

# VAN CCAPO: STREET DEGREE

Revision 1.0  
Nov 2020



# 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 (VCH), the Portland Hotel Society, the Tenant Overdose Response Organizers, 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, acknowledgement and legitimization of the knowledge and work done by peers in Vancouver's DTES.

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**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 cofacilitated 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
6. Safer Self Injection 2
7. Let's Talk About Drugs
8. Community Resources
9. COVID-19 and PPE

#### Relational Skills

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

#### Computer Literacy

17. Indesign (3 Part Course)
  18. Social Media\*
- Password: socialmedia2020!

#### SRO Degree

19. Common Maintenance Problems
20. Writing a Letter to your Landlord
21. City and Inspections
22. Take your Landlord to Housing Court
23. Door Knocking and Landlord Backlash
24. Taking Leadership and Illegal Rent Increases

### MODULES TO BE DEVELOPED

#### Health, Harm Reduction, and Overdose Prevention

- Wound care
- Safe Supply
- Drug Checking

#### Computer Literacy

- Use of dark web

#### SRO-Degree

- 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
- History of Colonization

#### Decolonizing Practice

- Cultural humility
- Cultural safety

\*These modules require further development and are only available digitally.

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- Pg 68-76 Covid 19 and PPE

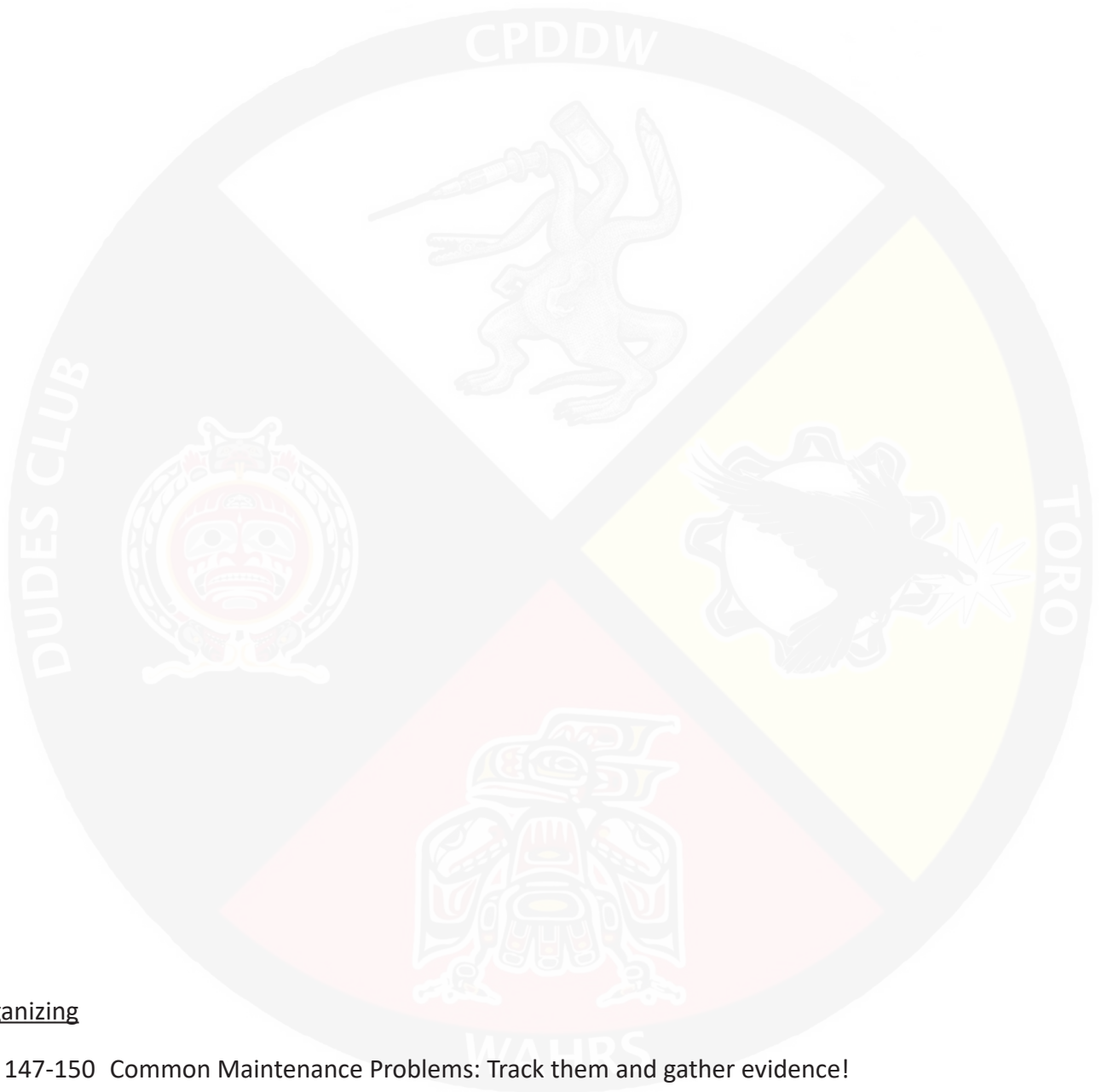
## Relational Skills

- Pg 78-83 Managing Extreme Situations (2 Modules)
- Pg 85-87 Recognizing & Minimizing Burnout
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## Computer Literacy

- Pg 121-145 Indesign (3 Part Course)





### SRO Organizing

Pg 147-150 Common Maintenance Problems: Track them and gather evidence!

Pg 152-159 Write a letter to your landlord

Pg 161-164 City and Inspections

Pg 166-196 Take your Landlord to Housing Court

Pg 198-207 Door Knocking and Landlord Backlash

Pg 209-216 Taking Leadership and Illegal Rent Increases

## 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.
Dilly/dillies	Dilaudid, a prescription opiate that is resold on the street illegally.
“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.
Down	Opiates - could be heroin, fentanyl or a combination.
Flap	A small paper envelope of drugs. The size of a flap is not standardized.
Fix (fixed, fixing)	Injection of drugs.
GHB	Gamma-Hydroxybutyric acid, could be used as a date-rape drug or as a rave party scene drug used to get high.
Goofballs	Heroin and crystal meth done at the same time.
Jib	Crystal meth.
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.
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)
Powder	Powder cocaine.
Push sticks	Wooden sticks (like a bbq skewer or chopstick) that are used to push crack into pipes.
Red zones	Aka “No go” zones. Determined by the court/justice system, these are restrictions for entering certain areas. These may be as small as a specific store or housing, but can also be as large as the entire Downtown Eastside.
Rig	Needles used for injecting drugs.
Rock	Crack cocaine.
Shoot up	Inject drugs.
Side	Crystal meth.
Speed	Crystal meth.
Speedballs	Heroin and powder cocaine done at the same time.
Smash	An injection of drugs.
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.

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# Overdose Response Basics

HEALTH,  
HARM REDUCTION  
& OVERDOSE  
PREVENTION



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Lesson: pg 8-13 | Handouts: pg 14-18  
65 MINUTES

# OVERDOSE RESPONSE BASICS

**Total Time:**

65 Minutes

## Topics

### Overdose Response

#### 1. Prevention

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

#### 2. Opiates vs. stimulants

- 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. Naloxone at the organization: storage, refills.

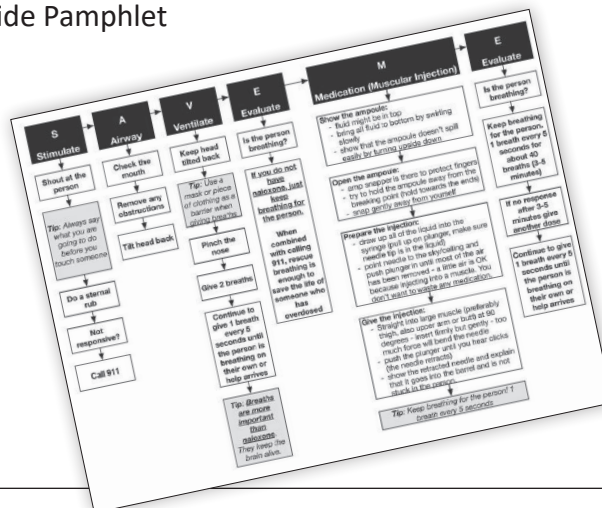
#### 6. How to support the person after they regain consciousness.

