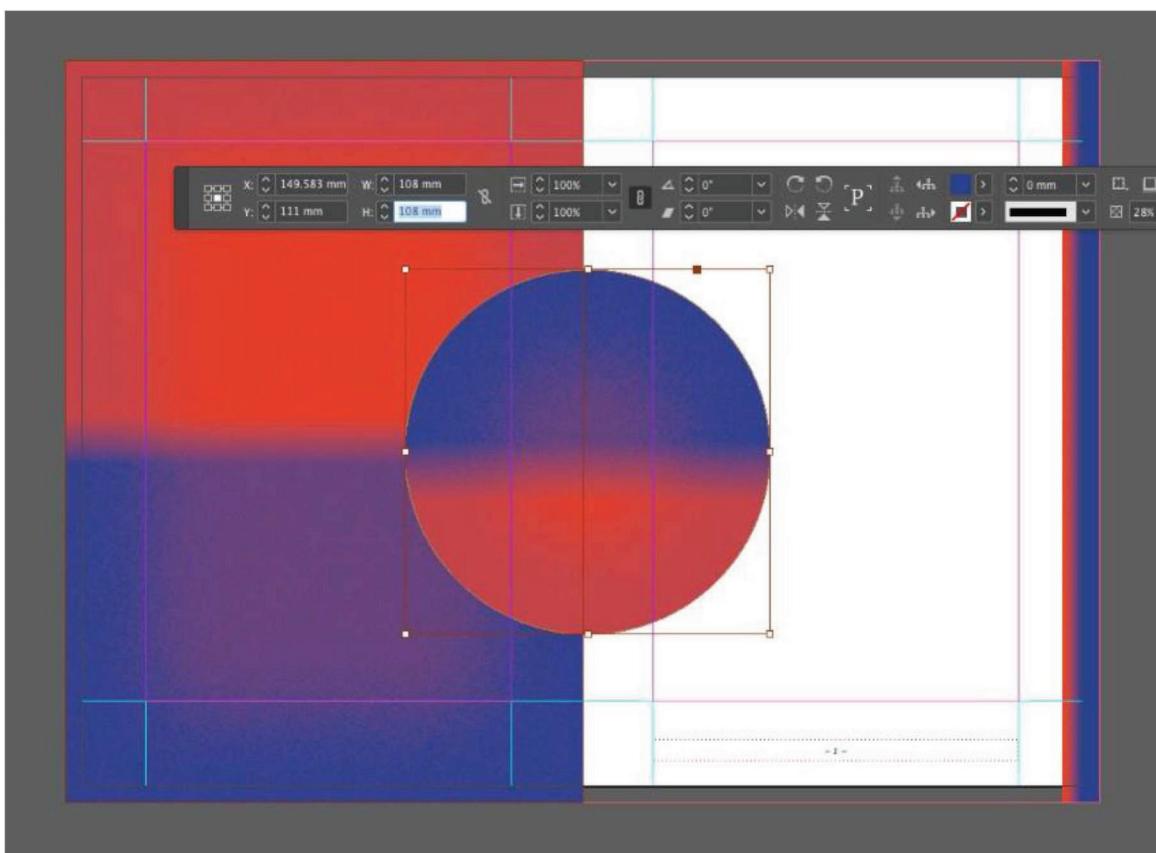


Step 2

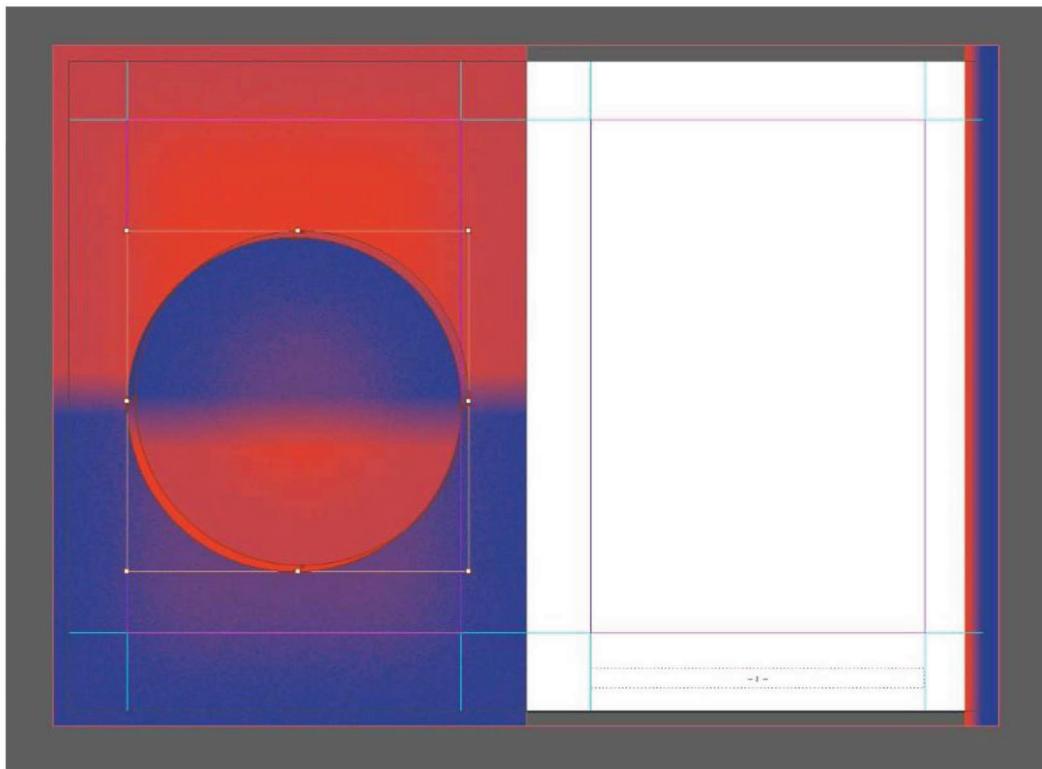
Edit > Paste a second time, and with this copy selected, go to Object > Convert Shape > Ellipse.



From the top Controls panel adjust the **Width** and **Height** of the circles to **108 mm**.



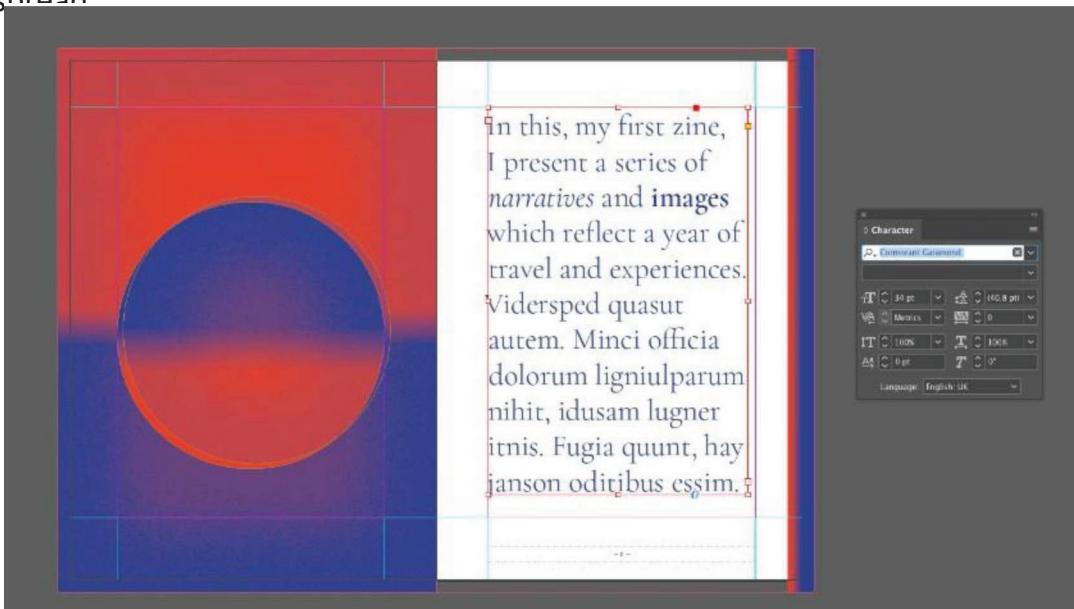
Then move these over the top of the left page, positioning them centrally. Shift the top circle slightly up and to the right to create a slightly blurry effect.



Step 3

You can add text to your zine using the **Type Tool (T)**, and working on the **Type layer**.

Here, I've added text set in **Cormorant** and a blue, **C=96 M=82 Y=3 K=0, Font Color**, to the righthand page of the spread.



Step 4

Use the **Rectangle Frame Tool (F)** to create image frames on some of the pages of your zine.

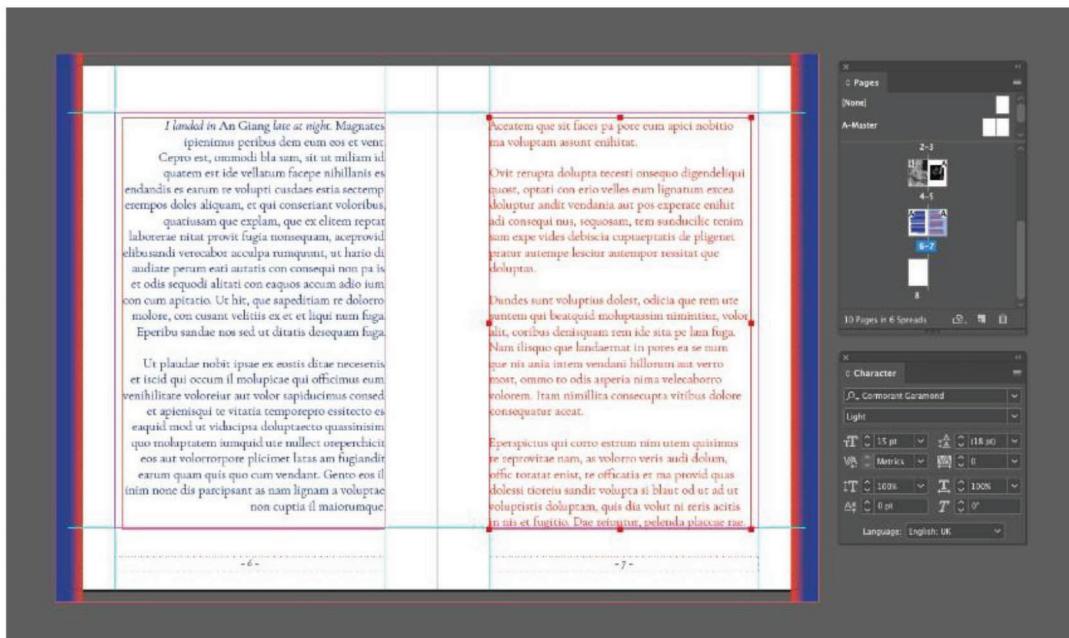
Go to **File > Place** to drop images into the frames.



Step 5

Use the swatches you've already created to format text, adding a touch of color to your typography.

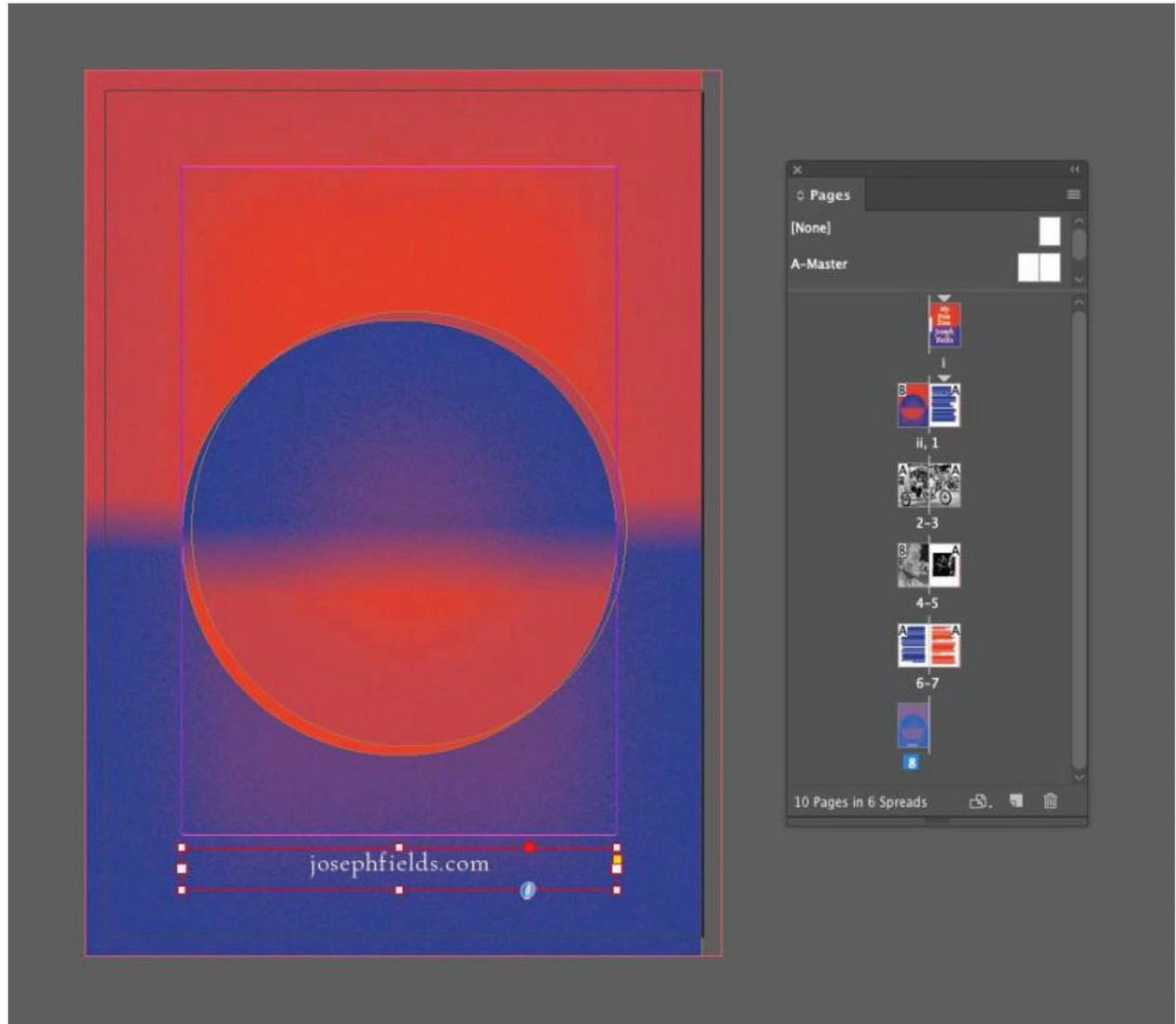
Here, I've also set the text to **Align towards spine** (which you can find in the top **Controls** panel with the **Type Tool** selected).



Step 6

Use elements you've already created, such as the colored rectangles and circles on the first spread, to create a quick and simple design for your back cover, on the final page of the document.

Make sure to add your website to the back cover too.

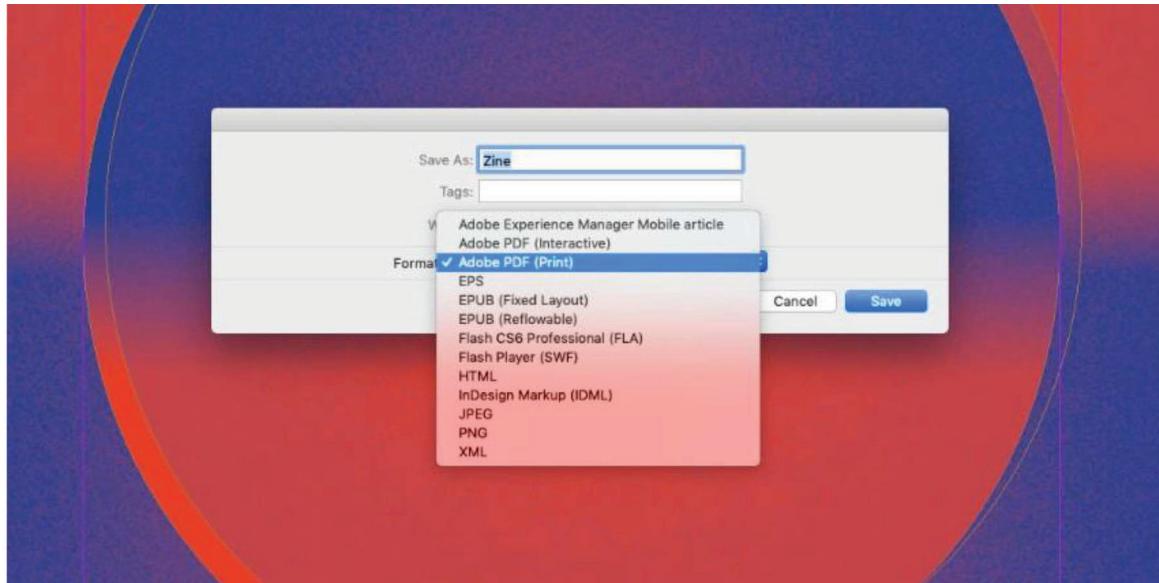


6 HOW TO EXPORT YOUR ZINE FOR PRINT

Step 1

File > Save your artwork, then go to File > Export.

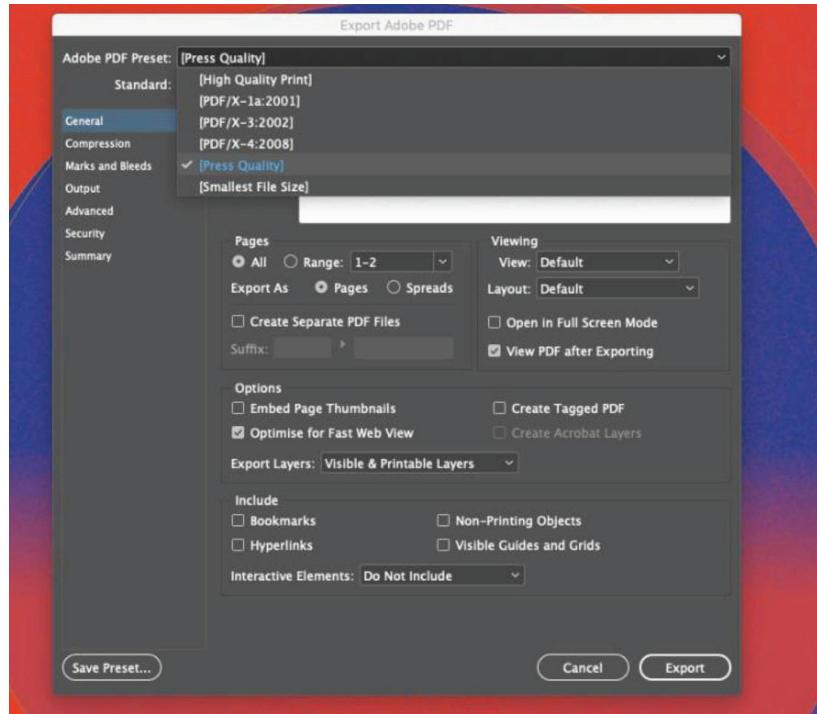
Choose **Adobe PDF (Print)** from the **Format** menu, name your file, and then click **Save**.