Equipment  
& Materials:

Naloxone Kits  
Breathing Masks  
Photocopies of  
handouts

### HANDOUTS:

- Overdose Survival Guide Pamphlet
- SAVE ME Flow Chart



## 1

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

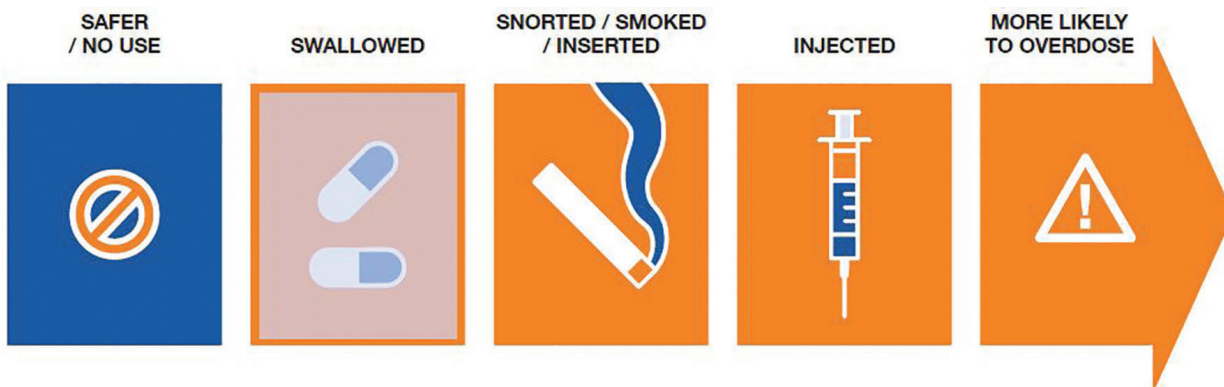
- Overdose is most common when:
- Your tolerance is lower: you took a break, were in detox/treatment or jail, or you are new to use
- You have been sick, tired, run down, dehydrated or have liver issues
- You mix drugs: prescribed or not, legal or illegal
- The drugs are stronger than you are used to: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

**OPIATES VS. STIMULANTS:****OPIOIDS / DEPRESSANTS** (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**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        | • Dry mouth      | • A distorted sense of time | • Intensified sense of smells and noises |
| • Nausea          | • Tremors        | • Visual hallucinations     | • A sense of a mystical experience       |
| • Dilated pupils  | • Insomnia       | • Mixed senses              |  |
| • Rapid heartbeat | • Blurred vision | • Raised body temperature.  |  |
|                   | • Weakness       |                             |  |



## 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

## 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
  - Doctor may treat agitation and paranoia with a benzodiazepine
- 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

**NALOXONE AT THE ORGANIZATION: storage, refills**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 ssites to order enough supplies to distribute for 2-3 months.

Typical order sizes:

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

*Review BCCDC Ordering Form*

**Presenter(s)****Section Time**

10 Minutes

## 6

**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

<b>TAKE HOME NALOXONE : SUPPLY ORDER FORM</b> Registered Sites Only – Supplies <b>not</b> intended for use in the workplace			
E-mail form to <a href="mailto:naloxone@bccdc.ca">naloxone@bccdc.ca</a> if you don't have e-mail, please fax to 604-707-2516  E- mail <a href="mailto:naloxone@bccdc.ca">naloxone@bccdc.ca</a> for queries, follow-ups or changes to orders. Please allow 10 working days for delivery and plan ahead to avoid shortages.			 <b>BC Centre for Disease Control</b> <small>AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY</small>
<b>INVENTORY COUNT (NUMBER OF THN KITS ON SITE):</b> _____ Kits			
<b>Site #</b>	<b>Site Name:</b>	<b>Date Submitted:</b>	
<b>Contact Name:</b>		<b>Delivery Days &amp; Times:</b>	
<b>Shipping Address:</b>		<b>Phone/Email:</b>	
<b>Products</b>	<b>Contents</b>	<b>Unit of Issue</b>	<b>Quantity Ordered</b>
<b>Completely Assembled THN Kit</b>	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
<b>Naloxone Replacement Bottles</b> (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)
<b>Mock Kit</b> (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
<b>Loose Supplies</b> (for replacement kits or training purposes)		<b>Circle Quantity Required</b>	
	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

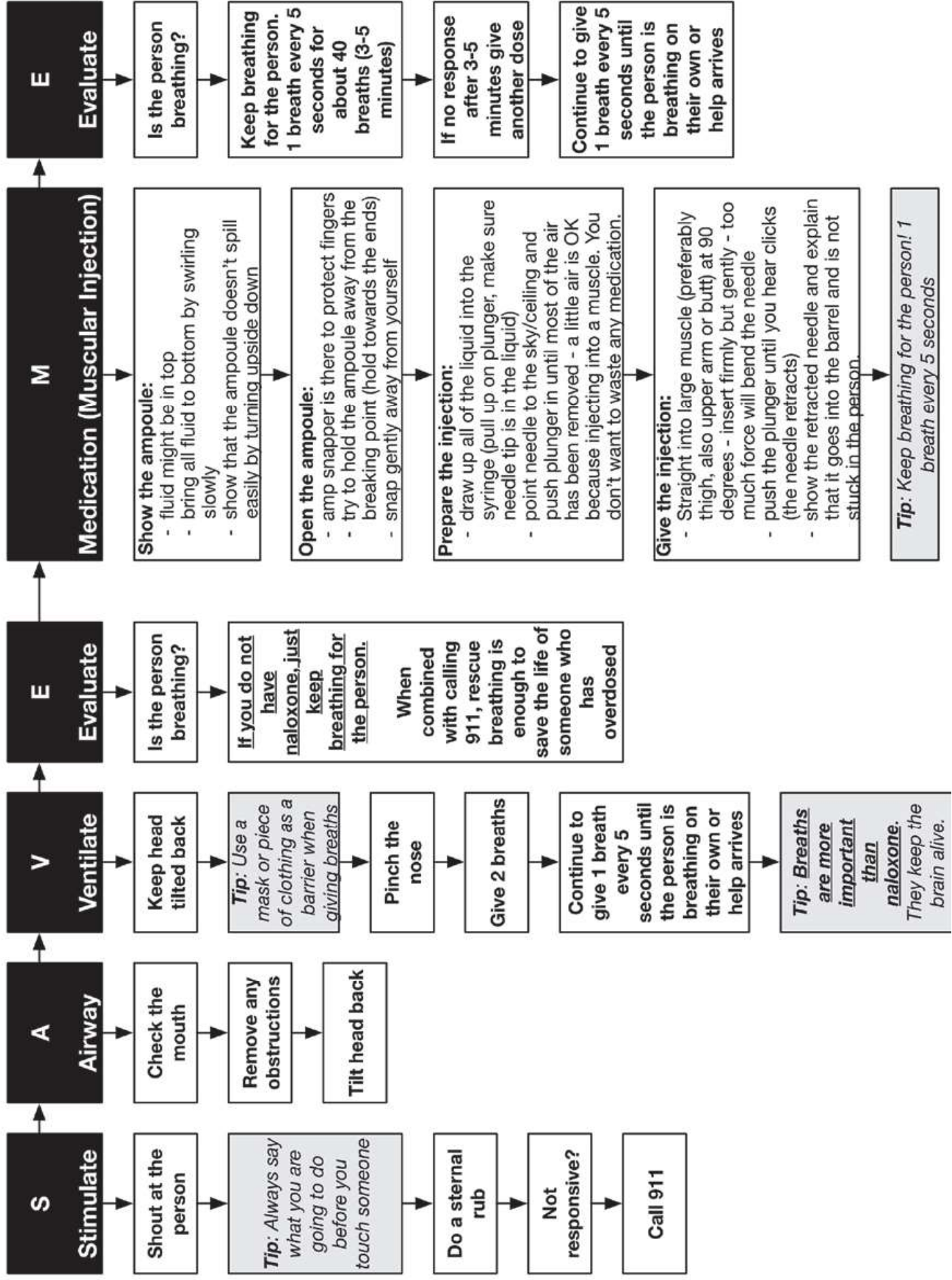
- To order supplies, fill out the attached Take Home Naloxone Supply Requisition Form and fax it to 604-707-2516.
- For timely processing, we recommend submitting your order by Wednesday. All orders received after the cut-off time of 11:59pm on Wednesday will be processed the following week and delivery 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

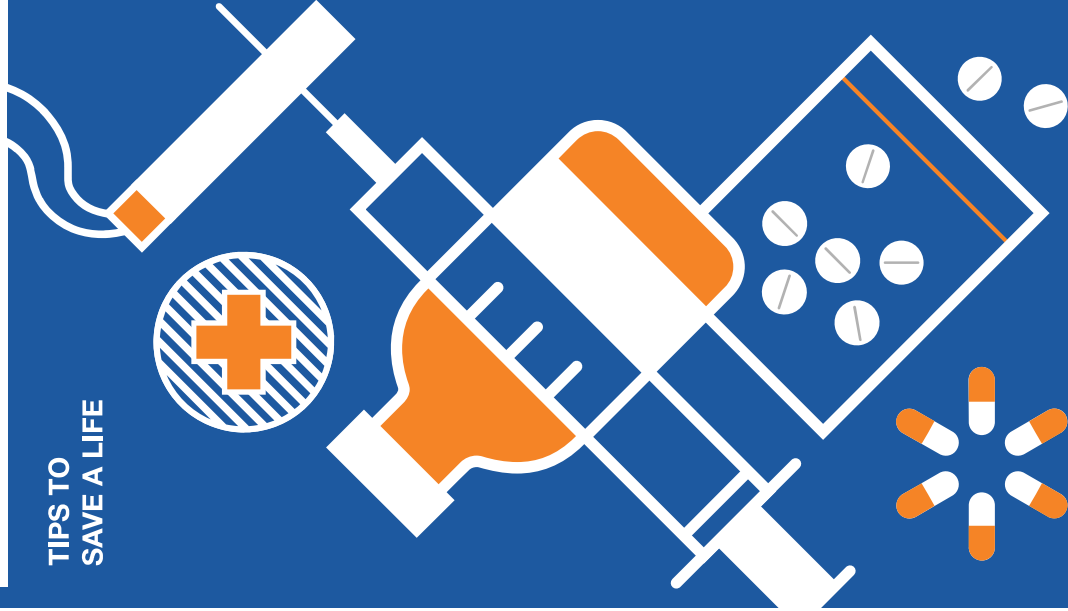
- Please check your order upon receipt. Ensure that you receive the correct quantity and that the supplies reach you in good condition. If you notice any discrepancy, or have any questions or concerns about the distribution of take home naloxone supplies, please email [naloxone@bccdc.ca](mailto:naloxone@bccdc.ca)





# OVERDOSE SURVIVAL GUIDE

TIPS TO  
SAVE A LIFE



Overdose Prevention and Response

## PREVENTION

### 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

### CHOOSE A SAFER ROUTE

SAFER  
/ NO USE



SWALLOWED



SNORTED / SMOKED  
/ INSERTED



INJECTED



MORE LIKELY  
TO OVERDOSE



## THE RECOVERY POSITION

### KEEP THE AIRWAY CLEAR



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking. . . . .

## OVERDOSE?

## TAKE CHARGE.

## TAKE CARE.

## OPIOIDS / DEPRESSANTS

(e.g., opioids: morphine, dilaudid, heroin / depressants: alcohol, GHB, benzodiazepines)

### 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**

### IN CASE OF OPIOID OVERDOSE:

- Stay with person. Use their name. Tell them to breathe
- Call 911 and tell them person is not breathing. When paramedics arrive tell them as much as you can about drugs and dose
- Use naloxone if available. Naloxone only works on opioid overdose
- After naloxone a person might feel withdrawal. Do not take more drugs. Sick feeling will go away when naloxone wears off (30 – 75 minutes). Be aware: overdose can return

### SAVE ME

- |                             |   |
|-----------------------------|---|
| <b>S</b> stimulation        | Can you wake them up?<br>If not, <b>call 911</b>  |
| <b>A</b> airway             | Make sure there's nothing in their mouth that stops them from breathing.  |
| <b>V</b> ventilate          | Breathe for them. ( <b>Plug</b> nose, <b>tilt</b> head back, and give 1 breath every 5 secs).   |
| <b>E</b> evaluate           | Are they any better?<br>Are you trained to give naloxone?   |
| <b>M</b> muscular injection | Inject 1 cc of naloxone into a <i>muscle</i> .  |
| <b>E</b> evaluate & support | Is the person breathing on their own?<br>If they're not awake in 5min, another 1cc dose is needed. Tell the person not to use any more drugs right now – wait at least 2 hours. |

This is proven to work. Other remedies can actually be harmful.

## 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

There are NO medications to safely reverse 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
- Doctor may treat agitation and paranoia with a benzodiazepine

EMERGENCY RESPONSE: Tel 9-1-1

#### 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**

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# Advanced Overdose Management

## HEALTH, HARM REDUCTION & OVERDOSE PREVENTION



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Lesson: pg 20-24 | Handouts: pg 25-27  
60 MINUTES

## ADVANCED OVERDOSE MANAGEMENT

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

# 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**

- 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)

**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)
  - 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

Presenter(s)

Section Time

20 Minutes

**Depressants**

euphoria  
nausea  
confidence  
vomiting  
dependence  
mood swings  
unconsciousness  
coma  
death

**Alcohol****Benzodiazepines****GHB****Kava****Psychedelics**

increased body temp.  
loss of coordination  
hallucinations  
distorted perceptions  
disorganised thoughts  
anxiety  
paranoia  
panic  
euphoria

**Ayahuasca****LSD****NBOMes****Psilocybin**

**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 he or she 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 he or she is 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 him or her lean forward to prevent choking. If a person is unconscious or lying down, roll him or her 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	



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.

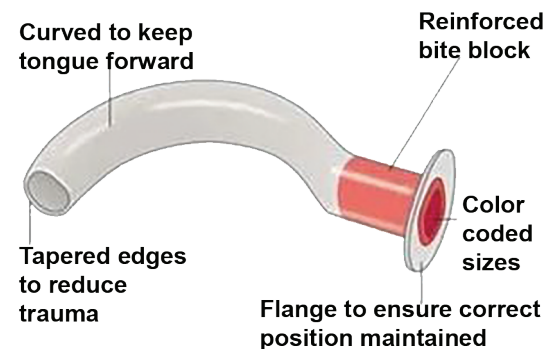
**Steps to inserting:**

- 1) Turn the OPA upside down
- 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](https://www.youtube.com/watch?v=Hzc_T4QBp4E)

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.

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

## 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.

**Presenter(s)****Section  
Time**

15 Minutes



# Fentanyl-Induced Muscle Rigidity

## (and other Unusual Overdose Presentations)

### FENTANYL-INDUCED MUSCLE RIGIDITY

Fentanyl-induced muscle rigidity, also known as "chest wall rigidity" or "wooden chest syndrome", 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. The risk of rigidity may be increased by age, 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, DeRienzo 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.

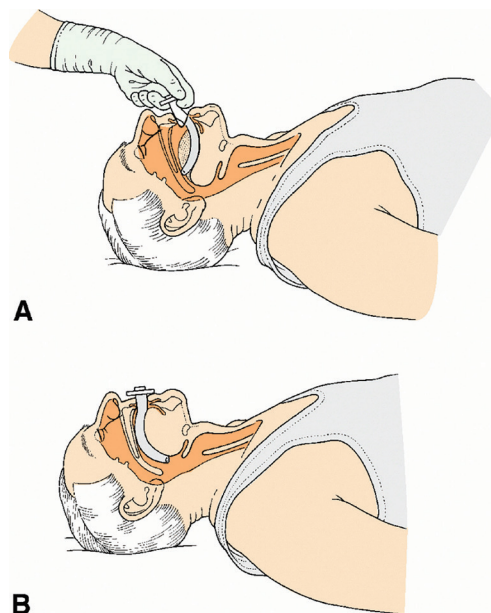
An OP may be required to achieve or maintain an open airway. The OP conforms to the shape of the palate. When inserted into an unconscious patient, it can assist in maintaining a clear airway by preventing obstruction by the tongue. This enables the passage of gases through and around the tube and facilitates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

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# Train the Trainer & Naloxone Distribution

## HEALTH, HARM REDUCTION & OVERDOSE PREVENTION



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Lesson: pg 29-33 | Handouts: pg 34-41  
60 MINUTES



# Train the Trainer and Naloxone Distribution

Total Time

60 Minutes

## Topics

1. Participant Knowledge Review
2. Overdose Response and Stress
3. Facilitation Tips
4. Take Home Naloxone Paperwork

## Equipment & Materials:

- ✓ Naloxone Kits
- ✓ Photocopies of handouts

## Take Home Naloxone Forms:

Distribution Record

Overdose Response Information Form

New Site Registration Form

Supply Order Form

Participant Knowledge Checklist

**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: \_\_\_\_\_

Educator's Name (Print): \_\_\_\_\_

Initials	Knowledge Objective
	<b>Overdose Prevention</b> <ul style="list-style-type: none"> <li>• Demonstrates clear knowledge of causes, contributing factors, and prevention strategies to overdoses</li> <li>• Demonstrates understanding of stimulant overdose – there is no antidote</li> <li>• Knows the application of myths in responding to overdose can be harmful</li> </ul>
	<b>Signs of Opioid Overdose</b> <ul style="list-style-type: none"> <li>• 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</li> <li>• Understands that naloxone does not work for non-opioid overdoses</li> </ul>
	<b>Recovery Position and Calling 911</b> <ul style="list-style-type: none"> <li>• 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</li> <li>• Understands the importance of calling 911, knows what to say to the 911 operator and knows to debrief EMS when they arrive</li> </ul>
	<b>Stimulation &amp; Application of Breaths</b> <ul style="list-style-type: none"> <li>• Demonstrates understanding of how to provide stimulation: Sternal Rub/Say the person's name/Tell them to breathe</li> <li>• Demonstrates understanding of how to provide breaths and use 1-way face mask</li> </ul>
	<b>Naloxone Administration</b> <ul style="list-style-type: none"> <li>• 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</li> </ul>
	<b>Evaluation &amp; Aftercare</b> <ul style="list-style-type: none"> <li>• Demonstrates knowledge that the effect of naloxone only lasts 30-90 minutes and the overdose can return</li> <li>• 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</li> <li>• Knows to watch for OD symptoms returning</li> </ul>
	<b>Care of Naloxone Vial, Program Evaluation, Refill</b> <ul style="list-style-type: none"> <li>• Demonstrates knowledge how to store naloxone at room temp and away from light</li> <li>• Watch expiry date on ampoules</li> <li>• Keep naloxone in a regular place and let others know where it is in case of an emergency</li> <li>• Knows how to get a re-fill if used, and that more information is available at <a href="http://www.towardtheheart.com">www.towardtheheart.com</a></li> <li>• Knows the importance of completing and returning the Administration information form</li> </ul>

2016/10/21

## 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](http://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

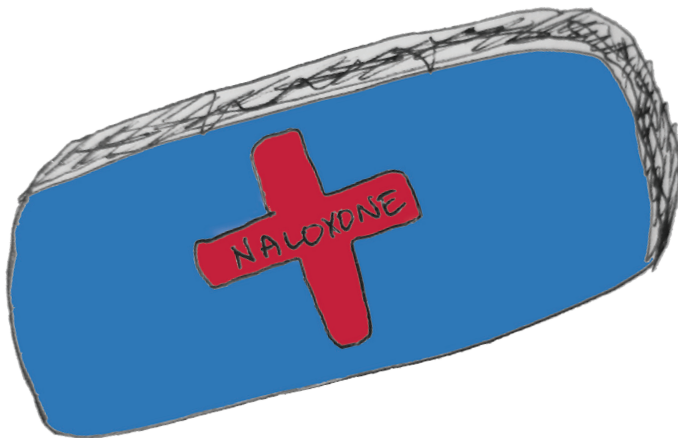
- Your first reaction is normal!