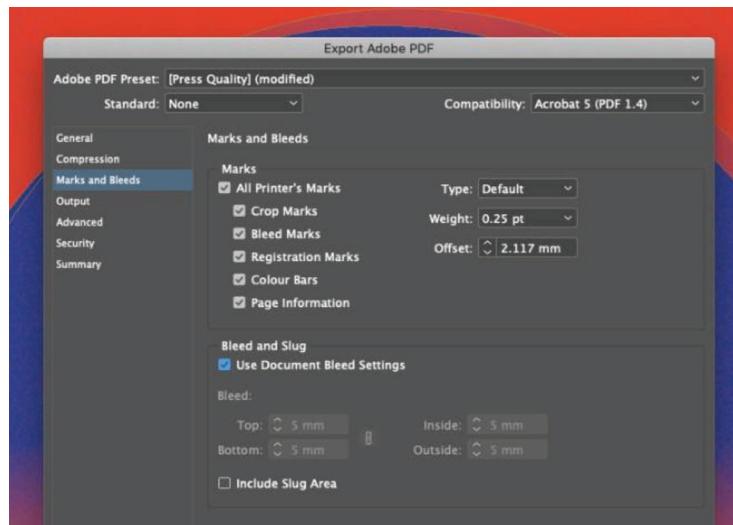
Step 2

In the **Export Adobe PDF** window, choose **Press Quality** for the **Adobe PDF Preset**, at the top.

Make sure the pages are set to **Export As: Pages** (not spreads).



Click on **Marks and Bleeds** in the left-hand menu. Check **All Printer's Marks** and **Use Document Bleed Settings**, before clicking Export.



You can send off this PDF document straight to the printers, great job!

HOUSING

COMMON MAINTENANCE PROBLEMS



Common Maintenance Problems: Track them and gather evidence

Topics

1. Opening and Introductions
2. Case Study and Discussion
3. What maintenance and repairs are your landlord responsible for? What are tenants responsible for?
4. Building a case and requesting repairs

Equipment & Materials:

- ✓ Markers
- ✓ Flip chart
- ✓ Photocopies of handout

Total Time

45 Minutes

1

OPENING AND INTRODUCTIONS:

Course objectives:

- Define which maintenance problems are the responsibility of the landlord and which are the responsibility of the tenants
- Learn strategies for getting your landlord to deal with repairs and maintenance in a timely manner
- Protecting yourself from retaliation and eviction

Presenter(s) _____

Section Time

5 Minutes

2

CASE STUDY AND DISCUSSION:

Kelly rents a small room in an SRO for \$450/month. One day the roof starts leaking into Kelly's room. His bed is soaked and his belongings are going to get moldy.

Later that day, Kelly calls his landlord to fix his roof. Unfortunately the landlord doesn't answer the phone. Kelly leaves a message but doesn't hear back. The situation is desperate so Kelly calls his landlord again the next day and still cannot get a hold of him.

ASK THE GROUP:

- What should Kelly do first?
- What does he need to prove?
- What kind of evidence does he need?
- What can happen if he doesn't collect evidence?

Presenter(s) _____

Section Time

15 Minutes

3

WHAT MAINTENANCE AND REPAIRS ARE LANDLORDS AND TENANTS RESPONSIBLE FOR?

- Brainstorm repair and maintenance issues.
 - o write all the issues on a flip chart.
 - o circle the ones that are the landlord's responsibility
 - o add any missing issues

Presenter(s)

Section Time

10 Minutes

Landlord Responsibilities:

- heating;
- plumbing;
- electricity;
- locks;
- light fixtures in common areas;
- walls, floors, and ceilings;
- fire doors and fire escapes;
- smoke alarms;
- intercoms;
- elevators;
- painting at reasonable intervals;
- routine yard maintenance, such as cutting grass and clearing snow, in multi-unit residential complexes;
- infestations and pests, such as bed bugs;
- serious mold issues;

Anything included in your tenancy agreement, such as the:

- fridge
- stove
- laundry facilities
- security system
- furniture
- garage
- storage facilities

Repairs are considered **Emergency** if health and safety of the building and property are at risk.

This includes situations like:

- Major leaks in pipes or roof
- Damaged plumbing fixtures
- Problems with the primary heating system
- A malfunctioning electrical system
- Damaged or defective locks that make the unit insecure

Tenant Responsibilities:

- reasonable maintenance of carpets during the tenancy;
- steam cleaning or shampooing the carpets at the end of tenancies lasting one year or longer;
- steam cleaning or shampooing the carpets at the end of tenancies of any length involving pets or smoking;
- cleaning marks on the walls;
- removal of garbage from the rental unit;
- replacing light bulbs;
- routine yard maintenance, such as cutting grass and clearing snow, if you have exclusive use of the yard;
- minor mold issues; and
- repairing excessive damage from nail holes.

Lists of Responsibilities from:

<https://tenants.bc.ca/your-tenancy/repairs-and-maintenance/>

4

BUILDING A CASE AND REQUESTING REPAIRS:

When any repair needs to be done, you should **take photographs**, and **make written notes** describing the issue, the date and any attempts you have made to contact the landlord. This evidence can help you if your landlord does not respond and you need to go to the Residential Tenancy Board

From **TRAC** (Tenant Resource & Advisory Centre):

- When something needs to be fixed in your rental unit, let your landlord know in writing as soon as possible.
- If you delay and the problem gets worse, you could be held responsible for at least some of the associated costs – even if the original problem was not your fault.
 - For example, if you have a leak under your sink and you don't report it and it causes damage and/or mold, you could be responsible for the cost of some of the repairs.

Presenter(s)	Section Time
_____	15 Minutes

REGULAR REPAIR CHECKLIST:

- Tenants need to request repairs in writing and keep a copy for themselves. The document should clearly describe the problem and must allow the landlord a reasonable amount of time to fix it.
- If no one is available to witness you deliver notice to your landlord, consider taking a photo or video of yourself delivering the letter.
- If the landlord doesn't make the repairs, you may apply for Dispute Resolution to request an order the repairs to be made, for money to cover the inconvenience, or both.
- You **cannot** make the repairs yourself and charge the landlord for the costs unless you have the landlord's written agreement!

EMERGENCY REPAIRS:

If there's no response from your landlord after two attempts to contact them and a reasonable amount of time has passed, you can contact the Residential Tenancy Board to have them force the landlord to make repairs. (We will go over this process in the module *"Take Your Landlord to Housing Court."*)

If you can gather funds, you can arrange to have emergency repairs done at a reasonable cost.

Steps to get reimbursed:

- First you must submit receipts to your landlord, along with a written summary of what happened
- If this procedure is followed and the landlord does not cover the expenses, you can deduct the repair costs from the rent.

This is why documentation is so important!

Your landlord CAN serve an eviction notice for unpaid rent if they claim that:

- the costs were too high *OR*
- the repairs were unnecessary *OR*
- you caused the problem that needed to be repaired

NOTE: Customize this template to fit your needs before signing and sending it to your landlord. If you are not using registered mail, try to bring someone – ideally, not a roommate or family member – to witness the delivery of the letter and sign the copy you keep, indicating the date and method of service. If no one is available to join you, consider taking a photo or video of yourself delivering the letter. Signed letters to your landlord, along with proof that they were served properly, can be valuable evidence at Residential Tenancy Branch dispute resolution hearings.

Repairs and Maintenance

Date: _____

Tenant's Name: _____

Tenant's Address:

Landlord's Name: _____

Landlord's Address:

Dear _____ [*landlord name*]

This letter serves as a written request for the following repair(s):

[*describe repairs*]

Section 32(1) of the *Residential Tenancy Act* states:

(1) A landlord must provide and maintain residential property in a state of decoration and repair that

- (a) complies with the health, safety and housing standards required by law, and
- (b) having regard to the age, character and location of the rental unit, makes it suitable for occupation by a tenant.

I am hopeful that we can resolve the above issue before _____ [*reasonable date*]. If not, I have the right to apply for dispute resolution through the Residential Tenancy Branch (RTB) to ask for a repair order and monetary compensation.

For additional information, please refer to RTB Guideline 1 – Landlord and Tenant Responsibility for Residential Premises or contact the RTB (gov.bc.ca/landlordtenant) at 604-660-1020 or 1-800-665-8779.

Thank you,

[Signature]

Tenant's Name: _____

HOUSING

WRITING A LETTER TO YOUR LANDLORD



Writing a Letter to Your Landlord

Topics

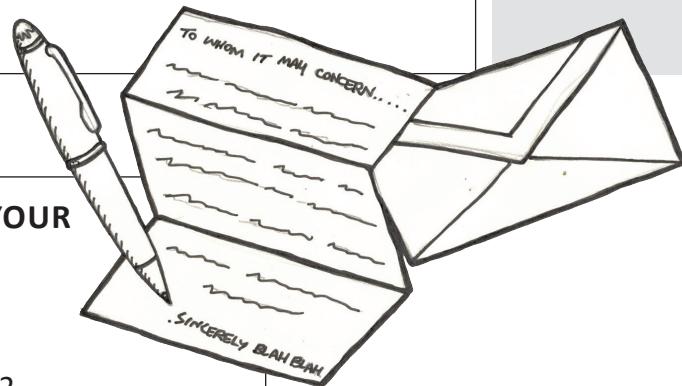
1. Why is it important to write letters to your landlord?
2. When should you write a letter to your landlord?
3. Who do you write the letter to?
4. What goes in the letter?
5. Where to send the letter?

Equipment & Materials:

- ✓ Laptop
- ✓ Projector
- ✓ Photocopies of handouts

Total Time

55 Minutes



1

WHY IS IT IMPORTANT TO WRITE LETTERS TO YOUR LANDLORD?

ASK THE GROUP: *why is writing letters so important?*

Add or Emphasize:

- Writing a letter proves that you tried to fix the problem
- Tenants have the legal responsibility to notify the landlord when there are problems
- You might be able to resolve the issue without going to court
- Letters are a great form of evidence that a problem is happening
- Letters that are dated can help a judge decide when the problem first started
- Compensation for a problem could be backdated to the time when a letter was first written.
- Copies of these letters could be sent to decision makers like city inspectors, head offices of management companies, BC Housing etc.

Presenter(s)

Section Time

10 Minutes

2

WHEN SHOULD YOU WRITE A LETTER TO YOUR LANDLORD?**ASK THE GROUP:** when should letters be written?*Add or Emphasize:*

- When you first notice the problem
- Another letter when something changes like the problem gets worse or is fixed.

If you don't contact your landlord immediately after noticing the problem and the problem gets worse, you could be held responsible for at least some of the associated costs – even if the original problem was not your fault.

Presenter(s)**Section Time**

5 Minutes

3

WHO DO YOU WRITE YOUR LETTER TO?**ASK THE GROUP:** who should you write to?*Add or Emphasize:*

- Building Manager
- Owner
- Board of Directors
- BC Housing property portfolio manager
- Why is it important to send copies to people other than your landlord? Remember to include these people on the original letter so your landlord knows who is getting a copy!

If you don't know your landlord's legal name and address you can:

- o Give them a letter asking for that information
(Review TRAC template for Landlord Name and Address)
- o Do a Title and company search
(Review TRAC handout "Looking Up My Landlord")

Presenter(s)**Section Time**

10 Minutes



*Remember
to keep a copy
for yourself of any
letters you give
or send to your
landlord!*

4

WHAT GOES IN YOUR LETTER?

Scenario:

A month ago someone outside threw an object at your window and broke it. You reported this to the staff right away. You told them your room is cold and you fear that someone could easily break in. The staff have not done anything to change the situation.

What do you put in the letter?

- Date
- Landlord's address (title and company searches, board of directors)
 - i.e. BC Housing: Who is the property portfolio manager for your building?
- Write about the facts, such as things you have experienced or witnessed:
 - The room is cold and rain comes into the window.
 - There have been burglaries in your building before.
 - You have a TV that is visible from outside.
- Do NOT write opinions. Examples of opinions:
 - The staff are lazy and don't care.
- Say that you will give them a reasonable time to fix the problem and if the problem is not fixed then you go to housing court.
- Quote the law – Look at the TRAC website for letter templates
 - <https://tenants.bc.ca/resources/template-letters>
 - Fill it out together with the overhead projector or with handout copies

Presenter(s)

Section Time

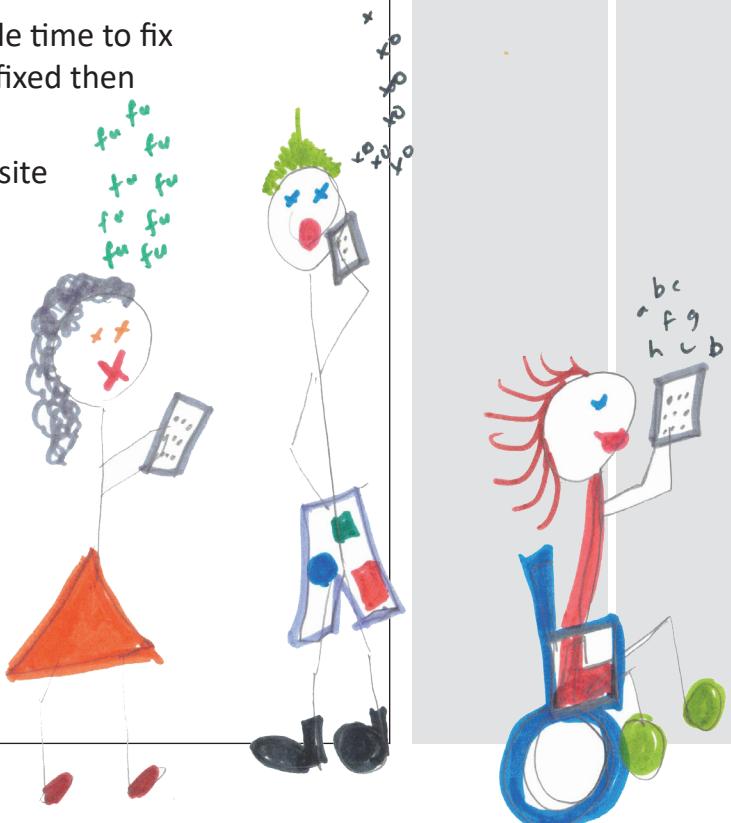
15 Minutes



SHARE THIS
QUICK TIP

Who can help
you write letters in the
neighborhood?

- Carnegie Learning Centre
- First United Advocacy
- DTES SRO Collaborative
- TRAC templates online



5

WHERE AND HOW DO YOU SEND YOUR LETTER?

Distribute TRAC Serving Documents handout

What does “serving a document” mean?

- Formally delivering a legal document to someone.
- There are different timelines for different methods of delivery.
- Your landlord has to follow the same rules.

What if you or your landlord do not follow the service rules?

- The documents can be dismissed or not regarded.

METHODS

Most documents can be served in any of the following ways:

- leaving a copy directly with the person
- leaving a copy at the person’s residence with an adult who appears to live there
- leaving a copy with the landlord’s agent
- sending a copy via regular or registered mail to the person’s residence, or landlord’s business address leaving a copy in the person’s mail box or mail slot
- attaching a copy to the door or other obvious space at the person’s residence, or a landlord’s business.
- fax

What methods are not allowed?

- Verbally giving information
- Text message
- Email
- Sliding a notice under a door

PROOF OF SERVICE**Witness**

- Witness should not be a co-tenant or family member
- Witness could sign a letter saying the time, date, how it was served, who it was served to etc.

Register mail it from the post office to your landlord’s home or office

If you are alone, you could take a photo of yourself handing the letter to your landlord

Presenter(s)

Section Time

15 Minutes

Landlord's Legal Name and Address

Date:

Tenant's Name:

Tenant's Address:

Landlord's Name:

Method of delivery: (i.e. email, in person, etc.)

Dear Insert Your Landlord's Name,

Section 13 of the *Residential Tenancy Act (RTA)* requires that landlords include their legal name and an address for service in the tenancy agreement. Please provide me with this important contact information, as it is not included in my current agreement.

If you are unwilling, I have the right to complete a land title search and apply for dispute resolution at the Residential Tenancy Branch (RTB) to recover the associated costs from you. I also have the option to apply for an RTB order that you disclose this information and reimburse me for the cost of the dispute resolution application fee.

For additional information, please contact the RTB (gov.bc.ca/landlordtenant) at 604-660-1020 or 1-800-665-8779.

Thank you,

[Signature]

Tenant's Name: Insert Your Name

NOTE: Customize this template to fit your needs before signing and sending it to your landlord. If you are not using registered mail, try to bring someone – ideally, not a roommate or family member – to witness the delivery of the letter and sign the copy you keep, indicating the date and method of service. If no one is available to join you, consider taking a photo or video of yourself delivering the letter. Signed letters to your landlord, along with proof that they were served properly, can be valuable evidence at Residential Tenancy Branch dispute resolution hearings.

Looking Up My Landlord

(From T.R.A.C <https://tenants.bc.ca/>)

The Basics

Landlords are required to include their legal name and an address for service as part of your tenancy agreement. You will need to know this information in order to serve your landlord with certain documents, such as a notice to end your tenancy or a forwarding address for the return of your security and/or pet damage deposit. If a dispute arises and you need to use the Residential Tenancy Branch's dispute resolution service, you will need to list your landlord's legal name on the application, and serve them with the hearing documents. If you know your landlord's email address or have another way of delivering a letter to them, you may want to make a written request for their contact information. See TRAC's template letter, [Landlord's Legal Name and Address](#). If your landlord refuses to give you their legal name and address, you can get this information through a land title search if they are the legal owner of the property.

Completing a Land Title Search

You can follow these steps to complete a land title search:

1. Get the property's nine-digit property identification (PID) number and legal description. You can get this from your City Hall, or online through the [BC Assessment website](http://valuebc.bcassessment.ca/) (<http://valuebc.bcassessment.ca/>). Start typing the address for your rental unit in the search bar, and select it from the drop-down list that appears. When you are on the page for your rental property, the PID number should be listed under "Legal description and parcel ID".
2. Once you have the PID number, you can request a land title certificate from a Land Title Office, or online through MyLTSA.