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 judgement
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)	Section Time
_____	10 Minutes

## 4

**TAKE HOME NALOXONE PAPERWORK:**

Review all the forms with the group:

Distribution Record

- When you hand out a kit fill this out

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

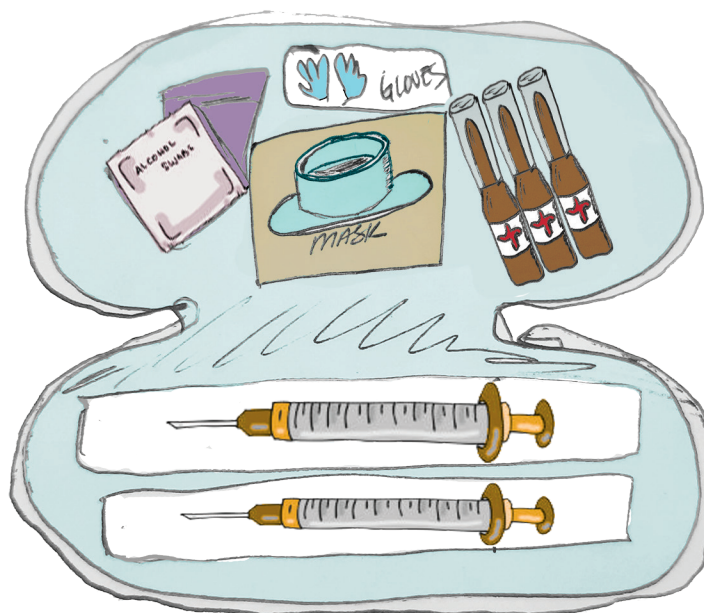
Supply Order Form (2 pages)

- 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	GENDER	AGE RANGE (YRS)		1 <sup>ST</sup> KIT OR REPLACEMENT	NOTES <b>**Optional Site Use**</b> (not required by BCCDC)
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 <sup>st</sup> 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 <sup>st</sup> 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 <sup>st</sup> Kit <input type="checkbox"/> Replacement (Last Kit Used) <input type="checkbox"/> Replacement (Other Reason)	

## TAKE HOME NALOXONE: OVERDOSE RESPONSE INFORMATION FORM

Please complete this form after you use a naloxone kit

And E-MAIL to [naloxone@bccdc.ca](mailto: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)

_____	_____	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say
MONTH	YEAR		

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

_____	<input type="checkbox"/> Don't know	<input type="checkbox"/> 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.

<b>Gender</b>	<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	
<b>Age</b>	<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](http://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)**

<b>Site Name:</b>									
<b>Address</b>	Street #	Street Name:	Street Type:	Direction:	Unit:	Floor:			
	City:								
<b>Postal Code</b>									

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

	<b>First Name</b>	<b>Last Name</b>	<b>Phone Number</b>	<b>Email (required)</b>
<i>Coordinator 1</i>				
<i>Coordinator 2</i>				

**SITE DELIVERY ADDRESS (Where orders should be delivered)**

<b>Site Name:</b>									
<b>Address</b>	Street #	Street Name:	Street Type:	Direction:	Unit:	Floor:			
	City:								
<b>Postal Code</b>									

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

**DELIVERY INSTRUCTIONS**

<b>Phone Number</b>		<b>Special Delivery Instructions (ex. buzzer #)</b>			
<b>Hours of Operation (For Delivery)</b>		Monday:		Closed for Lunch:	
		Tuesday:		Closed for Lunch:	
		Wednesday:		Closed for Lunch:	
		Thursday:		Closed for Lunch:	
		Friday:		Closed for Lunch:	

**Note: Delivery Hours are Monday to Friday between 9am and 5pm. Please indicate availability between these hours.**

**\*\*Please E-MAIL this completed form along with the New Site Agreement to [naloxone@bccdc.ca](mailto: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](http://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](mailto:naloxone@bccdc.ca) \*\***

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

<b>TAKE HOME NALOXONE : SUPPLY ORDER FORM</b> Registered Sites Only – Supplies <b>not</b> intended for use in the workplace			
E-mail form to <a href="mailto:naloxone@bccdc.ca">naloxone@bccdc.ca</a> if you don't have e-mail, please fax to 604-707-2516  E- mail <a href="mailto:naloxone@bccdc.ca">naloxone@bccdc.ca</a> for queries, follow-ups or changes to orders. Please allow 10 working days for delivery and plan ahead to avoid shortages.			 <b>BC Centre for Disease Control</b> <small>AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY</small>
<b>INVENTORY COUNT (NUMBER OF THN KITS ON SITE):</b> _____ Kits			
<b>Site #</b>	<b>Site Name:</b>	<b>Date Submitted:</b>	
<b>Contact Name:</b>		<b>Delivery Days &amp; Times:</b>	
<b>Shipping Address:</b>		<b>Phone/Email:</b>	
Products	Contents	Unit of Issue	Quantity Ordered
<b>Completely Assembled THN Kit</b>	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	_____ <b>Kits</b>
<b>Naloxone Replacement Bottles</b> (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	_____ <b>Bottles</b> (Kit Refills Only)
<b>Mock Kit</b> (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	_____ <b>Kits</b> maximum: 5
<b>Loose Supplies</b> (for replacement kits or training purposes)		<b>Circle Quantity Required</b>	
	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.			

May, 2020

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](mailto: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: YYYY / MM / DD

Educator's Name (Print): \_\_\_\_\_

Initials	Knowledge Objective
	<b>Overdose Prevention</b> <ul style="list-style-type: none"> <li>• Demonstrates clear knowledge of causes, contributing factors, and prevention strategies to overdoses</li> <li>• Demonstrates understanding of stimulant overdose – there is no antidote</li> <li>• Knows the application of <i>myths</i> in responding to overdose can be harmful</li> </ul>
	<b>Signs of Opioid Overdose</b> <ul style="list-style-type: none"> <li>• 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></li> <li>• Understands that naloxone does not work for non-opioid overdoses</li> </ul>
	<b>Recovery Position and Calling 911</b> <ul style="list-style-type: none"> <li>• 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</li> <li>• Understands the importance of calling 911, knows what to say to the 911 operator and knows to debrief EMS when they arrive</li> </ul>
	<b>Stimulation &amp; Application of Breaths</b> <ul style="list-style-type: none"> <li>• Demonstrates understanding of how to provide stimulation: <i>Sternal Rub/Say the person's name/Tell them to breathe</i></li> <li>• Demonstrates understanding of how to provide breaths and use 1-way face mask</li> </ul>
	<b>Naloxone Administration</b> <ul style="list-style-type: none"> <li>• 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</li> </ul>
	<b>Evaluation &amp; Aftercare</b> <ul style="list-style-type: none"> <li>• Demonstrates knowledge that the effect of naloxone only lasts 30-90 minutes and the overdose can return</li> <li>• 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</li> <li>• Knows to watch for OD symptoms returning</li> </ul>
	<b>Care of Naloxone Vial, Program Evaluation, Refill</b> <ul style="list-style-type: none"> <li>• Demonstrates knowledge how to store naloxone at room temp and away from light</li> <li>• Watch expiry date on ampoules</li> <li>• Keep naloxone in a regular place and let others know where it is in case of an emergency</li> <li>• Knows how to get a re-fill if used, and that more information is available at <a href="http://www.towardtheheart.com">www.towardtheheart.com</a></li> <li>• Knows the importance of completing and returning the Administration Information form</li> </ul>

2016/10/21

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# COVID and OD Response

## HEALTH, HARM REDUCTION & OVERDOSE PREVENTION



Lesson: pg 43-45  
40 MINUTES



# COVID and OD Response

Topics	Equipment & Materials:	Total Time
1. What do we know about COVID and OD response? 2. How can we reduce the risk? 3. Deciding to give breaths	✓ Flipchart ✓ Markers	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.

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

Presenter(s)

Section Time

10 Minutes

### VCH: OPS staff

Intended for OPS sites with access to PPE, Ambu-bags, possible AED.

- Staff is recommended to wear full PPE (all above listed, plus gown) to provide direct care within a proximity of 2 meters or less to the individual.
- **If giving breaths, follow the usual procedure of providing rescue breaths using the CPR face shield. Dispose after use.**
- Administer two doses of naloxone IM (2 x 0.4 mg = 0.8 mg). Nasal naloxone is not recommended.
- (step for use of oxygen tank and Ambu-bag- removed)
  - Clear all non-responders and participants from the room before performing AGMP.
- Call 911 if the client does not rapidly respond.
  - Emergency Medical Services (EMS) has training and access to appropriate PPE needed to perform aerosol-generating OD response procedures.
  - Clear the room of all staff and participants before EMS arrives.

### VCH: Community Members

Intended for Community members with minimal access to equipment:

- Use the PPE you can obtain (any gloves, bandana, glasses)
- Try and rouse the person, Call 9-1-1. It is always important to get help. If there is no response, administer naloxone. Give a double dose of naloxone (two vials) to help folks wake up faster.
- **Use the face shield/breathing barrier to give rescue breaths.** The face shield has a one-way valve and covers a lot of the face which protects the responder from droplets.
- After responding, dispose of the face shield before taking off the gloves, and wash your hands thoroughly. Re-evaluate breathing. Give further doses of naloxone as needed.
- Start hands-on CPR if required. If the person's heart stops, use hands-only chest compressions while lightly covering the person's nose and mouth with the face shield in your kit, or a handkerchief or T-shirt.