Land Title Offices in BC

You can request a title certificate from a Land Title office in person or by mail at the following locations:

- **New Westminster Land Title Office**
Suite 300 – 88 Sixth Street
New Westminster, BC V3L 5B3
604-630-9630 or 1-877-577-LTSA (5872)
- **Kamloops Land Title Office**
Suite 114 – 455 Columbia Street
Kamloops, BC V2C 6K4
1-877-577-LTSA (5872) or 604-630-9630
- **Victoria Land Title Office**
Suite 110 – 1321 Blanshard Street
Victoria, BC V8W 9J3
1-877-577-LTSA (5872) or 604-630-9630

If you are mailing your request, you'll need to complete and send the [State of Title Certificate Request form](http://www.ltsa.ca/docs/State-of-Title-Certificate-Request-Form.pdf) (<http://www.ltsa.ca/docs/State-of-Title-Certificate-Request-Form.pdf>), along with payment.

MyLTSA

To complete a land title search online, you'll need to first [create a MyLTSA account](https://apps.ltsa.ca/iam/signup) (<https://apps.ltsa.ca/iam/signup>). Once you have an account, you can do a land title search by entering the PID number for your rental property. The cost for an online search is \$11.61 (tax included).

You can read more about conducting a land title search on the [BC Land Title & Survey website](http://www.ltsa.ca/cms/conducting-a-title-search) (<http://www.ltsa.ca/cms/conducting-a-title-search>).

Serving Documents

(From T.R.A.C <https://tenants.bc.ca/>)

The Basics

Sections 88-90 of the *Residential Tenancy Act (RTA)* cover the rules about how tenants and landlords can give, or “serve”, forms and notices to each other. When it comes to providing your one month written notice, or any other type of form or notice, you should avoid email, text messaging, and social media, and instead use one of the following methods:

1. **In person:** You can serve your written notice in person to your landlord, an adult who lives with your landlord, or an agent of your landlord. If possible, bring a witness so you have proof that your notice was served properly. Write the date, time, and location of the delivery on your copy of the notice and have your witness sign it. A notice delivered in person is considered received that same day.
2. **Post the notice:** You can attach your written notice in a visible spot at your landlord’s home, or the place where they carry out business as a landlord. For example, you can tape the notice to your landlord’s door. If possible, bring a witness so you have proof that your notice was served properly. Write the date, time, and location of the delivery on your copy of the notice and have your witness sign it. Do not slide the notice under your landlord’s door. The *RTA* says that a posted notice is considered received on the third day after being posted.
3. **Mailbox or Mail Slot:** You can put your written notice in the mailbox or mail slot at your landlord’s home, or the place where they carry out business as a landlord. If possible, bring a witness so you have proof that your notice was served properly. Write the date, time, and location of the delivery on your copy of the notice and have your witness sign it. The *RTA* says that a notice left in the mailbox or mail slot is considered received on the third day after being left.
4. **Fax:** You can serve your written notice by fax if your landlord has provided you with a fax number for serving documents. Keep the confirmation printout showing the date and time the fax was sent. The *RTA* says that a faxed notice is considered received on the third day after being faxed.
5. **Mail:** You can serve your written notice using regular or registered mail. If you want proof that your landlord received the notice, send it by registered mail so that the post office can give you confirmation. The *RTA* says that a mailed notice is considered received on the fifth day after being mailed.

Proof of service:

It is important to always have proof that you served a document properly. For example, if you send a letter via registered mail, then you can use the receipt and confirmation of delivery from Canada Post; or if you post a notice on your landlord’s door, consider taking a photo and/or video, or having a witness with you. You may also want to consider using the [Small Claims “Certificate of Service” form](https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/courthouse-services/court-files-records/court-forms/small-claims/scl004f.pdf). <https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/courthouse-services/court-files-records/court-forms/small-claims/scl004f.pdf>

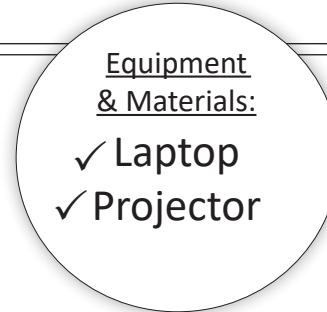
HOUSING

CITY & INSPECTIONS



City and Inspections

Topics	Total Time
<ol style="list-style-type: none"> 1. What to do when your landlord ignores you? 2. What is the city responsible for? 3. How to alert the city to a problem 4. What happens at an inspection? 5. How to use 311 as evidence 	45 Minutes



1

WHAT TO DO WHEN YOUR LANDLORD IGNORES YOU?

WATCH/READ TOGETHER:

- <http://www.cbc.ca/news/canada/british-columbia/vancouver-regent-hotel-tenants-1.3346199> (VIDEO 2:31)
- <http://globalnews.ca/news/2369463/outrage-mounts-over-vancouver-sro-thats-been-without-heat-for-weeks/>
- <http://globalnews.ca/news/2368340/update-city-says-services-at-lion-hotel-restored-tenants-claim-otherwise/>

You wrote a “request for a repair” letter to your landlord and they failed to make a repair in a “reasonable” amount of time.

IF YOUR LANDLORD IS IGNORING YOU, YOU CAN GO OVER THEIR HEAD AND CONTACT THE CITY.

2

WHAT IS THE CITY RESPONSIBLE FOR?

The Single Room Accommodation (SRA) Bylaw requires the City of Vancouver to inspect SROs annually to make sure they are following the “Standards of Maintenance” Bylaw.

The Standards of Maintenance Bylaw requires landlords to keep their buildings in “good repair”, which includes

- heating systems
- plumbing systems
- electrical systems
- fire safety
- pests

If you live in an SRO and your landlord is violating the “Standards of Maintenance” Bylaw, you can make a complaint and have the city come and inspect your building.

Alternatively, the bylaw could be used as evidence for a repair order at a Residential Tenancy Branch (RTB) dispute resolution hearing.

The city has the power to order your landlord to follow the law and to impose fines between \$500 and \$10,000 if they do not comply.

Presenter(s)

Section Time

10 Minutes

3

HOW TO ALERT THE CITY TO A PROBLEM:

You can contact the city by:

311 online

Go to the City of Vancouver website and walk through the steps for this process

<https://vancouver.ca/home-property-development/property-use-and-maintenance.aspx>

Make a call to 311

Presenter(s)

Section Time

5 Minutes



Email is best so that you have a record to keep!

4

WHAT HAPPENS AT AN INSPECTION?

- How long do you wait for an inspector to come?
 - o If the City decides that your issue calls for an inspection, they will try to schedule an inspection within a week.
- Does the inspector talk to the tenant?
 - o Sometimes. Request that the inspector talk to you as the tenant when you contact 311 unless you want to be anonymous about a common area issue.
- Can you ask the city to make sure you are home when the inspector comes?
 - o Yes. You can ask and if you get the run around, keep calling 311 for updates.
- Does the tenant get a copy?
 - o No. This is a huge problem that requires advocacy. You should still ask for a copy and hope you can get it. Copies of inspection reports are essential in housing court evidence packages so that tenants can get compensation etc. In San Francisco, the city always gives tenants a copy of the inspection reports. See attached

ASK THE GROUP: what can go wrong with an inspection?

Add or Emphasize:

- o Backlash from manager after you complain
- o Manager goes to your room with inspector
- o Inspector gets you evicted because of problems
- o Inspector can abandon the process, not call you back etc.

Presenter(s)	Section Time
_____	10 Minutes

5

HOW TO USE 311 AS EVIDENCE:

- If your landlord still hasn't fixed the problem after you reported them to the city, you may want to apply for Dispute Resolution (*next module*).
- Documenting your complaint to the city/311 can be useful evidence when taking your landlord to housing court.
- You can also look up other maintenance, health and safety issues that have been reported for your building on the Rental Standards Database http://app.vancouver.ca/RPS_Net/default.aspx
- You can browse buildings with current issues or search for your building
 - o Go to website and show examples on projector

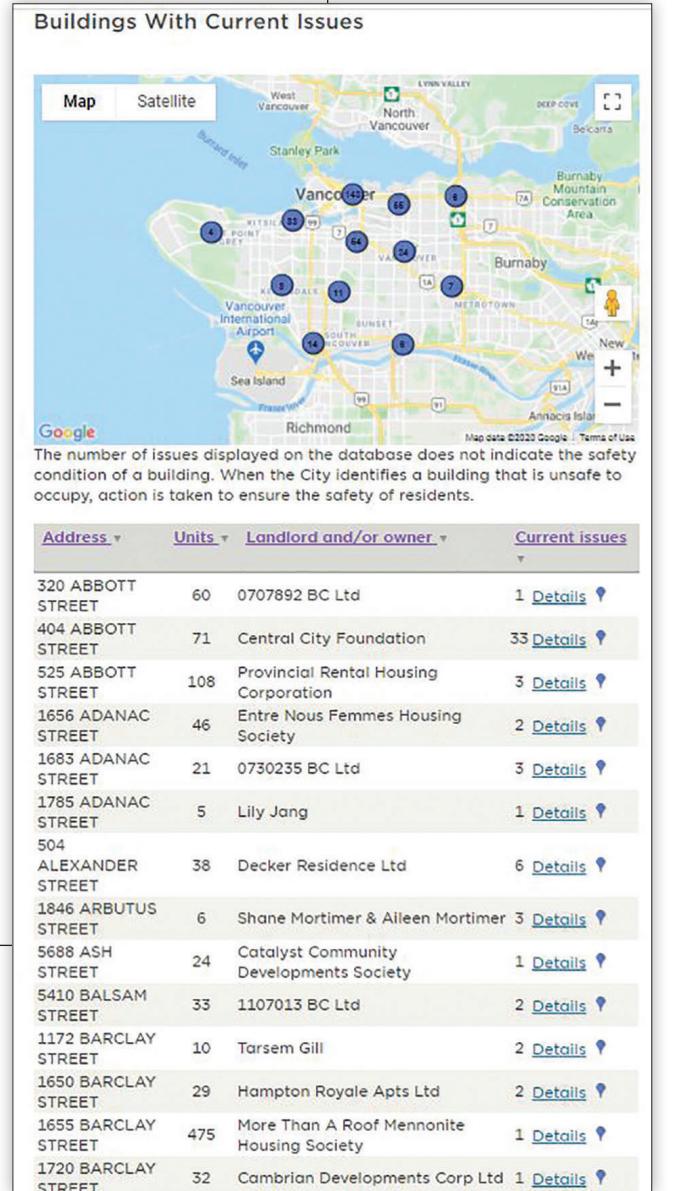
To use your city report as evidence:

- Record the date and time of your interactions with city inspectors
- Get a Tracking #
- Print out the email reply
- Freedom of Information (FOI) the city – look on the website:

<https://vancouver.ca/your-government/freedom-of-information.aspx>

Presenter(s) _____ Section Time

10 Minutes



EXAMPLE INSPECTION REPORT FROM SAN FRANCISCO - BC DOES NOT PROVIDE THESE!



DEPARTMENT OF BUILDING INSPECTION

City & County of San Francisco

1660 Mission Street, San Francisco, California 94103-2414

Housing Inspection Services: (415) 558-6220 - Fax: (415) 558-6249 - www.sfdbi.org

NOTICE OF VIOLATION

Address: _____ Block: _____ Lot: _____

Building Type: R2 Apt. Routine R1 Hotel R3 Complaint

Date of inspection: _____ Next Inspection Within: 3-4 yrs. 2-3 yrs. 1-2 yrs.

1. Repair damaged: _____ Walls at: _____ Ceiling at: _____ 1001, 1301 HC
2. Painting required at: _____ 1001, 1301 HC
3. Repair faulty weather proofing at: _____ Roof: _____ Stucco: _____ Siding: _____ 1001, 1301 HC
4. Repair / Replace Window: _____ Sash Cords: _____ Hardware: _____ Window Frames: _____ Broken Glass: _____ 1001 HC
5. Eliminate mold/mildew on: _____ Walls: _____ Ceiling: _____ at: _____ 1001, 1301 HC
6. Repair / Replace Flooring at: _____ Clean and Sanitize Flooring at: _____ 1001, 1306 HC
7. Repair Plumbing: _____ Toilet: _____ Drain: _____ Sink: _____ Permit Required: _____ 1001 HC
 Provide seismic braces to the hot water heater in upper 1/3rd and one in lower 1/3rd: (4 inches above controls) _____ 1001 (f) HC
8. Repair Electrical: _____ Receptacle: _____ Switch / Light: _____ Permit Required: _____ 1001 HC
9. Provide adequate lighting at: _____ Repair/service emergency exit lights in public areas: _____ 504 HC
10. Service central alarm system: Provide professional annual testing & certification to central alarm system: _____ 809 HC
11. Provide battery operated smoke detectors and maintain / test annually: _____ 909, 911 HC
 In lobby area, At top of each enclosed public stairway and every third floor from the top down: _____ 909, 911 HC
12. Provide min. one Fire Extinguisher for each 3,000 sq. ft. (Type 2A-10BC). Travel distance shall not exceed 75 feet 905, 1001(n)HC / 3.29 SFFC
 Recharge fire extinguishers annually and Date Tag must be posted by a professional service vendor 905, 1001(n)HC
 Replace all painted sprinkler heads 908 HC
13. Demonstrate that all Fire Escape drop ladders are fully operational: _____ Replace rusted cable: _____ 908 HC
 Eliminate egress obstruction at: _____ Back stairs: _____ Exit hallways: _____ 801 HC
 Provide Exit Signs at: _____ 801, 1001(m) Replace double cylinder deadbolt at: _____ 706, 807 HC
14. Repair Wood Stairs: Posts: _____ Stringers: _____ Treads: _____ Repair Hand/Guard Rails: _____ 1001 HC
 Remove Roof Access Wood Utility Ladder Along: _____ 805 HC
 Provide hand/guard rails at 4 risers or more: _____ Building Permit Required to do these repairs: _____ 1001 HC
15. Provide door closer at: _____ At all Smoke & Fire doors: _____ 706, 807 HC
 Repair door lock / hardware at: _____ Provide Entry door viewers: _____ Building / Entry door ID#: _____ 706 HC
16. Remove combustible storage from _____ or provide a sprinkler system / Permit Required. 904, 1001, 1307 HC
 Remove rubbish/trash at: _____ Clean and sanitize: _____ 904, 1001, 1307 HC
17. Eliminate rodent/cockroaches infestation: _____ 1001, 1306 HC
18. Provide heat between 5:00 to 11:00 AM and 3:00 to 10:00 PM. Set heating timer to correct hours: _____ 701 HC
 Maintain a minimum habitable room temperature of 68° during the required hours: _____ 701 HC
 Repair and restore the heating system into its working condition: _____ Adjust / replace thermostat as required: _____ 701 HC
 Maintain Hot Water temperature between 105° to 120° at tap: _____ 505 (d) HC
19. Provide Ventilation at: _____ Garbage Room: _____ Bathroom: _____ 504, 707 HC
20. Provide Utility / Gas Shutoff Tool: _____ Post enclosed gas shut-off diagram in a visible location: _____ 712 HC
21. Work done without permits at: _____ 301 HC Improper occupancy at: _____ 1001 (e) HC
22. Other: _____

No apparent violations observed at the time of this Routine Inspection _____

All items checked MUST be completed within 7 / 15 / 30 days. Reinspection Date: _____

Contact Housing Inspector _____ for final inspection at (415) _____

For every inspection, after the initial re-inspection, a \$170.00 fee will be charged until the violations are abated. SFBC 108.8/Table 1-G

HOUSING

TAKING YOUR LANDLORD TO HOUSING COURT



Taking Your Landlord to Housing Court

Topics

1. Resolving issues without going to court
2. Going to court
3. What if you lose?
4. Who can help you

Equipment & Materials:

- ✓ Laptop
- ✓ Projector
- ✓ Photocopies of handouts
- ✓ Pens

Total Time

65 Minutes

1

RESOLVING ISSUES WITHOUT GOING TO COURT

It is your responsibility to show that you tried to fix the problem by communicating with your landlord BEFORE contacting the RTB.

The following list is suggestions about how to proceed when you find a problem.

Note: If your problem is serious you may decide to write a letter right away rather than meet informally.

The Relationship Approach

- Ask to meet with your landlord and discuss your hopes to resolve these issues between the two of you
- Write/date a letter to your landlord asking for assistance with your problem
- Write/date a letter asking for assistance again but also include a quote from the RTA
- If the issue still hasn't been resolved at this point it may be best to contact the City and/or the RTB.

Presenter(s)

Section Time

15 Minutes

ASK THE GROUP: what are some reasons we may try to speak to the landlord informally before reporting to the city or RTB?

Add or Emphasize:

- Making an email 311 report to city hall is seen as aggressive (landlord backlash at a later date)
- Housing court is long and stressful and can make things worse
- **Risks of RTB:** you don't always get the results that you want

2

GOING TO COURT

What is the RTA?

- The Residential Tenancy Act is the set of laws that govern residential tenancy in BC

What is the RTB?

- The Residential Tenancy Branch is the body that enforces the RTA

The RTB has the power to:

- order your landlord to follow the law;
- order your landlord to pay you money, or “damages”;
- order your landlord to repair your rental unit;
- prevent your landlord from entering your rental unit;
- give you permission to change your locks;
- give you permission to withhold money from future rent payments; and
- cancel an eviction notice that your landlord has given you.

Where are the RTB offices?

- 400 - 5021 Kingsway

A drop-box at the Burnaby RTB Office is available to submit paper applications, evidence and payment. Notice of Dispute Resolution Hearing packages can be picked up in person at the Burnaby RTB Office and kiosks are available for self-service.

- 390 Main Street Entrance is on Hastings Street

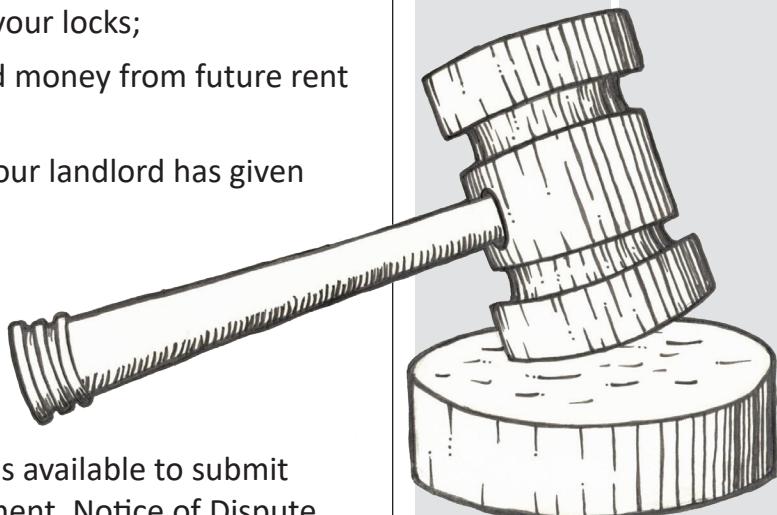
DUE TO COVID CLOSED UNTIL FURTHER NOTICE

Our community outreach office provides limited services for in-person visits. Staff are able to provide information or assist with completing application forms. Please arrive at least 60 minutes before closing so that there's enough time to answer your questions.