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 when responding to ODs during the pandemic?*

*Add or emphasize:*

- Anyone **not** responding to the overdose should leave the room or immediate area.
- When using a take home naloxone kit or facility overdose response box use the face shield/breathing barrier to give rescue breaths.
  - o The face shield has a one-way valve and large impermeable area which protects the responder from respiratory secretions.
  - o 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 to 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.

SCENERIOS - (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

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# Harm Reduction Basics & Safer Self Injection I & II

## HEALTH, HARM REDUCTION & OVERDOSE PREVENTION



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Lesson: pg 47-53 | Handouts: pg 54-57  
Part 1 - 40 MINUTES | Part 2 - 65 MINUTES

# Harm Reduction Basics and Safer Self Injection

Topics	Equipment & Materials:	Total Time
1. Harm Reduction Supplies and How to Use Them 2. Safer Shooting	✓ Harm Reduction Supplies	40 Minutes

## 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 1/2", 22g x 1", 22g x 1/2", 25g x 5/8", 25g x 1", 26g x 1/2", 27g x 1/2")
- Sharps bin (1L, 500mL)
- Pipes (meth / crack)
- Plastic mouth tubing
- Screens
- Push stick

Presenter(s)

Section Time

20 Minutes

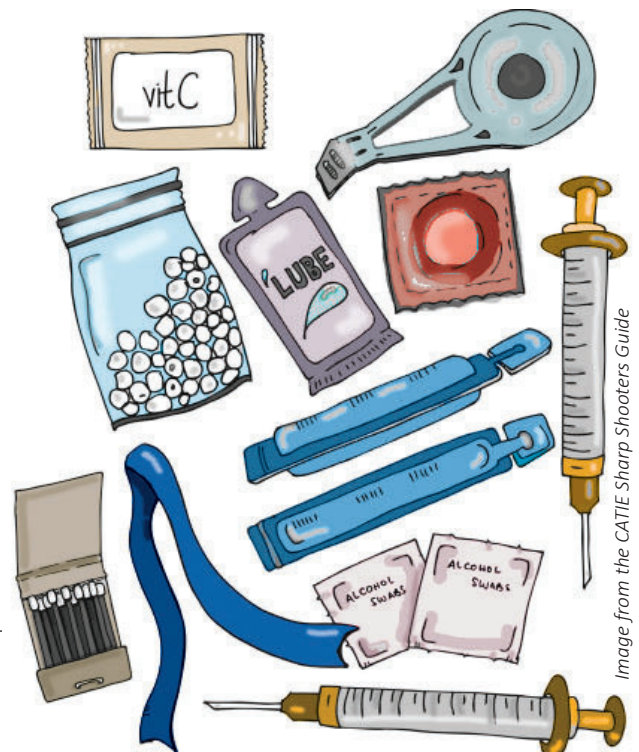


Image from the CATIE Sharp Shooters Guide

## 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

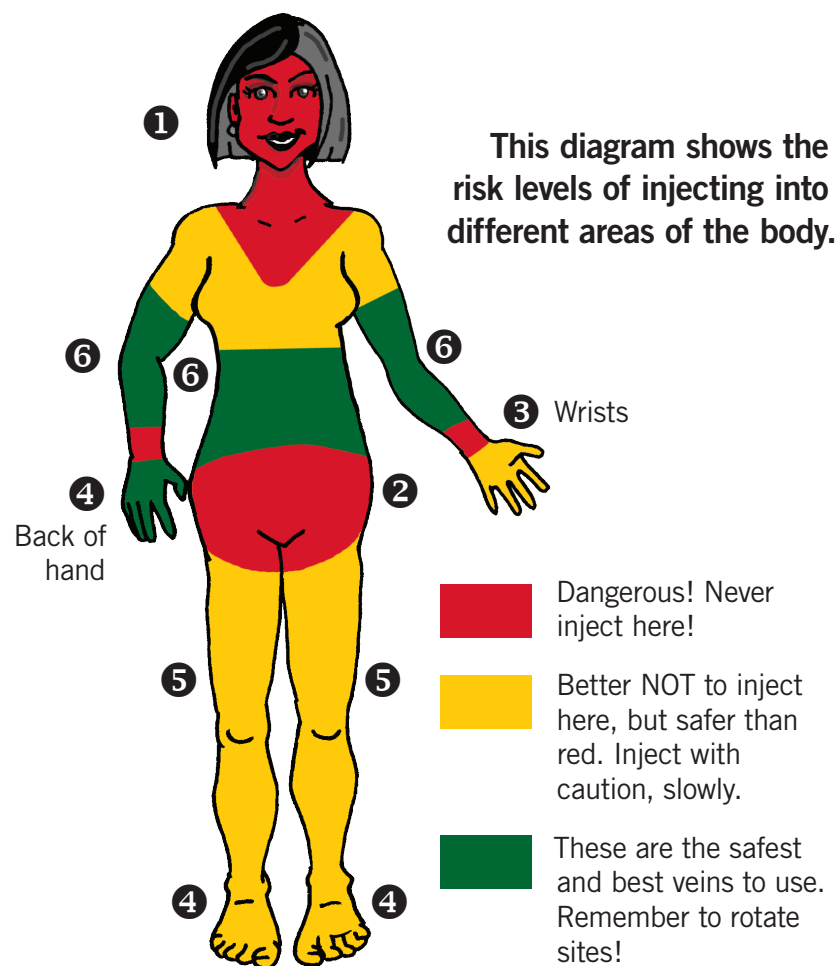
**ASK THE GROUP:** *how do folks in the room think one can take care of their veins?*

**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 largergauge 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 its 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



*Image the CATIE Sharp Shooters Guide*



## Safer Self Injection II

Equipment  
& Materials:

✓ HR Supplies

✓ Photocopies of  
handouts

**Total Time**

65 Minutes

### Topics

1. How to Prepare a Successful Shot
2. Dose Management
3. Doctoring
4. Risks of Infections and Treatments and Infection Prevention

# 1

### HOW TO PREPARE A SUCCESSFUL SHOT:

**ASK THE GROUP:** *how can you prepare a successful shot?*

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

#### Heroin

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

**Presenter(s)**

**Section Time**

20 Minutes

**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

**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

**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

## 2

**DOSE MANAGEMENT:**

**ASK THE GROUP:** *how could one 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 you 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 asshole 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.

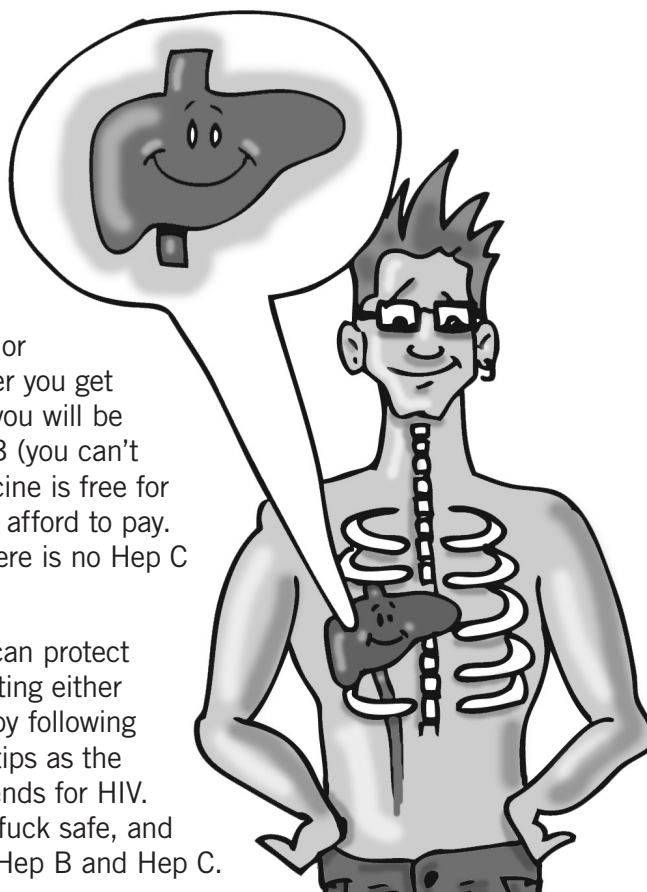
**SIGNS:** Most people go a long time before having any signs of illness. When people do develop symptoms, they may include: being tired, having no appetite, stomach pain on the right side (where your liver is), weakness, nausea, fever, yellow skin and eyes, dark pee and pale shit.