Presenter(s) _____

Section Time

30 Minutes



What is a Dispute Resolution Hearing?

The Residential Tenancy Branch (RTB) offers a service called dispute resolution, which is essentially BC's tenant-landlord "court".

When facing a legal problem with your landlord, you can request that a RTB arbitrator look at your case and make a legally-binding decision.

Almost all legal disputes between tenants and landlords must be resolved through the RTB dispute resolution system.

ASK THE GROUP: has anyone done one before?

6 PART PROCESS

1. Application for a hearing (otherwise called a dispute resolution)

- o review how to fill it out
- o proof of income
- o fee waiver

2. Service

Once your dispute resolution application has been accepted, the RTB will provide you with 2 packages - one for you, one for your landlord. The package lists the date and time of your hearing, instructions on how to prepare for your hearing, and copies of the application and submitted evidence.

- o You have 3 days to serve these documents to your landlord
- o note the time, day of service plus witness name and contact info

Optional Activity: Role play service, importance of a witness.

3. Evidence

- o Review "Preparing for a Hearing" TRAC handout (including Monetary Order Form)

4. Serving (Only if you have additional evidence)

- o If you haven't served all your evidence with your application, you must submit it at least 14 days before the hearing. Evidence should always be submitted as soon as possible, because the RTA has the right to refuse evidence that was intentionally submitted later than it could have been. Evidence must also be served to your landlord.

- o Evidence must be served in the same method used in number 2 above to your landlord.

5. Hearing

- o Review "Participating in a Hearing" TRAC handout

6. Decision

- o Review sample decision

3

WHAT IF YOU LOSE?

If you lose you might be able to apply for Review Consideration of the decision

To apply you must meet one of the following reasons:

- You could not attend the hearing due to unforeseen circumstances
- You have new and relevant information that was not available at the time of your hearing
- You have evidence that the decision was obtained by fraud

Important information about your application:

- The Review application form must be submitted in person at a Service BC Centre that accepts RTB forms or the Burnaby Residential Tenancy Branch office.
- The form requires a \$50 filing fee. (or a fee waiver application)
- A copy of the decision or order must be included with this application

After you receive a decision or order, you must submit the application within:

- Two days if related to an early end of tenancy, an order of possession, unreasonable holding of consent for sublet or assignment or a notice to end tenancy for unpaid rent
- Five days if related to a notice to end tenancy for any other reason (other than unpaid rent or utilities), for repairs or maintenance, or services or facilities
- Fifteen days if related to any other part of the Residential Tenancy Act or Manufactured Home Park Tenancy Act not listed above

You may request an extension of the deadline due to unforeseen events, with supporting evidence

Review the Application for Review Consideration

Presenter(s)

Section Time

15 Minutes

4

WHO CAN HELP?

Review “Help with Housing and Landlord Problems” handout

ASK THE GROUP: *do you know of any others?*

Presenter(s)

Section Time

5 Minutes

HANDOUTS:

Tenant Application for Dispute Resolution (10 pages)

Application to Waive Filing Fee (2 pages)

Preparing for a Hearing handout (4 pages)

Participating in a Hearing handout (2 pages)

Sample Decision (5 pages)

Application for Review Consideration (4 pages)

Finding Help With Housing & Landlord Problems (1 page)



**Tenant's Application for Dispute
Resolution Current Tenancy
#RTB- 12T-CT**

How to use this form:

- Paper forms must be submitted in person at a Service BC Centre that accepts RTB forms or the Burnaby Residential Tenancy Branch office.
- The online application is available 24/7 from any computer or mobile device: www.gov.bc.ca/landlordtenant/online
- This application requires a \$100 filing fee

Important information about your application:

- Your application will not be processed unless all required information is provided and legible and the \$100 filing fee has been received, or a fee waiver application has been approved.
- Required information includes:
 - Key Dispute Information
 - At least one issue selected
 - At least one respondent with full name and service address provided
 - Signature
- **You must be able to serve documents to your landlord(s).** If you are unable to serve documents to your landlord(s), your application may not proceed and your \$100 filing fee will not be refunded. If you cannot locate the landlord or representative [click here](#) to learn more or contact the Branch.
- Applications are made available to respondent(s) as part of the Dispute Resolution Proceeding package.

Form Sections

- Section 1: Key Dispute Information
- Section 2: Additional Applicants
- Section 3: Respondent Information
- Section 4: Tenant Issues
- Section 5: Other Tenant Issues
- Section 6: Signature

Your personal information is collected under section 26 (a) and (c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Residential Tenancy Act. If you have any questions regarding the collection of your personal information, please call 604-660-1020 in Greater Vancouver; 250-387-1602 in Victoria; or 1-800-665-8779 elsewhere in B.C.

Section 1: Key Dispute Information

Is the tenant still living in the rental unit?

No (Do not use this form, use #RTB 12T-PT) Yes

What is being rented?

A home, suite, or apartment A site in a manufactured home park

Does the tenant own the manufactured home? (if applicable)

No Yes

Is this application in response to an active dispute file against you?

No Yes (active file #):

Rental Unit/Site Address:

site/unit #	street # and name	city	province	postal code
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Primary Applicant Contact: (This main contact is responsible for serving documents on all parties. The Residential Tenancy Branch will contact this person about this dispute file)

The primary applicant contact is an:

Individual Advocate or Assistant Agent or lawyer

first and middle name (or business name)	last name			
email address (recommended)	contact phone number			
site/unit #	street # and name	city	province	postal code

How does the primary applicant want to receive the Notice of Dispute Resolution Proceeding package?

By email (email address must be provided above, and you must be able to print documents)
 Pick up at a Service BC Centre or the Burnaby Residential Tenancy Branch Office during business hours

Section 2: Second Applicant Contact (if applicable)

The second applicant contact is an:

Individual Advocate or Assistant Agent or lawyer

first and middle name	last name			
email address (recommended)				
site/unit #	street # and name	city	province	postal code

Residential Tenancy Branch

Office of Housing and Construction Standards

#RTB-12T-CT (2020/02)

Use form #RTB-26 Schedule of Parties to include additional parties and/or a separate mailing address. Submit with this application <https://www2.gov.bc.ca/gov/content/housing-tenancy/residential-tenancies/forms>

I am including form #RTB-26 for additional parties and/or mailing address

Section 3: Respondent Information

first and middle name		last name		
business name (if a business)				
site/unit #	street # and name	city	province	postal code
email address (recommended)		contact phone number		

Second Respondent Information (if applicable)

first and middle name		last name		
business name (if a business)				
email address (recommended)		contact phone number		
site/unit #	street # and name	city	province	postal code

Use form #RTB-26 Schedule of Parties to include additional parties and/or a separate mailing address. Submit with this application <https://www2.gov.bc.ca/gov/content/housing-tenancy/residential-tenancies/forms>

I am including form #RTB-26 for additional parties and/or mailing address

Section 4: Tenant Issues: (select all that apply) Common Requests to Cancel Notices to End a Tenancy

I want to recover my \$100 filing fee for this application
 I received a 10 Day Notice to End tenancy for unpaid rent and/or utilities

Date you received the notice: (DD/MM/YYYY)

How did you receive the 10 Day Notice to End Tenancy?

In person Posted on door In mail slot/box Registered mail Other _____

Please describe the reason(s) you are disputing the 10 Day Notice to End Tenancy:

Are you filing your application after the five day dispute period indicated on the Notice and requesting more time to file the application? (You must have a serious and compelling reason why your application is submitted late and be prepared to show an arbitrator why you are late)

Yes

No

Please describe why you are filing after the dispute period:

Section 4: Tenant Issues: (select all that apply)

I received a One Month Notice to End Tenancy for Cause (See section 5 for One Month Notice to End Tenancy for End of Employment)

Date you received the notice: (DD/MM/YYYY)

How did you receive the One Month Notice to End Tenancy?

In person Posted on door In mail box/slot Registered mail Other _____

Please describe the reason(s) that you are disputing the One Month Notice to End Tenancy for Cause:

Are you filing your application after the ten day dispute period indicated on the notice and requesting more time to file the application? (You must have a serious and compelling reason why your application is submitted late and be prepared to show an arbitrator why you are late)

Yes

No

Please describe why you are filing after the dispute period:

<input type="checkbox"/>	I received a Two Month Notice to End Tenancy for Landlord's Use of Property (See section 5 for Two Month Notice to End Tenancy for a tenant who doesn't qualify for subsidized housing)								
Date you received the notice:(DD/MM/YYYY)									
How did you receive the Two Month Notice to End Tenancy for Landlord's Use of Property?									
<input type="radio"/>	In person	<input type="radio"/>	Posted on door	<input type="radio"/>	In mail box/slot	<input type="radio"/>	Registered mail	<input type="radio"/>	Other _____
Please describe the reason(s) you are disputing this Two Month Notice to End Tenancy:									
<p>Are you filing your application after the fifteen day dispute period indicated on the notice and requesting more time to file the application? (You must have a serious and compelling reason why your application is submitted late and be prepared to show an arbitrator why you are late)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>									
Please describe why you are filing after the dispute period:									

Other Issues: (select all that apply)

I want to recover my \$100 fee for filing this application

I want the landlord to comply with the Act, Regulations, or tenancy agreement

Please describe what you want the landlord to comply with and why:

I want compensation from the landlord for monetary loss under the Act, Regulations or tenancy agreement

Total amount you are seeking: \$

Please describe the monetary loss(es):

I want the Landlord to make repairs, that I requested in writing

Please describe what you want repaired and include a copy of the written request to the landlord:

I want to reduce rent for repairs, services, or facilities agreed upon but not provided

Monthly rent reduction \$
you are seeking:

Please describe which services or facilities are not being provided and why you want a rent reduction:

I want to suspend or set conditions on the Landlord's right to enter the rental unit or site

Please describe why you want to suspend or set conditions on the Landlord's right to enter the rental unit and why this is reasonable:

I want the Landlord to provide services or facilities required by the tenancy agreement, Act or Regulations

Please describe which services or facilities you want your landlord to provide:

Section 5: Other Tenant Issues: Other Notices to End Tenancy that I am Requesting to Cancel

- One Month Notice to End Tenancy for End of Employment
- Two Month Notice to End Tenancy because the tenant doesn't qualify for subsidized rental unit
- Four Month Notice to End Tenancy for demolition, renovation, repair or conversion of rental unit
- 12 Month Notice to End Tenancy for conversion of Manufactured Home Park

On what date was the Notice to End Tenancy received? (DD/MM/YYYY)

How was the Notice to End Tenancy received?

- In person
- Posted on door
- In mail slot/box
- Registered mail
- Other _____

Please describe why you are disputing the notice selected above:

Are you filing your application after the dispute period indicated on the notice and requesting more time to file the application? (You must have a serious and compelling reason why your application is submitted late and be prepared to show an arbitrator why you are late)

- Yes
- No

If you are disputing more than one notice(s), for which notice are you requesting more time?

Please describe why you are filing after the dispute period:

General Issues:

- I want the Landlord to allow access to the rental unit or site for me and/or my guest(s)
- I want my personal property returned
- I want authorization to change the locks to the rental unit
- I want to be allowed to assign or sublet and the Landlord's permission has been unreasonably withheld

Please describe why you are requesting the issue(s) selected above:

Seeking Compensation Issues:

- I want to be repaid for the cost of emergency repairs I paid for

Please describe how you advised your landlord of the emergency repairs and include a Monetary Order Worksheet listing the expenses incurred:

- I want to dispute a rent increase that doesn't comply with the Act

Please describe why the rent increase doesn't comply with the Act:

- I want to add another issue that is not listed in this application form and I am including form #RTB 12T- O

Section 6: Declaration: By signing below, I certify that:

- I am the primary applicant or an authorized agent of the primary applicant.
- All information that is being provided in this application is true, correct, and complete to the best of my knowledge.
- I understand it is a legal offense to provide false or misleading information and evidence to the Residential Tenancy Branch.
- By signing this application, I have the authority to act on behalf of the applicant(s) as the primary applicant for this dispute and that I will share all communication about this dispute with the other applicant(s) if more than one applicant is listed on this form.
- I authorize the Residential Tenancy Branch to enter this information on my behalf.

DD/MM/YYYY	full name of primary applicant (print)	signature of primary applicant
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Residential Tenancy Branch Contact Information:

Email: HSRTO@gov.bc.ca Note: Evidence cannot be submitted by email.

Website: www.gov.bc.ca/landlordtenant

Phone: (604) 660-1020 in Greater Vancouver; (250) 387-1602 in Victoria, 1-800-665-8779
DO NOT CALL THIS NUMBER FOR YOUR HEARING

In Person: **Lower Mainland**

400 - 5021 Kingsway
Burnaby, BC, V5H 4A5

Outside of Lower Mainland

Visit one of our many Service BC Offices, listed at www.servicebc.gov.bc.ca



How to use this form:

- You can apply for a fee waiver online with your Application for Dispute Resolution.
- Paper applications must be submitted in person at a Service BC Centre that accepts RTB forms or the Burnaby Residential Tenancy Branch office.

Important information about this application:

- Applicants with limited income or who have unforeseen extraordinary expenses that would make paying the filing fee a hardship can apply to have the fee waived.
- Applicants must provide information to support the fee waiver, including:
- **Household size:** The total number of residents and their family members or dependents living in this unit or dwelling.
- **Monthly income:** Total recent monthly income before deductions of all household members.
- **Proof of income:** Copies of documentation proving the monthly income for all household members.
- **Extraordinary expenses:** Details of any extraordinary expenses within the past eight weeks and supporting evidence.
- Landlords or Tenants who have incurred extraordinary expenses within the past eight weeks that would make paying the filing fee a hardship may contact the Residential Tenancy Branch to inquire about this application. There must be evidence to support extraordinary expense(s).

Form Sections:

Section 1: Applicant Information

Section 2: Household and Income Information

Section 3: Declaration and Signature

Why are you applying for a fee waiver? (select one)

Extraordinary expenses

Limited income

Section 1: Applicant Information

first and middle name(s)	last name(s)			
email address (recommended)				
site/unit #	street # and name	city	province	postal code

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Section 2: Household and Income Information (as a landlord you must include your rental income in the section)

	What is the total number of tenants/occupants and their family members or dependents living in the unit or dwelling?		
	What is the total monthly income before deductions of all household members counted above?		
What is the size or population of the city, town or community where the address is located? (select one)			
<input type="radio"/> Rural <input type="radio"/> less than 30,000 <input type="radio"/> 30,000-499,999 <input type="radio"/> Over 500,000			

Income Information: (please select the documents you are providing with this application)

<input type="checkbox"/> Income Assistance Statement	<input type="checkbox"/> Bank statements for two most recent months
<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Scholarship statement(s)
<input type="checkbox"/> Pension Statement(s)	<input type="checkbox"/> Proof of rental income (rent ledgers, rent receipts, bank statements)
<input type="checkbox"/> Recent pay stub(s) from employer(s)	<input type="checkbox"/> Other:

Provide details of your request:

Section 3: Declaration: By signing below, I certify that:

- I am the primary applicant or an authorized agent of the primary applicant.
- All information that is being provided in this application is true, correct, and complete to the best of my knowledge.
- I understand it is a legal offense to provide false or misleading information and evidence to the Residential Tenancy Branch.
- By signing this application, I have the authority to act on behalf of the applicant(s) as the primary applicant for this dispute and that I will share all communication about this dispute with the other applicant(s) if more than one applicant is listed on this form.
- I authorize the Residential Tenancy Branch to enter this information on my behalf.

DD/MM/YYYY	full name of primary applicant (print)	signature of primary applicant
------------	--	--------------------------------

Residential Tenancy Branch Contact Information

Email: HSRTO@gov.bc.ca Note: Evidence cannot be submitted by email.

Website: www.gov.bc.ca/landlordtenant

Phone: Greater Vancouver: 604-660-1020 Victoria: 250-387-1602 1-800-665-8779
DO NOT CALL THIS NUMBER FOR YOUR HEARING

In Person: **Lower Mainland**

400 - 5021 Kingsway
Burnaby, BC, V5H 4A5

Outside of Lower Mainland

Visit one of our many Service BC Offices, listed at www.servicebc.gov.bc.ca

Preparing for a Hearing

(from TRAC | <https://tenants.bc.ca>)

The Basics

To be successful at dispute resolution, you will have to gather and submit enough quality evidence to convince an arbitrator to rule in your favour. Telling your side of the story is generally not enough; you should be prepared to present relevant evidence in a convincing manner.

Gathering and Submitting Evidence

Here are some examples of evidence that you should consider submitting:

- Tenancy agreement: Your landlord is legally required to give you a copy of your tenancy agreement within 21 days of entering into your tenancy.
- Written communication: Include written communication that strengthens your case, such as letters, forms, and notices. Relevant emails, texts, and social media messages may also be considered by arbitrators.
- Photos: Add descriptions of the photos and when they were taken. You should number and label them in a consistent fashion – for example, “Living Room Photo 1” and “Living Room Photo 2”.
- Audio and video recordings: Indicate which parts of the audio recordings and videos you would like the arbitrator to listen to and watch.
- Witnesses: Have witnesses speak at the hearing or submit signed witness statements.
- Affidavits: Submit affidavits (sworn statements) signed by you or your witnesses. A lawyer, Notary Public, or Commissioner of Oaths can assist you with this process. Affidavits may cost money but are generally considered stronger evidence than unsworn statements.
- Receipts: You will need proof of the expenses you paid when seeking a monetary order.
- Monetary Order Worksheet: If you are applying for a monetary order, you must submit the Residential Tenancy Branch form, “Monetary Order Worksheet”.



Monetary Order Worksheet

Attach copies of receipts or professional estimates to support your claim.
Please number each document for easy reference.

#RTB-37

Note: This worksheet will help you submit and present your evidence in a clear and organized manner. Use this worksheet when submitting evidence to the Residential Tenancy Branch and to the other party. For more information on serving evidence, visit our website: www.gov.bc.ca/landlordtenant

File #: You are the: Applicant RespondentYou are the: Landlord/Agent Tenant/Agent

Your full name (if name is a business name, enter the full legal business name in the 'last name' box)
 last name or the full legal business name
 first and middle name(s)
 last name or the full legal business name
 first and middle name(s)

Dispute Address: (as recorded on the tenancy agreement)
 street number and street name
 city
 B.C. province postal code
 site/unit number

Your monetary claim is for:
 Unpaid rent/utilities Keeping/Returning all or part of deposits
 Costs of repairing damage Emergency repairs
 Cleaning costs Other losses:

In support of your claim, you are submitting copies of the following documents:
 Tenancy agreement Utilities bills
 Move-in inspection report Photos (numbered and labelled)
 Move-out inspection report Receipts (itemized on reverse side)
 End of tenancy notice Invoices (itemized on reverse side)
 Forwarding address notice Written estimates (itemized on reverse side)
 Rent increase notice Letters/statements from third parties
 Returned cheques Other:

Document Number	Receipt/Estimate From	For	Amount
#1			\$
#2			\$
#3			\$
#4			\$
#5			\$
#6			\$
#7			\$
#8			\$
#9			\$
#10			\$

Total monetary order claim \$ Print name

Your personal information is collected under section 26 (a) and (c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Residential Tenancy Act* and *Manufactured Home Park Tenancy Act*. If you have any questions regarding the collection of your personal information, please contact an information officer by calling 604-660-1020 in Greater Vancouver; 250-387-1602 in Victoria, or 1-800-665-8779 elsewhere in B.C.

FOR MORE INFORMATION

RTB website: www.gov.bc.ca/landlordtenant Greater Vancouver 604-660-1020 Victoria 250-387-1602
 Public Information Lines 1-800-665-8779 (toll-free)

Residential Tenancy Branch
 Office of Housing and Construction Standards
 #RTB-37 (2011/06)

Page 1 of 2

#RTB-37

Signature _____
 Landlord/Agent/Tenant
 (please circle correct one)

Page 2

#RTB-37

Deadlines to Submit Evidence

All evidence that you want to rely on at dispute resolution needs to be submitted to the Residential Tenancy Branch (RTB) and properly served on your landlord.

The person applying for dispute resolution – the “applicant” – should do their best to submit evidence with their application. If that is not possible, the RTB and the respondent must receive the evidence at least 14 days before the hearing. Evidence should always be submitted as soon as possible, as arbitrators have the right to refuse evidence that was intentionally submitted later than it could have been.

The person responding to the application – the “respondent” – must ensure that all their evidence is received by the RTB and the applicant at least 7 days before the hearing. Again, if evidence submission is intentionally delayed, the arbitrator may decide to not consider it.

Late evidence: If you miss the deadline for submitting evidence, you can still submit your evidence late. Be prepared to have an argument ready for why the arbitrator should consider the evidence at the hearing. For example, the evidence may have only become available after the evidence deadline. If your landlord brings up evidence during a hearing that you did not receive on time, you can ask the arbitrator to not consider it, or to adjourn (reschedule) the hearing to a later date. See [section 3.17](#) of the Rules of Procedure for more information.

Service rules: The way that evidence is served can affect when it is legally considered received. See TRAC’s webpage, [Serving Documents](#), for more information.

Digital Evidence

Tenants who have filed for dispute resolution must, where possible, digitally submit evidence to the RTB through their online system. If you are not able to upload evidence in this manner, you can still submit physical copies directly to the RTB, or to any Service BC Centre across the province. Digitally submitting evidence to the RTB will make it available to the arbitrator handling your case, but the RTB will not send copies to your landlord on your behalf. This means that, when you digitally submit evidence to the RTB, you must also serve copies of that evidence to your landlord using an accepted method of service according to the Residential Tenancy Act.

When submitting digital evidence, you should ensure that your evidence is well organized. According to [section 3.10.1](#) of the Rules of Procedure, digital evidence should be accompanied by descriptions of the evidence, logical numbering systems for photographs, a time code for the key point in any audio or video recordings, etc. You must also submit RTB form, "[Digital Evidence Details](#)". This form will help keep your evidence organized for the arbitrator, and ensure you follow the required steps for service.

When serving digital evidence on your landlord, you must ensure that they are able to access the evidence. For example, if you submit video evidence to the RTB online, and then make a DVD of that video to serve on your landlord, you must confirm with your landlord that they have playback equipment for the DVD, or can somehow access the information on the disc. When asked about whether they can access a particular format, your landlord must reply as soon as possible. If you choose to submit digital evidence, you must keep exact copies of that evidence for two years after the dispute resolution process has concluded. See sections 3.0 and 3.10 of the [Rules of Procedure](#) and [RTB Policy Guideline 42](#) for more information.

Participating In a Hearing

The Basics

Dispute resolution hearings are almost always held over the phone. When you apply for dispute resolution, you will be given a hearing package with instructions on how to connect to the conference call. Make sure to keep these instructions in a safe place and have them ready for the start of your hearing. It is always a good idea to connect to the conference call early, so that you have time to address any potential technical issues before the hearing starts. If you are unable to connect to the conference call due to matters outside of your control, you may have to submit an [Application for Review Consideration](#).

Start of the Hearing

The arbitrator will explain how the hearing will proceed and address any preliminary matters. This is the time to mention anything that needs to be dealt with before the hearing starts. For example, you may have to mention that an advocate will be representing you, a witness will be providing evidence, or that you need to amend your application.

Requesting an adjournment: You may need to request that your hearing be adjourned (rescheduled). For example, this could happen if you did not receive your landlord's evidence in time to prepare a response. The decision to adjourn the hearing or proceed with the hearing will be up to the arbitrator handling your case.

During the Hearing

You should be given a fair chance to argue your case, ask questions, and share evidence, including witness testimonies. Make sure to present your evidence clearly and concisely, and avoid raising issues that are irrelevant to your application. It is important to guide the arbitrator through your evidence; do not assume that they will understand everything on their own.

The applicant generally presents their evidence first, followed by the respondent. One exception to this rule is when a tenant is disputing an eviction notice. For those hearings, the respondent landlord must present their evidence first and explain why the eviction notice should be upheld. The tenant will then be given a chance to present their own evidence and defend their housing.

Negotiating a settlement: The arbitrator may suggest that you and your landlord negotiate a settlement during the hearing. Do not feel pressured to agree to a settlement unless you are completely satisfied with the terms.

Behaviour: Participating in a dispute resolution hearing can be an emotional experience, but it is important to always act in a professional manner and not interrupt anyone while they are speaking. Instead, write down your questions or concerns so that you can address them later. Speak clearly and respectfully to both the arbitrator and your landlord, and never raise your voice or use inappropriate language. Bad behaviour could hurt your credibility and, in turn, your chances of winning your hearing. If you believe it will be difficult to remain professional at your hearing, consider asking a friend, family member, or legal advocate to help you present your case.

End of the Hearing

At the end of the hearing, the arbitrator may inform you of their decision or they may decide to take more time to review the evidence. According to [section 77](#) of the *Residential Tenancy Act*, arbitrators are required to reach a decision within 30 days. For hearings about eviction notices and other urgent matters, arbitrators will usually make their decision within a few days.

SAMPLE DECISION



Dispute Resolution Services

Page: 1

Residential Tenancy Branch
Office of Housing and Construction Standards

DECISION

Dispute Codes ERP, MNDC, OLC, PSF, RP, RR

Introduction

This is an application filed by the tenants for a monetary order for compensation for damage or loss under the Act, regulation or tenancy agreement. The tenants also seek Orders that the landlord comply with the Act, regulation or tenancy agreement, to make emergency repairs for health or safety reasons, to make repairs to the unit, provide services or facilities required by law, and to allow the tenants to reduce their rent for repairs, services or facilities agreed upon but not provided.

Both parties attended the hearing and were given full opportunity to present evidence and make submissions. The parties acknowledged receipt of evidence submitted by the other and gave affirmed testimony.

Preliminary Issues

At the outset of the hearing, the tenants advocate advised that the tenants in units #115 and #224 wish to abandon their application, accordingly, I dismiss those applications in their entirety.

On January 26, 2016 the tenants advocate submitted documentation to the Branch and the landlords counsel stating that as of January 21, 2016 all the applicants had their heat and hot water restored and that the only "live issue" was that of monetary compensation.

At the commencement of this hearing the tenants advocate submitted that the tenants in units #214, #215, & #102 are having issues with the heat and hot water again. The tenants advocate submits that service is intermittent and that those tenants seek an emergency repair order and rent abatement until those services have been restored.

The landlord and his counsel advised that this is the first they heard of these issues. The landlords counsel submits that the landlord has not been given any notice or any

reasonable opportunity to address the issue. The landlords' plumber was in attendance for this conference and advised that the tenants could contact him directly for any issues relating to the heat and hot water. Counsel advised that the landlord was more than willing to investigate this and conduct any necessary repairs but objected to this being part of this hearing.

Residential Tenancy Branch Rules of Procedure 4.7 addresses the issue before me as follows.

4.7 Objecting to a proposed amendment

A respondent may raise an objection at the hearing to an Amendment to an Application for Dispute Resolution on the ground that the respondent has not had sufficient time to respond to the amended application or to submit evidence in reply.

The arbitrator will consider such objections and determine if the amendment would prejudice the other party or result in a breach of the principles of natural justice. The arbitrator may hear the application as amended application with or without leave to reapply, or adjourn.

After considering both parties submissions, I find that the landlord has not had an opportunity to address the most recent issue relating to the heat and hot water and find it would be prejudicial to include the requested amendment as part of this hearing, accordingly; the request for emergency repairs and rent abatement is dismissed with leave to reapply. The issue of monetary compensation is the only issue to be addressed in this decision. The hearing was conducted and completed on that basis.

Issues to be Decided

Are the tenants entitled to monetary compensation as claimed?

Background and Evidence

The advocate made the following submissions. The single room occupancy hotel has two addresses associated with this one building. The advocate submits that the tenants are seeking monetary compensation for the time from July 2015 to January 2016. The advocate submits that the tenants seek \$75.00 for loss of heat and \$75.00 for loss of hot water = \$150.00 per month x 7 months = \$1050.00. The advocate submits this calculation is applicable to all of the tenants except for the tenant in unit # 122. The

tenant in unit #122 moved in September 2015 and seeks a monetary order of \$150.00 per month x 5 months = \$750.00.

The advocate submits that this building has a long history of not providing heat and hot water in a consistent manner. The advocate submits that one of the subject tenants' has lived in the hotel for six years and has rarely had heat and hot water. The advocate submits that the tenants are trying to be reasonable with the landlord and only seek compensation from the time period the advocate was obtained to assist them with this process. The advocate submits that the landlord has been resistant to making any repairs. The advocate submits that only when the City of Vancouver stepped in and issued work orders in November 2015, the landlord finally made attempts to address the problems. The advocate submits that despite these orders, the landlord did not resolve the problems in a reasonable time frame.

The advocate submits that the tenants have made calls to the City of Vancouver throughout the year to complain about this issue. The advocate submits that when the tenants would advise the onsite manager of these issues, he would tell them that there is nothing he could do or that the repair was too expensive to conduct.

Counsel for the landlord gave the following submissions. Counsel submits that the building is over 100 years old and that the heating and hot water system is a difficult one to maintain. Counsel submits that they do not dispute that there have been some intermittent problems with the heat and hot water, however, the duration of each issue was short and quickly addressed. Counsel submits that the building underwent a heating and hot water system upgrade in 2012. Counsel submits that the landlord has made all reasonable attempts to mitigate and repair the system as needed. Counsel submits that the landlord had difficulty finding a plumber that would even come and inspect a system in a building this old. Counsel submits that the landlord also had problems getting the correct parts.

Counsel submits some of the parts were specialty items that came from California that were delayed. Counsel submits that the only time the building was without heat and hot water was November 1-23, 2015. Counsel submits that although the tenants were without that service the landlord should not have to pay any compensation as he was doing all that he possibly could. Counsel submits that the landlord offered brand new space heaters to any resident that wanted one to mitigate the lack of heat problem.

Counsel submits that the plumber gave his phone number out to a number of residents and advised them that they could contact him at any time if they had any further issues.

Counsel submits that each time a tenant notified the landlord about a hot water or heat issue; the landlord responded quickly and repaired the problem. Counsel submits that the landlord has invested a large amount of money repairing and updating the building. Counsel submits that the tenants should not be entitled to any monetary award.

Analysis

Section 67 of the Act states that when a party makes a claim for damage or loss the burden of proof lies with the applicant to establish their claim. To prove a loss the applicant must satisfy all four of the following four elements:

1. Proof that the damage or loss exists,
2. Proof that the damage or loss occurred due to the actions or neglect of the other party in violation of the Act, Regulation or tenancy agreement,
3. Proof of the actual amount required to compensate for the claimed loss or to repair the damage, and
4. Proof that the applicant followed section 7(2) of the Act by taking steps to mitigate or minimize the loss or damage being claimed.

The tenants have provided documentary evidence that the City of Vancouver became involved in November 2015. The documentation provided shows that there were ongoing issues with the heat and hot water. The tenants stated that even though the landlord provided space heaters to them on November 23, 2015, the heat and hot water problem wasn't resolved. The tenants gave testimony that even after the City of Vancouver issued a 60 day notice to conduct repairs; the landlord did not comply until January 21, 2016. Counsel for the landlord submits that the most the tenants were without heat and hot water was 23 days and the landlord acted in a reasonable manner.

Counsel further submitted that the landlords' plumber gave testimony that none of the tenants contacted him in regards to any issues after he provided them with his phone number and therefore the problems could not have been that significant.

Several of the tenants gave testimony that the heat has been "off and on" throughout the past year. The tenants stated they told the resident manager about the problems. Those same tenants stated that it has been working at times during the year. The tenants are seeking compensation for the time period of July 2015 to January 2016.

I fully accept that there have been issues with the heat and hot water at this location, however, the tenants have not provided sufficient and clear evidence as to when the

issues arose, the length of time they were without services, and sufficient proof that they took steps to mitigate or minimize the loss for the entire time as they claim.

The tenants have not provided sufficient evidence to meet all four of the grounds as outlined above for monetary compensation for the months of July 2015 – October 2015. However, I am satisfied that the tenants have provided sufficient evidence for a monetary award from November 2015- January 2016, the documentation provided by the tenants from the City of Vancouver supports that time frame. In addition, the landlord concedes that there were ongoing issues with the heat and hot water from November to January. I also find that the \$75.00 sought for loss of hot water and \$75.00 for loss of heat to be reasonable. Each tenant is entitled to compensation for loss of heat \$75.00 and loss of hot water \$75.00 = \$150.00 per month x 3 months = \$450.00.

Conclusion

As for the monetary order, I find that the each of the eight tenants that proceeded with their applications, have established a claim for \$450.00 per tenant. I grant each tenant an order under section 67 for the balance due of \$450.00. This order may be filed in the Small Claims Division of the Provincial Court and enforced as an order of that Court or they may deduct their monetary award from future rent due to the landlord.

This decision is made on authority delegated to me by the Director of the Residential Tenancy Branch under Section 9.1(1) of the *Residential Tenancy Act*.

Dated: February 23, 2016



J. Gerald, Arbitrator
Residential Tenancy Branch

How to use this form:

- This paper form must be submitted in person at a Service BC Centre that accepts RTB forms or the Burnaby Residential Tenancy Branch office.
- This form requires a \$50 filing fee.

Important information about your application:

- You must meet one of the following reasons:
 - You could not attend the hearing due to unforeseen circumstances
 - You have new and relevant information that was not available at the time of your hearing
 - You have evidence that the decision was obtained by fraud
- After you receive a decision or order, you must submit this application within:
 - **Two days** if related to an early end of tenancy, an order of possession, unreasonable holding of consent for sublet or assignment or a notice to end tenancy for unpaid rent
 - **Five days** if related to a notice to end tenancy for any other reason (other than unpaid rent or utilities), for repairs or maintenance, or services or facilities
 - **Fifteen days** if related to any other part of the Residential Tenancy Act or Manufactured Home Park Tenancy Act not listed above
- You may request an extension of the deadline due to unforeseen events, with supporting evidence
- A copy of the decision or order must be included with this application
- Your application will not be processed until the filing fee is received or a fee waiver has been approved
- All required information must be provided and legible. Required information includes:
 - Key Dispute Information
 - At least one ground for review selected
 - Signature
- You must attach all evidence to support your application including all evidence to support your application.
- **Do not resubmit evidence from the original hearing**

Form Sections:

Section 1: Key Dispute Information Section

2: Grounds for Review

Section 3: Declaration and Signature

Your personal information is collected under section 26 (a) and (c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Residential Tenancy Act. If you have any questions regarding the collection of your personal information, please call 604-660-1020 in Greater Vancouver; 250-387-1602 in Victoria; or 1-800-665-8779 elsewhere in B.C.

Section 1: Key Dispute Information

Who is filing this review application?

I am a **landlord** or authorized representative

I am a **tenant** or authorized representative

Residential Tenancy Branch File Number:
(e.g., 123456789)

Your Dispute Access Code: (e.g., HT3Kf4u)

Date you received the Decision or Order:

Requester Information

first and middle name	last name			
email address (recommended)	phone number			
site/unit#	street # and name	city	province	postal code

Request for Extension of Time to Apply for Review

I am requesting an extension of time to make this application

Please describe why you are not able to apply for review within the required time frame. List and attach evidence to support your reasons.

Section 2: Grounds for Review: (Select all that apply and provide a brief description of each one)

I was not able to attend the hearing due to circumstances that could not be anticipated and were beyond my control (e.g., an earthquake or medical emergency). You must provide evidence showing why you were not able to attend the original hearing.

Please describe what happened that was beyond your control and could not have been anticipated that prevented you from attending the original hearing.

Section 2: Grounds for Review (Select all that apply and provide a brief description of each one)

What testimony or additional evidence would you have provided if you were at the hearing?

I have new and relevant evidence that was not available at the time of the hearing. (You must include new and relevant evidence that was not available at the time of the original hearing)

List each item of new and relevant evidence and state why it was not available at the time of the hearing and how it is relevant.

I have evidence that the decision was obtained by fraud (Three elements are required to show a decision was obtained by fraud: (1) false information was submitted, (2) the person submitting the evidence knew it was false, and (3) the false information was used to get the desired outcome. You must include evidence showing how fraud was used to get the original decision or order).

Which information submitted for the initial hearing was false and what information would have been true?

Section 2: Grounds for Review (Select all that apply and provide a brief description of each one)

How did the person who submitted the information know it was false?

How do you think the false information was used to get the desired outcome?

Section 3: Declaration: By signing below, I certify that:

- I am the primary applicant or an authorized agent of the primary applicant.
- All information that is being provided in this application is true, correct, and complete to the best of my knowledge.
- I understand it is a legal offense to provide false or misleading information and evidence to the Residential Tenancy Branch.
- By signing this application, I have the authority to act on behalf of the applicant(s) as the primary applicant for this dispute and that I will share all communication about this dispute with the other applicant(s) if more than one applicant is listed on this form.
- I authorize the Residential Tenancy Branch to enter this information on my behalf.