**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.



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# Let's Talk About Drugs

## HEALTH, HARM REDUCTION & OVERDOSE PREVENTION



Lesson: pg 59-63  
50 MINUTES

# Let's Talk About Drugs

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

## 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:
  - o Depressants (i.e. alcohol, opioid, benzodiazepines, barbiturates)
  - o Cannabinoids (i.e. weed, hash)
  - o Stimulants (i.e. Adderall, cocaine, meth)
  - o Hallucinogens (i.e. LSD, mushrooms)
  - o Inhalants (i.e. paint, dust off)
  - o 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, jib, ice, crystal, gack, glass, shard)
- Effects
  - o Increased heart rate, psychosis, hallucinations, mood swings, anxiety, increased energy, invincible feeling, euphoria, increased libido, increased blood pressure, no sleep

## Opioids

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

## Benzos

- Bluies, roofies, downers, sleepers, benzos, bennies
- Effects
  - o Relaxed muscles; decreased anxiety; euphoria; sleepiness; 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
  - o Extreme sensitivity to touch, sound, and sight; intense happiness; anger/irritability; paranoid feeling; decreased appetite
  - o Headaches; convulsions and seizures; heart disease, heart attack, and stroke; mood problems; sexual trouble; lung damage; 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 judgement, especially about sleep
- Sleep deprivation can cause death

**ASK THE GROUP:** What is stigma? What are some types of stigma drug users may encounter?

(Optional: write key points on flip chart)

#### Stigma

- Police brutality
- Ignorance from care providers
- Profiling
- Being denied work or housing
- Myths
  - o Moral deficiency – lazy / thief

## 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 polydrug use 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:
  - o 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**

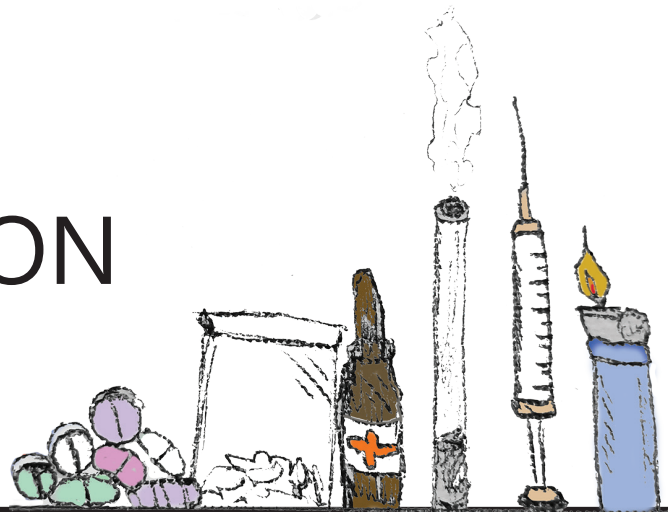
10 Minutes



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# Community Resources

## HEALTH, HARM REDUCTION & OVERDOSE PREVENTION



Lesson: pg 65-66  
45 MINUTES

# Community Resources

Topics	Equipment & Materials:	Total Time
1. Common Community Resources 2. Spreading Information 3. Creating a Follow-up Project	✓ 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
  - o Opiate agonist therapy
  - o Harm reduction supplies
  - o Where to get naloxone kits
  - o 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 neighbourhood?)
- 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>

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# COVID & PPE

## HEALTH, HARM REDUCTION & OVERDOSE PREVENTION



Lesson: pg 68-71 | Handouts: 72-76  
60 MINUTES

## COVID 19 and PPE

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

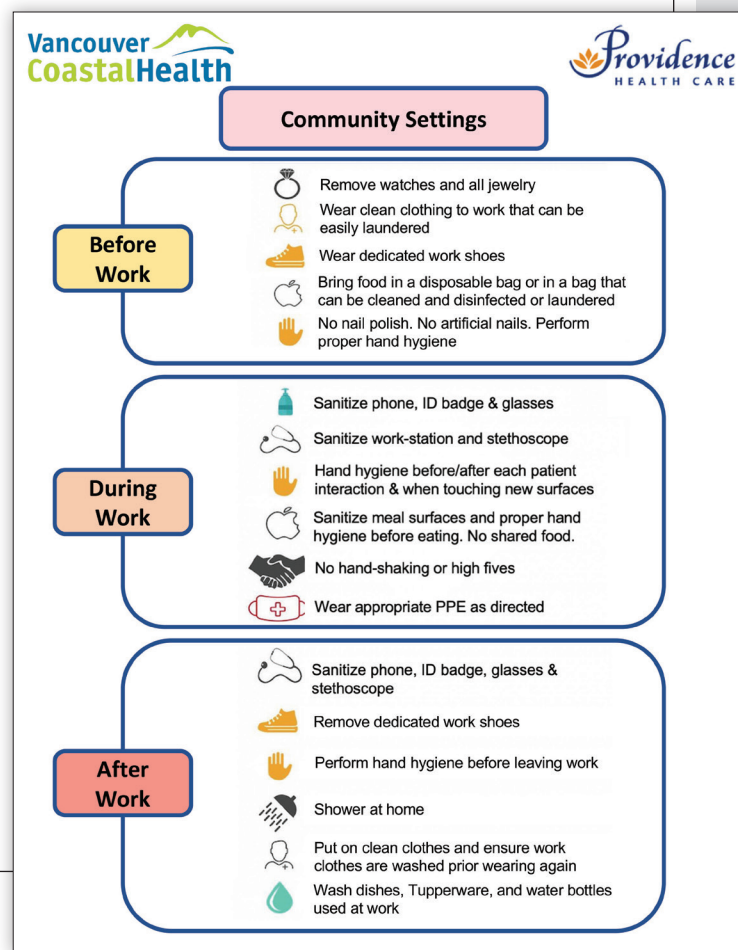
This information was made for VCH medical workers and includes maximum PPE. Whenever it's possible the same techniques should be used by anyone working in the community.

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/watch?v=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 SCENERIOS:**

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 bandana (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:

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Diarrhea	Nausea/ vomiting	Loss of taste or smell	Muscle aches/ Fatigue
Headache	Confusion/dizziness	Pink eye	Skin rashes/ discolouration

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If symptoms are severe – call 911

## PPE: PERSONAL PROTECTIVE EQUIPMENT

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At Reception  
In shared spaces

If unable to remain 2m away

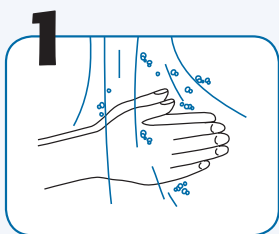


Direct care for asymptomatic or COVID-negative client & in shared spaces, client rooms, or sleeping areas



Direct care for symptomatic or COVID-positive client, anywhere

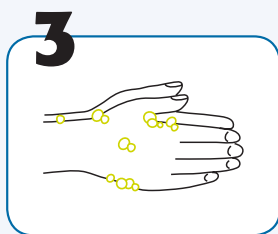
# HOW TO HANDWASH



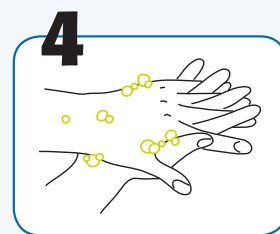
**1**  
Wet hands with warm water.



**2**  
Apply soap.

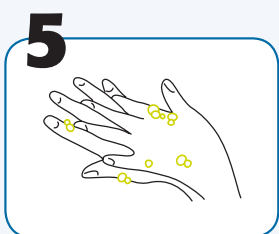


**3**  
Lather soap and rub hands palm to palm.



**4**  
Rub in between and around fingers.

**Lather hands for a total of 30 seconds**



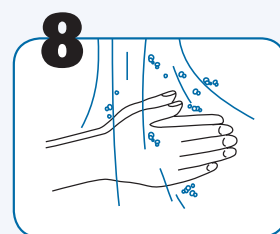
**5**  
Rub back of each hand with palm of other hand.



**6**  
Rub fingertips of each hand in opposite palm.



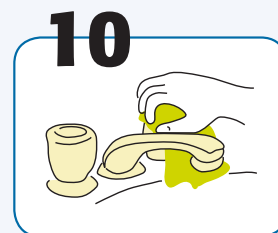
**7**  
Rub each thumb clasped in opposite hand.



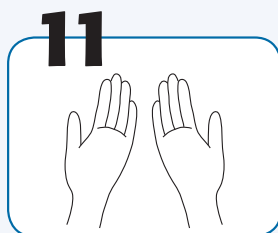
**8**  
Rinse thoroughly under running water.



**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

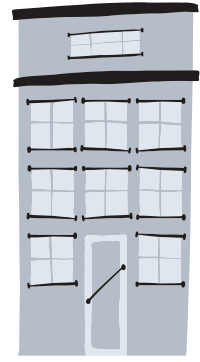


Put on clean clothes and ensure work clothes are washed prior wearing again



Wash dishes, Tupperware, and water bottles used at work

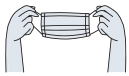
# How to self-isolate for COVID-19 when living in shared housing



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



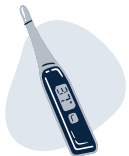
Wash hands often with soap and water or hand sanitizer, especially when coming in or going out of your room



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](mailto: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.

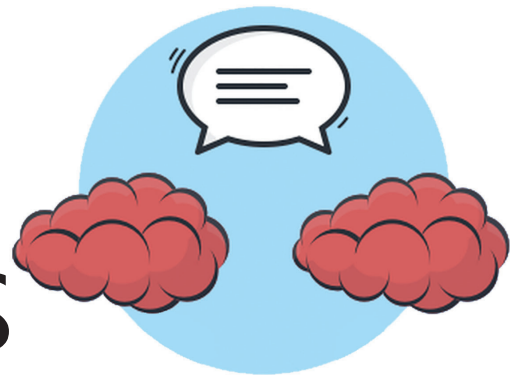
**Staffing:** The team includes outreach nurses (RN and LPNs), outreach workers and access to Clinical Practice Lead, Social Worker, GPs and Nurse Practitioners.