DD/MM/YYYY	full name of primary applicant (print)	signature of primary applicant
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Residential Tenancy Branch Contact Information

Email: HSRTO@gov.bc.ca Note: Evidence cannot be submitted by email.

Website: www.gov.bc.ca/landlordtenant

Phone: Greater Vancouver: 604-660-1020, Victoria: 250-387-1602, 1-800-665-8779

DO NOT CALL THIS NUMBER FOR YOUR HEARING

In Person: **Lower Mainland**

400 - 5021 Kingsway
Burnaby, BC, V5H 4A5

Outside of Lower Mainland

Visit one of our many Service BC Offices, listed at www.servicebc.gov.bc.ca

Finding Help with Housing & Landlord Problems

ARE YOU
LOOKING FOR HOUSING?

Atira Women's Housing Outreach

101 East Cordova
(604) 331-1407 (x 107)

NEED HELP
FIGHTING YOUR LANDLORD?

Carnegie Outreach Team

360 Jackson Avenue
Office: (604) 665-3318
Outreach: (604) 968-1825
Outreach: (604) 968-1084

First United Church Advocacy

Monday/Wednesday/Friday 930am INTAKE
Tuesday/Thursday 1230pm INTAKE
320 Hastings Street
(604) 681-8365

SRO Collaborative
Call Wendy in advance
(604) 839-0379

Youth for Chinese Seniors
Chinese Seniors Outreach Worker
Chanel (speaks Cantonese)
(778) 889-3088

DO YOU NEED TO
PRINT AND/OR PHOTOCOPY
DOCUMENTS FOR EVIDENCE?

Carnegie Library
401 Main Street (Main and Hastings)
*They also have computer/internet access
* \$0.15 per copy to use their photocopier/printer
604-665-3010

SRO Collaborative
Call Wendy in advance
(604) 839-0379

Check to see if the advocate that you're
working with or any drop-in centre
you visit has access to a printer/
photocopier (they probably
do!)

HOUSING

DOOR KNOCKING & LANDLORD BACKLASH



Door Knocking and Landlord Backlash

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. Canvassing door-to-door for neighbour support 2. How to deal with landlord backlash 3. Discuss the Basics 	<p><u>Equipment & Materials:</u></p> <ul style="list-style-type: none"> ✓ Markers ✓ Flip chart ✓ Photocopies of handouts 	45 Minutes

1

CANVASSING DOOR-TO-DOOR FOR NEIGHBOR SUPPORT

ASK THE GROUP: *why should we get support from neighbors?*

Add or Emphasize:

- More likely to win in court
- You might have common issues
- Neighbors can back you up when things go wrong
- Witnesses are a type of evidence that you can use to prove a fact.
- Power in numbers --- You will have more power for campaigns like no heat, rats, violence, personal mailboxes, replacement housing etc.

ASK THE GROUP:

Has anyone door knocked?

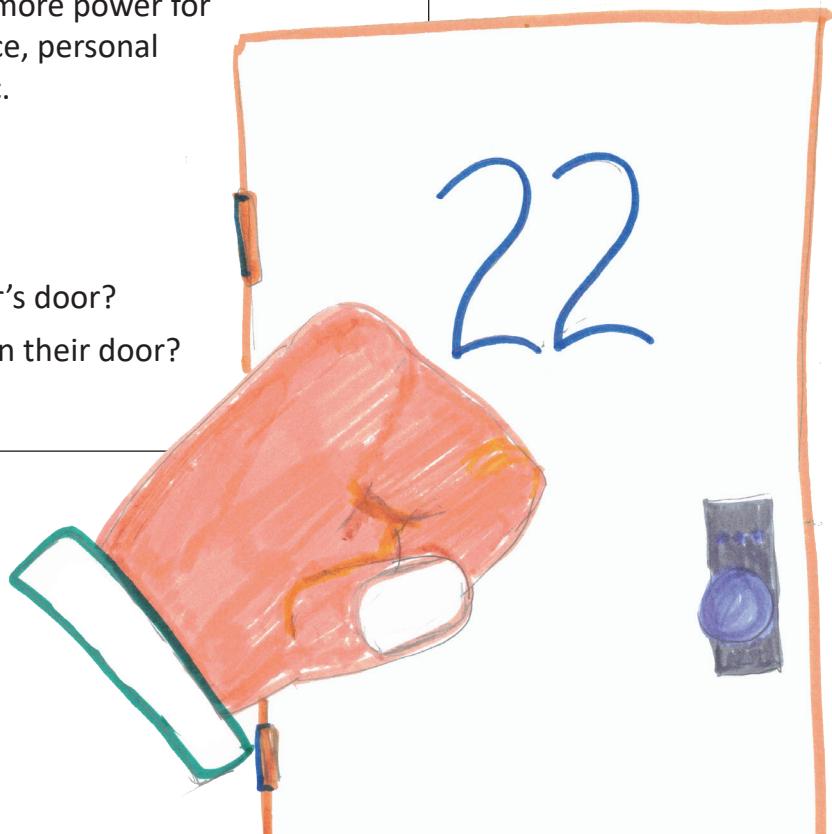
Has anyone door knocked on a stranger's door?

Has anyone ever had someone knock on their door?

Presenter(s)

Section Time

20 Minutes



2 ROLE PLAYS - ASK FOR VOLUNTEERS TO DEMONSTRATE THE TWO EXAMPLES BELOW:

1) BAD EXAMPLE – the door knock goes badly and doesn't include all the elements of a good door knock

Discuss: Was it effective? (No) Why not?

2) GOOD EXAMPLE – goes well and all the elements of a door knock are in place

Discuss: Was it effective? (Yes) What made it effective?

Brainstorm: elements of a Successful Door Knock

Distribute “Elements of a Successful Door Knock” handout and add what the group came up with

2

LANDLORD BACKLASH

ASK THE GROUP: *what kinds of landlord backlash have you experienced?*

- What can you do if your landlord is harassing you?
- How can you use the Residential Tenancy Branch to stop landlord backlash?
- How many people here have experienced or seen cases of landlord backlash? What are some examples? Why do landlords do this? What did you do to stop it?

Things you should do if your landlord is harassing you:

- If not criminal, then write them a letter and ask them to stop
- Serve the letter properly
- Keep a copy of the letter
- Call 911 or non emergency
- Ask an advocate for help
- Talk to your neighbours to find out if it is happening to them too and whether they can be a witness
- File RTB complaint

Presenter(s)	Section Time
_____	15 Minutes

3

DISCUSS THE BASICS:

Have the group vote on 1 out of 5 topics:

- 1) Quiet Enjoyment
- 2) Landlord Entry
- 3) Noise
- 4) Smoking
- 5) Intimidation, Harassment and Physical Harm

ASK THE GROUP:

What do you know about this topic? Do you have any personal experience or examples?

Review the TRAC Handout together.

Presenter(s)	Section Time
_____	10 Minutes





Elements of a Successful Door Knock

- Always keep eye contact
- Keep your hands visible
- Body language is key, self-confidence, no crossing arms
- Knock gently but firm
- If it's a general survey: ask the manager or desk clerk to fill out first
- If you knock and the person is not interested in speaking, leave
- Introduce yourself always: hi, my name is I am from Would like to talk to you about
- State the purpose of your door knocking clearly. Say you want a min of their time, acknowledge that you know they are busy
- Engage in the purposeful conversation
- Be respectful to the person u are talking to
- If they need follow up.. Make plans to follow up while you are at the door or street.
- If they are not interested in speaking ... thank them and leave.
- Once they heard you or you engaged in conversation, thank them for their time.
- Gather basic information (contact info)
- Ask them in the end if they can introduce to other tenants they know off.
- Keep reasonable personal space when you approach people or door knock.
- Compassion, active listening and don't react to negativity

Don't

- No argument – don't tell people they are wrong
- Be totally disinterested
- No introduction
- Force conversation
- Be combative
- Curse

Quiet Enjoyment

(From T.R.A.C <https://tenants.bc.ca/>)

The Basics

Section 28 of the *Residential Tenancy Act (RTA)* covers “quiet enjoyment” – an important legal principle that gives every tenant the right to:

- reasonable privacy;
- freedom from unreasonable disturbances;
- exclusive use of their rental unit (unless their landlord is allowed to enter by law); and
- use of common areas for reasonable purposes.

Here are some situations that may be considered breaches, or violations, of quiet enjoyment:

- unreasonable and ongoing noise;
- unreasonable and ongoing second-hand smoke;
- intimidation or harassment;
- landlord entering your rental unit too frequently;
- landlord entering your rental unit without permission or proper notice; and
- landlord unreasonably refusing you access to common areas of the residential property.

See Residential Tenancy Branch [Policy Guideline 6](#) for more information.

The *RTA* deals with tenant-landlord relationships – not tenant-tenant relationships. This means that if another tenant has breached your right to quiet enjoyment, and you do not feel comfortable approaching them about the matter, you can ask your landlord to step in and correct the situation. See TRAC’s template letter, [Loss of Quiet Enjoyment](#). If your landlord fails to ensure that your right to quiet enjoyment is protected, you can take your landlord – not the tenant – to dispute resolution.

Landlord Entry

Legal Landlord Entry

To legally enter a rental unit, landlords must provide tenants with written notice at least 24 hours – but not more than 30 days – before entering. The notice must state:

- the date;
- the time (between 8am and 9pm); and
- a reasonable reason for entry, such as making repairs or completing a monthly inspection.

If your landlord has given proper notice, they can enter your rental unit even if you are not home at that time.

Exceptions: A landlord can enter a rental unit without proper notice or permission if:

- there is an emergency and the landlord's entry is necessary to protect life or property;
- the landlord has obtained a Residential Tenancy Branch order that gives them permission to enter;
- the landlord or an agent of the landlord needs to provide housekeeping services in accordance with the tenancy agreement; or
- the tenant has “abandoned” the rental property, according to [Part 5](#) of the *Residential Tenancy Regulation*.

See [section 29](#) of the *Residential Tenancy Act* for more information.

Illegal Landlord Entry

If your landlord enters your rental unit illegally, write them a letter explaining that they must provide you with proper written notice in the future. See TRAC's template letter, [Loss of Quiet Enjoyment](#). If your landlord continues to break the law, an arbitrator can:

- order your landlord to obey the law in the future;
- give you permission to change the locks and keep the only key;
- allow your landlord to enter only under certain conditions; and
- if your landlord's behaviour is serious enough, order them to pay you monetary compensation.

It can be difficult to prove to an arbitrator that your landlord entered your home illegally. Evidence such as photos, videos, complaint letters, witness statements, and affidavits can significantly improve your chances of winning a dispute resolution hearing.

Noise

Quiet enjoyment gives you the right to be free from unreasonable disturbances; it does not give you the right to complete silence at all times. If you live with neighbouring tenants, you should expect a reasonable amount of noise – especially during the day. In addition, if you live in an older building, you should expect inferior soundproofing compared to more modern buildings. To help you determine what is considered reasonable noise in your neighbourhood, check to see if your municipality has a noise bylaw.

If noise issues become unreasonable, inform your landlord in writing that your right to quiet enjoyment has been breached, or violated. Once notified, your landlord has a responsibility to investigate the problem and, if necessary, correct the situation. Although the police do not normally get involved in residential tenancy disputes, you can consider contacting them in extreme situations, such as an excessively loud party late at night.

Smoking

If you are searching for housing as a non-smoker, ask about the smoking rules for the entire building – not only the rental unit you are viewing. Some buildings with “no-smoking” policies may still have tenants who smoke because they have lived in the building since before the policy was introduced. Even though these tenants may legally be allowed to smoke, your landlord must still ensure that their smoking does not unreasonably disturb you.

Marijuana: Landlords in BC are allowed to restrict tenants from growing and smoking recreational marijuana in rental properties. Tenants who have been prescribed medical marijuana may have the right to consume it in their rental unit under the [BC Human Rights Code](#), but they must also ensure that they are not violating another tenant’s right to quiet enjoyment under the *Residential Tenancy Act*.

Intimidation, Harassment, and Physical Harm

Your landlord is never allowed to intimidate, threaten, or harass you. In the same way that a doctor must act professionally about matters related to your health, your landlord should treat you professionally when dealing with your tenancy. They are running a business and you are their customer.

If your landlord's behaviour endangers your personal safety, you can apply to the Residential Tenancy Branch (RTB) for the right to change your locks and an order instructing your landlord to follow the law. According to [section 45\(3\)](#) of the *Residential Tenancy Act*, you can also consider ending your tenancy early if your landlord has breached a "material term" and failed to correct the situation within a reasonable period after receiving your written warning. See TRAC's template letter, [Failure to Comply With a Material Term](#). According to RTB [Policy Guideline 8](#), a material term is a term that is so important that even the simplest breach or violation may give you the right to end your tenancy. Although this may seem straightforward, material terms can actually be quite complicated and case-by-case; it is possible for the same term to be considered material in one tenancy but not another.

If you end your tenancy due to breach of a material term, your landlord may apply for a monetary order against you, so be prepared to convince an arbitrator that there was no way your tenancy could have continued. Alternatively, you can apply for dispute resolution to request permission to end your tenancy early.

Calling the police: The police do not generally get involved in residential tenancy disputes. However, if your landlord or another tenant ever physically hurts you, threatens to hurt you, forcibly enters your home, or puts you in danger, contact the police immediately.

HOUSING

FIGHTING ILLEGAL RENT INCREASES



Fighting Illegal Rent Increases

Topics

1. Facts about rent increases
2. Rent increases and the Residential Tenancy Act
3. Responding to your landlord

Equipment & Materials:

- ✓ Markers
- ✓ Flip chart
- ✓ Photocopies of handouts

Total Time

40 Minutes

1

FACTS ABOUT RENT INCREASES

ASK THE GROUP: What do you know about rent increases?

- Landlords can only raise rents once a year
- Rents can only be raised by an amount permitted by law
 - o Rent increase calculator
<http://www.housing.gov.bc.ca/rtb/WebTools/RentIncrease.html>
- Legal form must be used “Notice of Rent Increase” See Handout
- Tenants must get 3 full months notice of the rent increase
 - o If your landlord gives you less than three full months notice, you can continue to pay your current rent until the correct amount of time has passed.

Presenter(s)

Section Time

10 Minutes

Previous Maximum Rent Increases

The following table outlines the maximum allowable rent increases for the past few years:

Year	Maximum Allowable Rent Increase
2020	2.6%
2019	2.5%
2018	4.0%
2017	3.7%
2016	2.9%



Rent raises were banned from
April 2020 to July 10 2021.

The maximum rate for
2021 is **1.4%**.

2

RENT INCREASES AND THE RESIDENTIAL TENANCY ACT

What does the Law say about rent increases?

Review the RTA Part 3 “Rent Increases - RTA” Handout - it is full of confusing legal language, but it is the law that you can quote to protect yourself.

Discuss any questions about the handout.

Presenter(s)

Section Time

10 Minutes

3

RESPONDING TO YOUR LANDLORD

ASK THE GROUP: *Has anyone experienced an illegal rent increase before? Did you fight it? If you get an illegal rent increase, what could you do?*

- Find out if anyone else got one in your building
- Strength in numbers to avoid landlord backlash!
- Talk to the RTB office if you want to go that route or get advocate

1. What to do if you get an illegal notice?

You can write a letter to your landlord explaining that the increase is illegal. You do not need to pay it! Review the Sample letter from TRAC

2. What to do if you realize you've been paying for an illegal rent increase?

You can deduct the money the landlord owes you from your future rent payments. Review the Sample Overpayment letter showing how to do this.

Presenter(s)

Section Time

20 Minutes

Notice of Rent Increase – Residential Rental Units

#RTB-7

FORM DIRECTIONS: If you are accessing this agreement from the B.C. Government Web site, it can be filled out at the computer workstation. It can also be printed and completed by hand. If completing sections by hand, please *print clearly, using dark ink*. If you are completing this form at a computer, simply type in your response in the boxes. If you cannot complete all the sections at the computer right away, you can print off what you have completed, and fill in the remaining fields by hand. It's important to note that you **cannot save** the completed form to your computer, therefore, after you complete the form, make sure you review the form for accuracy and print the number of copies you require **before** you leave the document or shut down the program/computer.

This form is used by the landlord to notify a tenant of a rent increase. The landlord must give the tenant at least three months notice. See page 2 for further information.

A. TO THE TENANT(s):

Full Name(s):

last name	first name	middle name(s)
last name	first name	middle name(s)

Mailing Address and Phone:

site number	box number	street number	street name
city	province	postal code	home phone
			business phone

Rental Address: (if different from above)

--

B. FROM THE LANDLORD:

 (if entry for landlord is a business name, use the 'last name' field box to enter the full legal business name)

Full Name:

last name	first name	middle name(s)

Mailing Address and Phone:

site number	box number	street number	street name
city	province	postal code	home phone
			business phone

FOR MORE INFORMATION

RTB website: www.gov.bc.ca/landlordtenant

Public Information Lines 1-800-665-8779 (toll-free) Greater Vancouver 604-660-1020 Victoria 250-387-1602

C. NOTICE OF RENT INCREASE:

1) **Date of Last Rent Increase:** (landlord to complete either option a or b)

a) the date your last rent increase came into effect was:

--	--	--

 day

--	--

 month

--	--

 year

b) As this is your first rent increase, the date your rent was established:

--	--	--

 day

--	--

 month

--	--

 year

2) **Amount of Rent Increase:**

- The current rent is: \$

--	--	--

 weekly monthly other:

--	--	--
- The rent increase is \$

--	--	--

 weekly monthly other:

--	--	--
- **Your new rent will be:** \$

--	--	--

 weekly monthly other:

--	--	--
- **Your new rent is payable starting on:**

--	--	--

 day

--	--

 month

--	--

 year

D. LANDLORD's SIGNATURE: The information provided on this form is true and correct.

Landlord's Name: (if entry for landlord is a business name, use the 'last name' field box to enter the full legal business name)

last name	first name	middle name(s)
-----------	------------	----------------

Landlord's Signature: _____ **Date:** _____

INFORMATION FOR LANDLORDS and TENANTS

GIVING A NOTICE OF RENT INCREASE UNDER THE RESIDENTIAL TENANCY ACT (RTA)

- Once a year, the landlord may increase the rent for the existing tenant. The landlord may only increase the rent 12 months after the date that the existing rent was established with the tenant(s) or 12 months after the date of the last legal rent increase for the tenant(s), even if there is a new landlord or a new tenant by way of an assignment.
- A landlord must give a tenant at least 3 whole month's notice, in writing, of a rent increase. *For example, if the rent is due on the first day of the month and the tenant is given notice any time in January, even January 1st, there must be 3 whole months before the rent increase begins. In this example, the months are February, March, and April, so the rent increase would begin on May 1st. The landlord must use this form, Notice of Rent Increase, and must serve according to the Residential Tenancy Act.*
- It is an offence for a landlord or a landlord's agent to collect a rent increase in any other way other than in accordance with Part 3 of the Residential Tenancy Act.
- A notice sent by mail (which is one method of service) is deemed to be received on the 5th day after it was mailed. *For example, a rent increase given personally to a tenant on or before January 31st, could be effective May 1st; a rent increase given by registered mail should be mailed on or before January 26th for the increase to be effective on May 1st.*
- A tenant may not apply for dispute resolution to dispute a rent increase that complies with Part 3 of the RTA.
- A landlord may only impose a rent increase up to the amount calculated in accordance with the regulations or as ordered by an arbitrator. If a tenant believes that the rent increase is more than allowed by the regulations, the tenant may contact the Residential Tenancy Branch for assistance.
- For further information on rent increases, see Part 3 of the Residential Tenancy Act and Part 4 of the Residential Tenancy Regulation. You may also call the recorded 24-hour information line or visit the B.C. Government Web site to find out how to contact a Residential Tenancy Branch or to get more information (this information is at the bottom of page 1).