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# Managing Extreme Situations I: Learning & Tips for Peer Outreach

## RELATIONAL SKILLS

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Lesson: pg 78-79  
45 MINUTES



# Managing Extreme Situations I: Learning and Tips for Peer Outreach

Topics
<div>1. Types of Abnormal Behaviours:</div> <div>2. Sharing Strategies and Experience</div> <div>3. Tips for Conflict Resolution</div>

Total Time
45 Minutes

## 1

TYPES OF ABNORMAL BEHAVIOURS:
<div>Abnormal or Escalating Behaviour: when someone shows when they are having a heightened/high emotional response, usually to something that is stressful</div> <div>Non-Verbal:<ul style="list-style-type: none"><li>• Pacing</li><li>• Clenched fists</li><li>• Intense staring</li></ul></div> <div>Verbal:<ul style="list-style-type: none"><li>• Negative Comments: putting others down, saying mean things</li><li>• Swearing</li><li>• Verbal Threats</li><li>• Screaming</li></ul></div> <div>Physical:<ul style="list-style-type: none"><li>• Pointing/Gesturing</li><li>• Increased Muscle tension</li><li>• Hitting/Striking out</li></ul></div> <div><b>Activity:</b> Ask volunteers what non-verbal, verbal or physical examples they have seen and have them demonstrate</div>

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 behaviour...*

- Have you ever noticed escalating behaviour 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)****Section Time**

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)****Section Time**

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.

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# Managing Extreme Situations II: Psychedelic Crisis Intervention

## RELATIONAL SKILLS

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Lesson: pg 81-83  
45 MINUTES

## Managing Extreme Situations II: Psycheledic Crisis Intervention

Topics	Equipment & Materials:	Total Time
1. Understanding Psychedelic Crisis 2. Crisis Intervention Practices	✓ Flipchart ✓ Markers	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 Behaviour
- 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.”

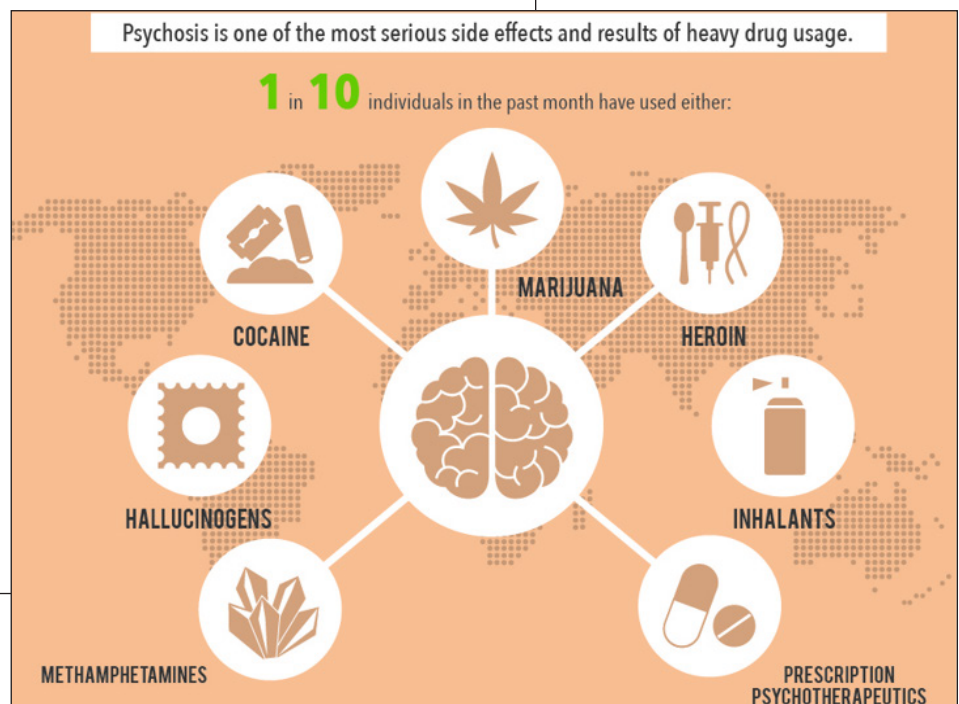
Common features of a psycheledic crisis include:

- 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

### Presenter(s)

### Section Time

10 Minutes



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)
  - o Move the person to a quieter or more private area
- Social environment (Privacy)

Basic Human Needs:

- Water
- Food (Snacks or 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)
  - 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
- Difficult is not the same as bad
  - o Encourage them to explore what's happening
  - o Challenging experiences can lead to growth and learning
  - o 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 scenerio, then have the group discuss how they can support Sean.
- Record key points on chart paper under the 5 different headings.
  - o 25-year-old male named Sean
  - o Injected what they thought was heroin
  - o Drug injected actually contained a synthetic cannabinoid
  - o Mental state has changed, and he has declined from coordinated movement, to stumbling around
  - o Sean appears pale, sweaty, and panicked, glancing around. His lips are dry + pupils are dilated
  - o Unable to stay still for an extended period of time
  - o Doesn't know where he is. Believes his pants are wet. Seems to be dancing to music that doesn't exist

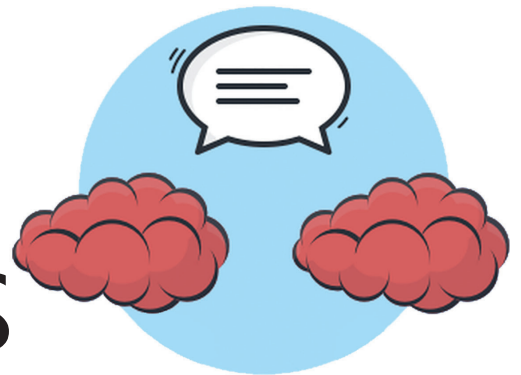


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# Recognizing & Minimizing Burnout

## RELATIONAL SKILLS

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Lesson: pg 85-87  
40 MINUTES



## Recognizing and Minimizing Burnout

<b>Topics</b>	<b>Total Time</b>
1. Definitions and Discssion 2. Tips for Preventing Burnout	40 Minutes

# 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*

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

#### *Emotional Reactions*

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

#### *Other Reactions*

- o Loss of enjoyment
- o Pessimism
- o Behavioral reactions such as isolation, withdrawal, increased mood swings, irritability, restlessness, changes with relationships to others
- o Decreased concentration
- o Difficulty making decisions or problem-solving
- o Forgetfulness or impaired concentration and attention
- You don't wake up one morning and all of a sudden "have burnout".
  - o Its nature is much more subtle, creeping up on us over time like a slow leak, which makes it harder to recognize.
  - o 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

### Presenter(s)

### Section Time

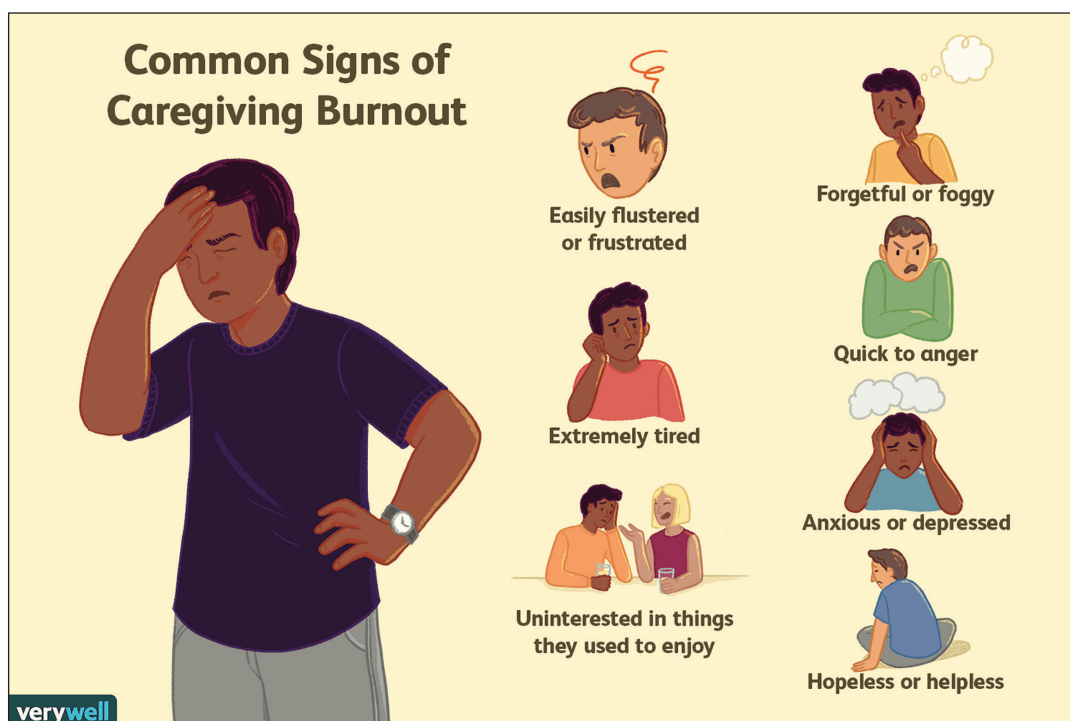
20 Minutes

**DEFINITIONS continued:**Compassion Fatigue / Secondary Traumatic Stress

- Characterized by a gradual lessening of compassion over time – meaning you are less sensitive to the physical, mental, or emotional pains of others
- People who experience compassion fatigue can exhibit several symptoms including hopelessness, a decrease in experiences of pleasure, constant stress and anxiety, sleeplessness or nightmares, and a pervasive negative attitude
- Can have detrimental effects on individuals, both professionally and personally, including a decrease in productivity, the inability to focus, and the development of new feelings of incompetency and self-doubt

Vicarious Trauma

- When we connect with people emotionally, the exposure to the other person's traumatic material can result in symptoms or disturbance such as feelings of sadness, grief, irritability and mood swings.
- Common signs and symptoms include, but are not limited to, social withdrawal; mood swings; aggression; greater sensitivity to violence; somatic symptoms; sleep difficulties; intrusive imagery; cynicism; sexual difficulties; difficulty managing boundaries with clients; and core beliefs and resulting difficulty in relationships reflecting problems with security, trust, esteem, intimacy, and control.