From the Residential Tenancy Act

RTA - Part 3, Rent Increases

Meaning of "rent increase"

40 In this Part, "rent increase" does not include an increase in rent that is

- (a) for one or more additional occupants, and
- (b) is authorized under the tenancy agreement by a term referred to in section 13 (2) (f) (iv) [*requirements for tenancy agreements: additional occupants*].

Rent increases

41 A landlord must not increase rent except in accordance with this Part.

Timing and notice of rent increases

42 (1) A landlord must not impose a rent increase for at least 12 months after whichever of the following applies:

- (a) if the tenant's rent has not previously been increased, the date on which the tenant's rent was first established under the tenancy agreement;
- (b) if the tenant's rent has previously been increased, the effective date of the last rent increase made in accordance with this Act.

(2) A landlord must give a tenant notice of a rent increase at least 3 months before the effective date of the increase.

(3) A notice of a rent increase must be in the approved form.

(4) If a landlord's notice of a rent increase does not comply with subsections (1) and (2), the notice takes effect on the earliest date that does comply.

Amount of rent increase

43 (1) A landlord may impose a rent increase only up to the amount

- (a) calculated in accordance with the regulations,
- (b) ordered by the director on an application under subsection (3), or
- (c) agreed to by the tenant in writing.

(2) A tenant may not make an application for dispute resolution to dispute a rent increase that complies with this Part.

(3) In the circumstances prescribed in the regulations, a landlord may request the director's approval of a rent increase in an amount that is greater than the amount calculated under the regulations referred to in subsection (1) (a) by making an application for dispute resolution.

(4) [Repealed 2006-35-66.]

(5) If a landlord collects a rent increase that does not comply with this Part, the tenant may deduct the increase from rent or otherwise recover the increase.

SAMPLE OVERPAYMENT LETTER - PAGE 1

Tenant's name

Tenant's address

Landlord's name

Landlord's company name

Landlord's address

Date

Dear Landlord,

Can you say something positive about your landlord? Anything to thank them for? A timely repair? If yes, say it at the start.

As you know, when you raised the rent \$57.00 to \$500.00 per month starting August 1, 2015 when I got out of the hospital, I requested the appropriate paperwork from you three times and did not receive it.

Landlords can only increase the rent once a year by an amount permitted by law. Landlords need to use the correct form and give the tenant three full months' notice prior to the rent increase coming into effect. The maximum allowable rent increase changes every year. For residential tenancies, which includes Single Room Occupancy Residential Hotels, the standard allowable rent increase for 2015 was 2.5% and for 2016, it is 2.9%. The rent increase cannot be more than the amount calculated using the allowable increase percentage.

These rent overpayments happened from August 01 2015 to Feb 01, 2016:

Months	Date of rent payment	Overpayment
1	August 01, 2015	\$57.00
2	September 01, 2015	\$57.00
3	October 01, 2015	\$57.00
4	November 01, 2015	\$57.00
5	December 01, 2015	\$57.00
6	January 01, 2016	\$57.00
7	February 01, 2016	\$57.00
TOTAL		\$399.00

SAMPLE OVERPAYMENT LETTER - PAGE 2

In accordance with the Residential Tenancy Act SBC 2002, c 78, “**if a landlord collects a rent increase that does not comply with the Legislation, the tenant may deduct the increase from rent.**”

This means as of March 01, 2016, I am entitled to deduct the overpayment from my rent. For the next 7 months starting March 01, 2016, I will be deducting \$57.00 per month from \$443.00 and therefore will be paying \$386.00 a month for rent to make up for the 7 months of overpayments. After the 7 months is over, I will resume paying \$443.00 which was the rent prior to when the overpayments began.

Months Date of rent payment Rent

Months	Date of rent payment	Rent
1	March 01, 2016	\$386.00
2	April 01, 2016	\$386.00
3	May 01, 2016	\$386.00
4	June 01, 2016	\$386.00
5	July 01, 2016	\$386.00
6	Aug 01, 2016	\$386.00
7	Sept 01, 2016	\$386.00
8	Oct 01, 2016 onward	\$443.00

((((end on positive note??))))

I hope to continue your friendly, courteous and respectful relationship.

Sincerely,

Tenant

Illegal Rent Increase Notice

Date: _____

Tenant's Name: _____

Tenant's Address:

Landlord's Name: _____

Landlord's Address:

Dear : _____,

On : _____ (date), you provided me with an illegal rent increase notice. You have not complied with the *Residential Tenancy Act (RTA)* and I do not consent to this rent increase. I will continue to pay my current monthly rent of : \$ _____ until my rent is legally raised in accordance with the *RTA*.

Section 42 of the *RTA* states:

- (1) A landlord must not impose a rent increase for at least 12 months after whichever of the following applies:
 - (a) if the tenant's rent has not previously been increased, the date on which the tenant's rent was first established under the tenancy agreement;
 - (b) if the tenant's rent has previously been increased, the effective date of the last rent increase made in accordance with this Act.
- (2) A landlord must give a tenant notice of a rent increase at least 3 months before the effective date of the increase.
- (3) A notice of a rent increase must be in the approved form.
- (4) If a landlord's notice of a rent increase does not comply with subsections (1) and (2), the notice takes effect on the earliest date that does comply.

Section 43 of the *RTA* states:

- (1) A landlord may impose a rent increase only up to the amount
 - (a) calculated in accordance with the regulations,
 - (b) ordered by the director on an application under subsection (3), or
 - (c) agreed to by the tenant in writing.
- (5) If a landlord collects a rent increase that does not comply with this Part, the tenant may deduct the increase from rent or otherwise recover the increase.

The rent increase notice you have given me violates the above sections of the *RTA* because : _____

To find this year's allowable rent increase percentage, please see the Residential Tenancy Branch (RTB) website (gov.bc.ca/landlordtenant). For additional information, contact the RTB at 604-660-1020 or 1-800-665-8779.

Thank you,

[Signature]

Tenant's Name: : _____

NOTE: Customize this template to fit your needs before signing and sending it to your landlord. If you are not using registered mail, try to bring someone – ideally, not a roommate or family member – to witness the delivery of the letter and sign the copy you keep, indicating the date and method of service. If no one is available to join you, consider taking a photo or video of yourself delivering the letter. Signed letters to your landlord, along with proof that they were served properly, can be valuable evidence at Residential Tenancy Branch dispute resolution hearings.

HOUSING

EVICTION SELF-DEFENSE



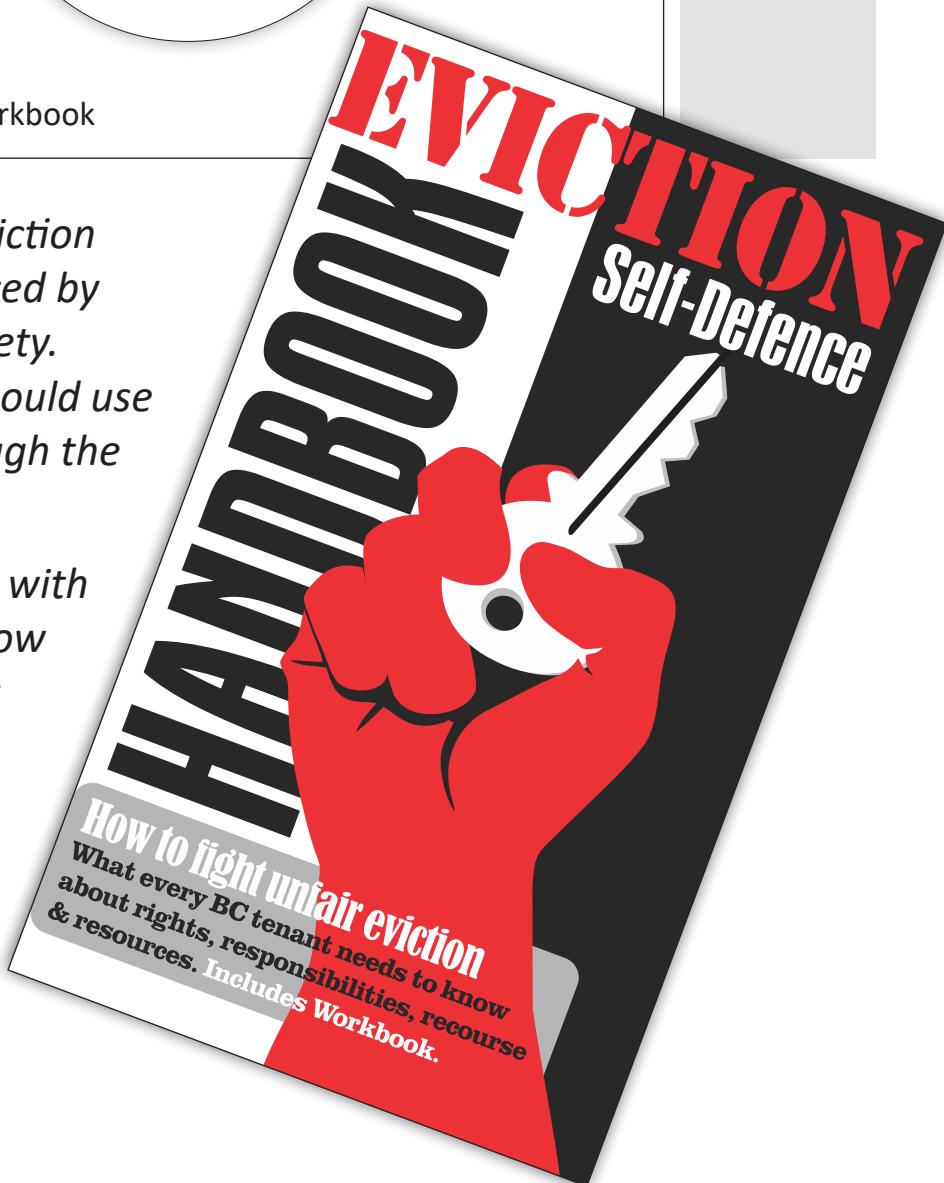
Eviction Self-Defence

Topics	<u>Equipment & Materials:</u> <input checked="" type="checkbox"/> Copies of SRO-C Eviction Self-Defence Handbook (or print this module for distro)	Total Time
<ol style="list-style-type: none"> 1. Eviction Protection 2. The Rules of Eviction 3. Legal "Causes" of Eviction 4. If You Lose at the RTB 5. Help, Resources and Review of Workbook 		60 Minutes

This module is based on the Eviction Self-Defence Handbook produced by the SRO-C and Pivot Legal Society.

Facilitators and participants should use the Handbook as a guide through the topics.

Each section should be opened with questions and discussion to allow participants to contribute their knowledge.



Eviction Protection

1. Pay your rent on time

Tenants rarely win at arbitration if rent is unpaid or repeatedly late. Since landlords can enforce evictions more easily when money is owed, do not withhold rent. If you pay cash for rent, get a receipt.

2. Keep copies of all paperwork

Keep all documents related to your tenancy, including tenancy agreements, condition inspection reports, receipts and letters or warnings from your landlord in a safe place. These can be used as evidence if you need to dispute an eviction.

3. Document all communications

Keep track of correspondence with your building manager or landlord. Print copies of emails, save text messages and letters and document the date, time and content of all conversations about your tenancy.

4. Document maintenance issues

Take photos of your unit, including any damage, when you move in. Document maintenance issues as they arise. Record the date, time and content of all maintenance complaints and conversations with your landlord.

5. Record interactions with City and police

If you call the police or the City (311) about a problem in your building, record the file number and ask for a copy of the report.

6. Prepare your evidence

Before a dispute resolution hearing, gather all photos, paperwork, correspondence, videos and voice recordings. If you can, ask a witness to write a statement or testify to support you.

7. Know your resources

Get to know the advocates and services in your neighbourhood (See Page 9). Learn about tenants' rights ahead of time.

3

The Rules of Eviction

An eviction or "notice to end tenancy" is when a landlord forces a tenant to move out. Your landlord must follow certain rules in order to legally evict you.

Illegal evictions can be disputed at the Residential Tenancy Branch.

Your landlord:

Must give you a proper eviction notice

Notices must be in writing, signed, and dated. They must contain the address of the rental unit, the date the notice takes effect and a reason for the notice. In addition, the notice should be on the proper form found on the Residential Tenancy Branch website.

Must not evict you immediately

Depending on the cause for your eviction, your landlord must give you a specific amount of time before they can force you to move out. (See timelines on the next page.)

Must serve you the eviction notice properly

Proper service includes service in person, by mail, or by attaching to the door of the address where you live. Your landlord usually cannot serve you the eviction notice by email or text message.

TRUE STORY:

A tenant we know who fought his landlord for repairs got six eviction notices over two years. He fought back, won every single time and got compensation for harassment. Eventually his landlord got so tired of the battles that he sold the building to a better owner!

This tenant's motto about eviction defence:

"95% evidence 5% story."

Section Time

10 Minutes

Must justify the eviction

If you apply for a dispute resolution hearing, your landlord must justify your eviction to an arbitrator. Your landlord may submit evidence, which can include witness testimonies, documents and pictures. You should receive all evidence from a landlord at least 7 days before the hearing.

Must NOT change your locks

Your landlord cannot change your locks, or try to remove your belongings, or physically remove you from the rental unit while you are still in the process of disputing your eviction.

You Must Act Fast!

Act quickly to dispute an eviction notice or it will be assumed that you accept it. The amount of time you have to apply for a hearing will depend on the cause for eviction. (*If you don't know the cause, see the info on Page 6*).

5 days to dispute an eviction notice related to "unpaid rent"

10 days to dispute an eviction notice related to "cause"

15 days to dispute a "no fault" eviction notice, including landlord's use of property and "renovictions"

14 days before the hearing date to submit your evidence to the RTB and to serve it on your landlord

For help calculating time limits visit:
www.housing.gov.bc.ca/rtb/WebTools

BE AWARE:

Even if you don't agree with the reasons for your eviction, DO NOT ignore an eviction notice unless you plan to move out on the eviction date. If you do not know what to do, get legal advice.

Legal 'Causes' for Eviction

Your landlord must have cause to evict you. If your landlord follows all the proper steps, you can be evicted for:

1) Unpaid rent (10 days to move out):

This type of notice *may* be cancelled if you pay your full rent within 5 days of receiving notice. If you are repeatedly late with your rent payments, your landlord may still be able to evict you.

2) 'Causing' a problem (1 month to move out):

- **Failing to pay the rent on time**, usually at least 3 times.

NOTE: this includes utilities and fees that you are required to pay to your landlord under your tenancy agreement.

- **Failing to pay a security or pet deposit** within 30 days of the due date listed on the tenancy agreement.
- **Allowing an unreasonable number of occupants** to live in the unit.
- **Significantly disturbing or interfering with** another tenant or your landlord.
- **Engaging in illegal activity** that has or is likely to cause damage to the property or is likely to affect the quiet enjoyment, security, safety, or physical well-being of another tenant in a negative way.

NOTE: you can be held responsible for the activities of a guest or someone you have permitted on the property.

- **Causing extraordinary damage** to the rental unit or property.
- **Failing to comply with a material term** of your tenancy agreement.

Section Time

10 Minutes

3) 'No Fault' Evictions (2 months to move out):

6 These evictions must be enforced in "good faith," meaning that the landlord must honestly intend to use the rental unit for the purpose stated on the eviction notice. If you think your landlord is being dishonest, you can challenge their intent at dispute resolution.

- **Landlord's Occupancy of the Unit:** a landlord or a close family member of the landlord intends to live in the rental unit.
- **Sale of Property:** a landlord enters into an agreement to sell the rental unit and the purchaser or the purchaser's close family member intends to occupy the rental unit.
- **Construction ("Renoviction"):** a landlord intends to demolish, renovate, repair the unit, or 'convert' the residential property into another type of property.

NOTE: a landlord must have all the necessary permits and approvals before giving you an eviction notice.



UNITED WE STAND:

It's easier to stand up to landlord intimidation and harassment if your neighbours back you up. Make friends and help your neighbours. We're all stronger together.

7

If You Lose at the RTB

Decisions made at the BC Residential Tenancy Branch (RTB) are final, and if the arbitrator at your hearing decides that you must move out, you are required to do so by law.

If you do not agree with the arbitrator's decision, you can apply to have it reviewed by the RTB or in BC Supreme Court. If you intend to do this, ask a legal advocate for help immediately.

If you do not move out by the eviction deadline, you still have rights. Your landlord can't legally change your locks, remove your belongings, or physically remove you from the unit without first taking a number of steps.

Prior to changing the locks or having a tenant physically removed, a landlord must:

Apply for an Order of Possession (OP) from the RTB. You can dispute the OP, but you need to respond quickly and you may need to get an advocate to help you do this successfully.

Get a Writ of Possession from BC Supreme Court giving it the legal authority to have you and your belongings physically removed by a bailiff and to change the locks. If a bailiff arrives to enforce an order, ask for i.d. and a copy of the Writ to make sure they are authorized.

BE AWARE: You may be ordered to repay your landlord for the costs of getting an OP or Writ of Possession. This could be hundreds or thousands of dollars.

If you have abandoned personal property at the rental unit, a landlord must keep an inventory of the belongings, store them safely for at least 60 days and give you a chance to reclaim them.

BE AWARE: A landlord can dispose of abandoned property if it is believed to be worth less than \$500 or if storing it would be 8 too costly, unsanitary or unsafe.

Help & Resources

Section Time

20 Minutes

The Residential Tenancy Branch (RTB) is the government department that deals with tenancy law in BC, including the Residential Tenancy Act and Regulation. When there is a tenancy problem that you and your landlord are unable to resolve, you can apply for dispute resolution through the RTB. The process can be complicated, and you may want help:

Legal Advocates Can:

- Teach you about your legal rights as a tenant
- Apply to the RTB to dispute your eviction
- Help you properly serve your documents on a landlord
- Create an evidence package
- Represent you at an RTB hearing
- Help you apply for a review, if you are not successful

Legal Advocate Offices in Vancouver:

- **Access Justice:** 604 878 7400
- **Atira Advocacy** (women only): 604 428 9202
- **Community Legal Assistance Society:** 604 685 3425
- **DTES SRO** (Single Room Occupancy Hotel)
Collaborative: 604 839 0379 or dtes.sro.collab@gmail.com
- **DTES Women's Centre:** 604 681 8480
- **First United Church Advocacy:** 604 681 8365
- **Kettle Friendship Society:** 604 251 2801
- **Tenant Resource and Advisory Centre:** 604 255 0546

For more information about tenancy and the dispute resolution process, go to: www.tenants.bc.ca. If you are interested in joining the Vancouver Tenants Union, contact: tenantsunion.yvr@gmail.com

BE AWARE:

Some landlords offer bribes to get tenants to move out.
Offering bribes is a form of harassment and could be used as evidence of an illegal eviction.

9

1. Show how the Workbook can be used to help keep track of useful information people might need to dispute and eviction.
2. Review the sections together.

Workbook Section.....	Page 10
Move-in Details.....	Page 11
Landlord Communications.....	Page 12
Maintenance & Repairs.....	Page 13
Safety Calls to Police.....	Page 15
Witness Statements.....	Page 16
Eviction Checklist.....	Page 18
Notes.....	Page 19

HOUSING

TENANT COMMITTEES



Tenant Committees:

How to Form a Building Committee*

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. Talk to your neighbors 2. Plan your first meeting 3. Host your first meeting 4. Take action 	<u>Flipchart</u> <u>Markers</u>	60 Minutes

*Adapted from the SRO-C's "How-To Form a Building Committee" pamphlet

1

TALK TO YOUR NEIGHBORS

ASK THE GROUP: why form a tenant committee?

- Talk to the people who live in your building. Identify common problems and frustrations.
- Let interested neighbors know that as a group, tenants can be more effective addressing these issues and improving conditions. If people in your building speak languages that you don't, the SRO Collaborative can help provide translation solutions to make sure that everyone in the building can be involved.
- These preliminary discussions with your neighbors will help you determine whether or not the tenants feel strongly enough about the problems to want to mobilize. If tenants seem to be afraid to get involved, inform them that retaliation is illegal under BC law.
- Door-knocking and 1 on 1 conversations are the key to building strong relationships. It is the first step towards organizing your neighbors and is the best way to turn your building into a community of action.

Presenter(s)

Section Time

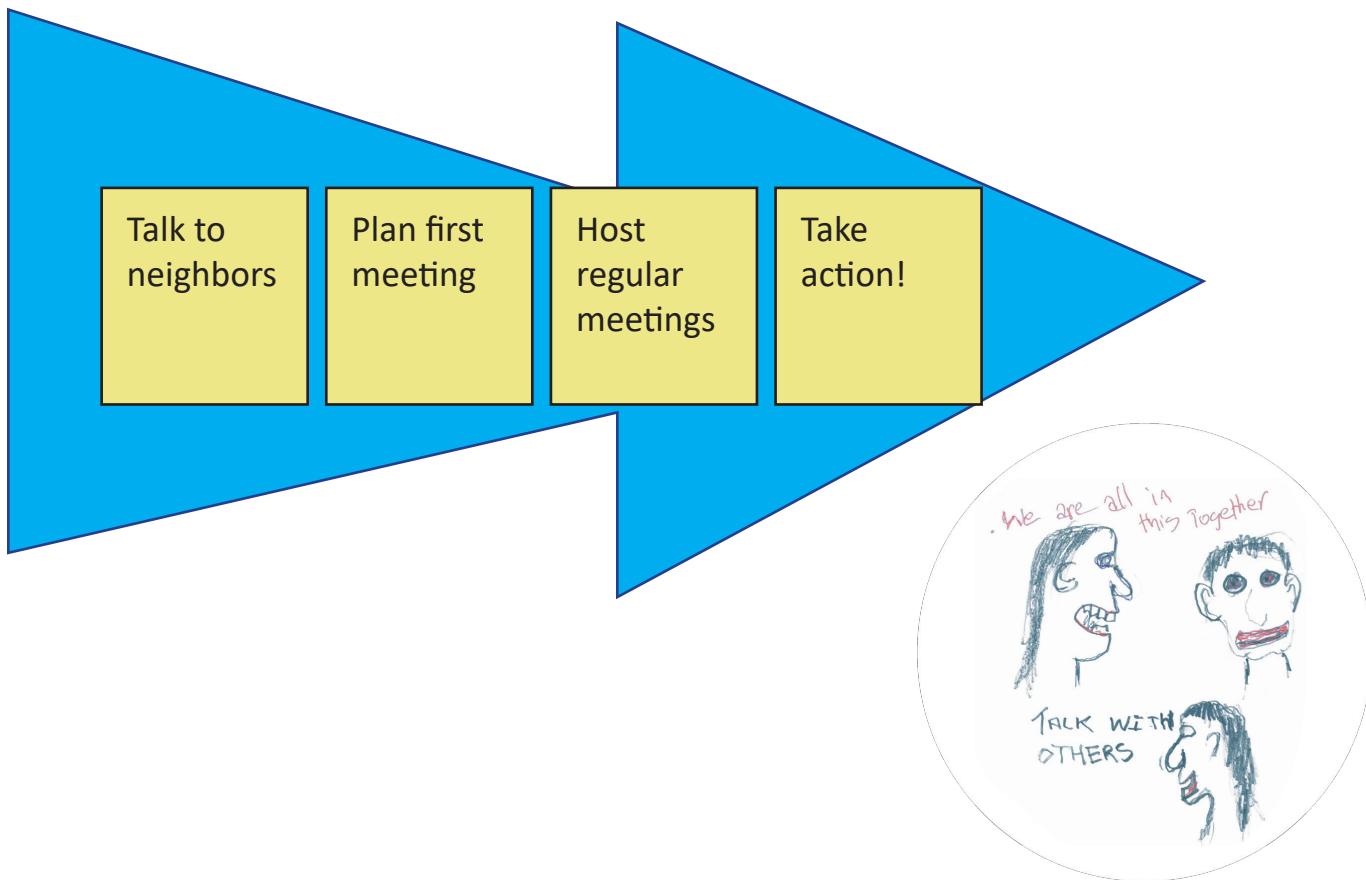
15 Minutes

2

PLAN YOUR FIRST MEETING

- Choose the time/location that will be convenient for tenants.
- The SRO Collaborative would be happy to help design flyers and provide meeting space.
 - If you make flyers yourself, be sure to include the purpose, date, time and location of the meeting.
- Give the flyers to tenants who you know are interested. Go door to door with the flyer.
- Post in common areas, where allowed. You have a right to organize your building, but there may be some limits on how you can do it based on your lease and house rules.
- You can always reach out to the SRO Collaborative for help and resources at dtes.sro.collab@gmail.com or online at dtescollaborative.org

Presenter(s)	Section Time
_____	10 Minutes



3

HOST YOUR FIRST MEETING

One or two of the most actively interested tenants should chair the first meeting. If needed, someone from the SRO Collaborative can facilitate the early meetings to help the committee members get used to the process.

Other important things to remember:

- Decide who will take notes. Include topics discussed and decisions made. You do not need to record everything everyone says.
- Make sure everyone signs in. Use a sign-in sheet that includes contact information and room numbers for everyone that attends.
- The landlord and management shouldn't attend. People might not feel safe to speak their minds if who they have complaints about are in the room. Landlords and building managers should only be present at special meetings, where all tenants have agreed that they are allowed to be there.

AGENDA

A sample agenda might be simple as:

- (1) Welcome
- (2) Ground rules
- (3) Introductions
- (4) Common Building Problems
- (5) Management Communications
- (6) Action Items
- (7) Schedule the next meeting

Presenter(s)	Section Time
_____	20 Minutes

ASK THE GROUP:

- *What are some examples of ground rules that could be useful? (e.g., be respectful, everyone sign in)*
- *What are some of the BUILDING-WIDE problems that people may want to deal with? What if people bring up individual problems?*
- *What are some ways you would suggest to communicate with management? (e.g., letters, scheduling a meeting with them)*
- *What should you do if action items come up? (e.g., ask for volunteers, record what needs to be done, agree on a deadline)*
- *How frequently should meetings happen? What factors could influence meeting frequency?*

4

TAKE ACTION!

- All tenants should have a role in growing and strengthening the committee. Make sure neighbors know at the end of each meeting what they are expected to do. Tasks can include keeping a log of problems, delivering know-your-rights materials to neighbors, etc.
- Progress should be shared and discussed at future meetings. It will be challenging but you will all start making a difference. With a democratic structure (even if not formal), hard work, consistency, and open communications, you are ready to empower tenants to improve your building(s).
- Remember, there is no single, right way for the building committee to make an impact. What is clear is that the broader and more active the membership, the better.

1. CHOOSE ISSUES:

- o Your committee may decide to focus on a single issue or take on a range of issues. Keep it manageable. Don't try to do everything at once.
- o Sometimes it helps to start with a single issue, establish you can win, and then expand to other issues. Other times, the issues are interrelated and must be addressed together. Focus on building wide issues.

2. DEVELOP STRATEGY & TACTICS:

Tactics may include:

- o meetings with management
- o protests
- o letter writing campaigns
- o complaints to government agencies
- o or other escalations that the SRO Collaborative might be able to help with.
- It is important to understand potential consequences (positive and negative) of each approach before committing to a particular course. Be firm with your landlord and escalate your demands and tactics as needed.

Presenter(s)	Section Time
_____	15 Minutes

We invite representatives of your building committee to contact the SRO Collaborative or attend one of our community meetings to strategize about how your committee can achieve its goals.

In some cases, the issues you are facing may be broader than just your building, and by connecting with other tenants in your community and other building committees, you can help bring about broad based change for tenants.

Tenants across the DTES are organizing building committees. Each committee will have to do things slightly different in order to address the unique issues that their community is facing.

The SRO Collaborative hopes to become a resource for groups to come for advice and connect to other groups that are facing similar fights.

FOOD

FOOD HANDLING



Food Handling in SROs

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> 1. What do we already know? 2. Basic Food Safety 3. Strategize About Action 	<p>✓ Photocopies of handouts</p>	60 Minutes

1

WHAT DO WE ALREADY KNOW?

ASK THE GROUP:

Do you share food in your housing? What does that look like?

What do you know about safe handling of food?

Any horror stories to share about lack of food safety?

IMPORTANT FACTS ABOUT FOOD SAFETY:

Food can become contaminated at any time before you eat it, including at home during:

- handling
- storing
- cooking

Food poisoning signs:

- nausea
- vomiting
- diarrhea
- stomach pain and cramps
- fever and chills

Food poisoning symptoms can start within hours after eating the contaminated food, or sometimes not until days or even weeks later.

RATS: Foods can be contaminated by rats and cause symptoms similar to food poisoning

- FUN RAT FACT: Foodborne disease is transmitted through saliva, urine, and droppings. In the course of one day's food rummaging, a rat can unload 50 half-inch droppings.

Presenter(s)

Section Time

30 Minutes



2

BASIC FOOD SAFETY:

Basics in food handling safety

- o **Cook:** Always cook food to the safe internal temperature. You can check this by using a food thermometer.
- o **Clean:** Wash your hands and surfaces often with warm, soapy water. * DISTRIBUTE & REVIEW HANDWASHING HANDOUT
- o **Chill:** Always refrigerate food and leftovers at 4°C or below.
- o **Separate:** Make sure to always separate your raw foods, such as meat and eggs, from cooked foods and vegetables.
- o Food cannot be left out for more than 2 hours at room temperature. After that amount of time in the “danger zone” (below 60°C or above 4°C) it can be unsafe to eat.

- **Food Safety Basics Handout: distribute and review**
- **COVID Food Safety Handout: distribute and review**

Presenter(s)	Section Time
_____	15 Minutes

3

STRATEGIZE ABOUT ACTION:

ASK THE GROUP: Are there people who are shut in that you are worried about that are sometimes not accessing food?

What are some ideas for getting food to people who are shut in?

Real life example: Dave’s building has a communal kitchen with a stove. He and his girlfriend collect a bit money every week from their neighbors and cook a big meal to share. This helps the money stretch and provides food for people who can’t cook for themselves.

This could be done by different people on a rotation, or however you can figure it out.

It could be with as little as two people contributing, or as many as you think you could handle given the kitchen size and your ability to pick up the groceries.

Can we brainstorm other ideas?

For people who can get around there are some resources that you can check out online:

- Review Food Asset Map: <http://www.vch.ca/public-health/nutrition/food-asset-map>

Presenter(s)	Section Time
_____	15 Minutes

Food Safety Basics

Buying Food

- Check the "best before" date on your food
- Put raw food in individual plastic bags
- Keep your raw meat away from other food
- Refrigerate or freeze raw meat as soon as you get home from the grocery store

Storing Food

- Keep cold food cold, and hot food hot.
- Perishable food should never reach temperatures between 4 °C to 60 °C (40 °F to 140 °F). This is because this temperature range is where bacteria can quickly grow and cause food poisoning.
- Rice can grow bacteria quickly and easily at room temperature!
- Keep raw food separate from cooked food.

Reduce Risk of Food Poisoning

- Put raw meat in sealed containers or plastic bags on the **bottom** shelf of your fridge - this prevents raw juices from dripping onto other food
- Refrigerate or freeze raw meat or leftovers immediately
- Cook raw meat by the "best before" date, or no more than 2 to 4 days after buying it
- Defrost frozen meat in the fridge or microwave
- Do not refreeze thawed food

**You cannot always tell if food is safe by its look, smell or taste.
When in doubt, throw it out!**

Cooking Food

- It is not always possible to tell if food is safe by its colour or how long it has been cooked.
- Always cook raw meat to a safe internal temperature.
- Use a food thermometer to check the temperature. Meat can turn brown before all the bacteria in your food are killed.
- Use only clean plates and utensils for cooked meat to avoid contamination with raw meat juices.
- Clean your food thermometer between each temperature reading.

Food & Cleanliness

Reduce the risk of bacteria growth and food poisoning by properly cleaning

Hands

Always wash your hands:

- Before and after touching raw meat, poultry, fish and seafood
- After using the washroom
- After touching pets

Wash your hands with warm, soapy water for at least 20 seconds. A hand-rub sanitizer can be used if soap and water are not available.

Fruits & vegetables

Before you eat or cook fresh fruits and vegetables:

- Gently wash them under cool, running, drinkable water
- You do not need to use anything other than water to wash fruits and vegetables
- Avoid soaking fresh fruits and vegetables in a sink full of water. Sinks can contain bacteria that can be transferred to your food

Kitchen surfaces & utensils

- Clean sinks, kitchen surfaces or containers immediately after they have been in contact with raw meat
- Do not reuse plates or utensils that have touched raw food
- Use only clean plates and utensils for your ready-to-eat foods
- Use one cutting board for ready-to-eat foods, and a different one for raw meat
- Use paper towels to wipe kitchen surfaces, and change dishcloths daily
- Clean your counters, cutting boards and utensils before and after preparing food
- If you need to clean up rat droppings, make sure to wear a mask to avoid breathing in fumes

Leftovers

- You can quickly cool leftovers by putting them in shallow containers. To lower the chances of bacteria growing in your food, you should refrigerate or freeze leftovers as soon as possible.
- Perishable food should not be left out for more than:
 - o 1 hour during summer outdoor activities.
 - o 2 hours at room temperature
- Avoid overstocking your fridge, so that cool air can circulate better.
- Eat refrigerated leftovers as soon as possible (within 2 to 4 days).
- When reheating food, make sure it is cooked to a temperature of at least 74 °C (165 °F).
- Bring gravies, soups and sauces to a full, rolling boil and stir during the process.
- You should avoid reheating the same leftovers more than once.

FOOD DISTRIBUTION COVID SAFETY

Adapted from BCCDC guidelines for Food Banks and Food Distribution Charities & VCH Covid-10 Prevention

Minimizing Risk

- If people are asymptomatic, the risk of transmission of COVID-19 is very low.
- If people distributing food are symptomatic, they should stay home.
- If people receiving food are symptomatic, they should limit their interactions with others. This includes avoiding crowding and maintaining a distance of at least 2 metres between people.
- Everyone should wash their hands frequently or use hand sanitizers.

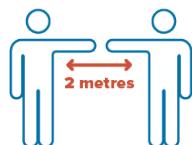
Meal Services

- Pre-packaged meals are the best option to limit gatherings inside dining areas. A grab and go type of meal such as brown bag meals or boxed lunches are both acceptable.
- Servers who are providing meals should practice frequent hand-washing and practice physical distancing when possible.
- Access to alcohol-based hand rubs should be available for everyone.
- Signs that reinforce hand-washing messages and physical distancing would help educate people that may not be aware of COVID-19 requirements.
- When pre-packaged meals are served for take-away, servers can hand-out the meals in a way to minimize contact. For example:
 - Place the pre-packaged meal on a table, then step away before the person picks it up.

If Physical Distancing Isn't Possible

- Masks should be used by sick people to prevent transmission to others. The mask acts as a barrier and helps stop droplets from spreading when you cough or sneeze.
- If you are not sick, wearing a non-medical mask or cloth face covering while in a public place is an additional measure that people can take to prevent the spread of the coronavirus. Particularly when it is difficult to keep a safe physical distance for an extended period of time
- There is evidence that the coronavirus may be spread before people realize they have symptoms, and wearing a mask in public may help protect others, especially in situations where physical distancing is difficult to maintain.

KEY POINTS



Stay 2 meters apart whenever possible



Cough or sneeze in a tissue



Wash your hands frequently



Avoid touching your face

HOW TO HANDWASH

1

Wet hands with warm water.

2

Apply soap.

3

Lather soap and rub hands palm to palm.

4

Rub in between and around fingers.

Lather hands for a total of 30 seconds

5

Rub back of each hand with palm of other hand.

6

Rub fingertips of each hand in opposite palm.

7

Rub each thumb clasped in opposite hand.

8

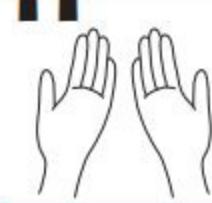
Rinse thoroughly under running water.

9

Pat hands dry with paper towel.

10

Turn off water using paper towel.

11

Your hands are now safe.



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