## 2

**TIPS FOR PREVENTING BURNOUT:**

**ASK THE GROUP:** What do you think helps to prevent burnout? What does self-care look like to you?

Self Care

- Start the day with a relaxing ritual
- Adopt healthy eating, exercising, and sleeping habits
- 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
- Learn how to manage stress

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 teambuilding)
- 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

**Presenter(s)****Section Time**

20 Minutes



During COVID  
some of these  
resources may not be  
available.

What alternatives can  
we think of?

Mobile Response Team Resources

*The Provincial Overdose Mobile Response Team is offering free programs designed specially to support the physical, mental, and emotional wellness of first responders, frontline workers and people with lived experience/peers working on the frontline of the overdose public health emergency*

**Molson OPS Drop In - MRT members are available for people to speak with**

Opportunity for people working in the overdose community of practice to meet others working in the community

This drop-in session is now 9-12

**Frontline Fight Club Drop in**

Wed 8:30 am and Fri 9:00 am.

All Levels Welcome

Eastside Boxing Club 238 Keefer Street

**Frontline Fitness or Massage**

To sign up use this link:

<https://signup.com/group/577025885928804095>

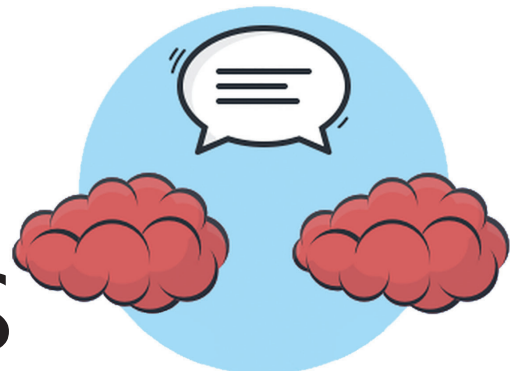
Only available in New Westminster or Aldergrove

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# Collective Resiliency: Boundary Setting

## RELATIONAL SKILLS

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Lesson: pg 89-92  
60 MINUTES

## Collective Resiliency: Boundary Setting

Topics	Total Time
<ol style="list-style-type: none"> <li>1. Defining Boundaries</li> <li>2. Tips for Boundary Setting</li> <li>3. Skills for Boundary Setting</li> <li>4. Friend vs. Work Relationships</li> </ol>	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 behaviours 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.
  - o It's hard to set boundaries with someone when they aren't clear personally
  - o Identify comfortable physical, mental and emotional limits for yourself.
- Do not allow anyone to take advantage of your time.
  - o Starting late or staying late are only options in extremes, not given alternatives to your schedule.
- Communicate effectively and be direct.
  - o Some people will naturally have similar communication styles and understand without specific dialogue to guide them, others will not.
- Be assertive.
  - o This is especially important if control is being lost, or someone is stepping over set boundaries.
  - o Occasionally people are unaware, but sometimes they just need a firm reminder of your boundaries.
- Learn to say no and mean it.
  - o Make sure to say no to activities that may take up too much time or energy and can cause burn out.
- Set expectations.
  - o Ensure that you identify working times and when folks can expect responses or follow up.
- Do not feel guilty to set boundaries.
  - o Some people may use manipulation or guilt to change a boundary they don't particularly like, but this should never be allowed to happen.
  - o 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 Behaviour

- Name the behaviour 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**

Find a partner, line up in tow rows about 10-15 feet apart, facing each other. One of you will be in row 1, the other will be in row 2.

*Round 1: Non-Verbal Expression*

- 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!

*Round 2: Verbal and Non-Verbal Expression*

- This time, use your voice and your body language to indicate to your partner not to cross your secret boundary.

*Round 3: Reinforcing a Crossed Boundary*

- 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.

*Discussion: which round did you find hardest to do? Which one was easiest? Could you see yourself using these skills in real life?*

**Activity Time**

10 Minutes

**4****FRIEND VS. WORK RELATIONSHIP:**

**ASK THE GROUP:** *why are boundaries between friendly and workplace relationships become blurry when engaging in peer work?*

**Presenter(s)****Section Time**

10 Minutes

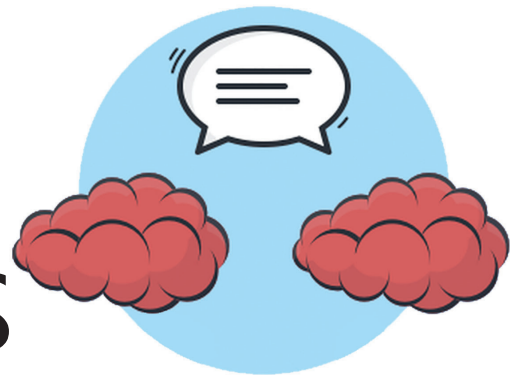


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# Reducing Stigma

## RELATIONAL SKILLS

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Lesson: pg 94-96  
45 MINUTES

# Reducing Stigma

Topics	Total Time
1. Understanding Stigma 2. Stigma and the Role of Service 3. Options and Opportunities	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 judgements toward people who use drugs

#### 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.

Presenter(s)	Section Time
_____	20 Minutes

## 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 hold harm reduction supplies overnight and return them in the morning. 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 behaviour, and shares his negative perceptions of R with 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.*

**Discussion: Behaviours**

1. How did the first staff member or second staff member's behaviour 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 behaviours?

**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

**Presenter(s)****Section Time**

15 Minutes

## 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 people
- Work collaboratively to coordinate care and ensure safety
- Provide training, ongoing education and supports to employees
- Implement policies and regulations that protect the rights of vulnerable populations accessing social services
- Promote the rights of vulnerable populations 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

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# Strengths Based Care

## RELATIONAL SKILLS

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Lesson: pg 98-102  
60 MINUTES

Strengths Based Care

Strengths Based Care		Total Time
Topics		60 Minutes
<div>1. What is Trauma?</div> <div>2. Trauma and Substance Use</div> <div>3. Trauma Informed Care</div> <div>4. Key Principles</div> <div>5. Implications</div>		

1

WHAT IS TRAUMA?	Presenter(s)	Section Time
<p><b>ASK THE GROUP:</b> <i>what is trauma? What are some of the effects of trauma?</i></p> <p>Trauma is defined as experience that overwhelms an individual’s capacity to cope</p> <ul style="list-style-type: none"><li>• Trauma can occur early in life—for example, as a result of child abuse, neglect, witnessing violence and disrupted attachment—or later in life due to violence, accidents, natural disasters, war, sudden unexpected loss and other life events that are out of one’s control<ul style="list-style-type: none"><li>o Experiences like these can interfere with a person’s sense of safety, self and self-efficacy, as well as the ability to regulate emotions and navigate relationships</li><li>o Social stigma such as racism, sexism, homophobia, and stigma against the poor and drug users can lead certain demographics of people to experience more violence and hence have a greater likelihood of experiencing trauma</li><li>o Traumatized people commonly feel terror, shame, helplessness and powerlessness</li></ul></li><li>• Trauma is both an event and a particular response to an event; post-traumatic stress disorder is one type of “disorder” that results from trauma</li><li>• Trauma can be life changing, especially for those who have faced multiple traumatic events, repeated experiences of abuse or prolonged exposure to abuse<ul style="list-style-type: none"><li>o Even the experience of <b>one</b> traumatic event can have devastating consequences for the individual involved</li></ul></li></ul>	<div></div>	10 Minutes

## 2

**TRAUMA AND SUBSTANCE USE:**

**ASK THE GROUP:** *why might trauma and substance use be related?*

- It is very common for people accessing substance use treatment and mental health services to report overwhelming experiences of trauma and violence
- Some people who have experienced trauma view their use of substances as beneficial in that it helps them to cope with trauma-related stress
  - o This adaptive coping mechanism can make people more vulnerable to substance use problems
- It is important to remember that, for many people, using drugs feels good
  - o Not all drug use is a trauma response!

**Presenter(s)****Section Time**

10 Minutes

## 3

**TRAUMA INFORMED CARE:**

**ASK THE GROUP:** *what do you believe we mean when we talk about Trauma Informed Care? How can we prioritize people with trauma when we provide assistance to people?*

**Trauma Informed Approaches to Care**

- Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on trauma survivors' safety, choice and control
- "What has happened to this person?" rather than "What is wrong with this person?"
- Trauma informed approaches to care stress nonviolence, learning and collaboration
- Working in a trauma-informed way does not necessarily require disclosure of trauma – rather, services are provided in ways that recognize needs for physical and emotional safety, as well as choice and control in decisions affecting one's treatment
- In trauma-informed services, there is attention in policies, practices and staff relational approaches to safety and empowerment for the service user
  - o Safety is created in every interaction and confrontational approaches are avoided

**Presenter(s)****Section Time**

15 Minutes

**TRAUMA INFORMED CARE continued:**

- Trauma-specific services more directly address the need for healing from traumatic life experiences and facilitate trauma recovery through counselling and other interventions
- It could be said that trauma-informed approaches are similar to harm-reduction-oriented approaches in that they focus on safety and engagement
- In trauma-informed contexts, building trust and confidence pave the way for people to consider taking further steps toward healing while not experiencing further traumatization

## 4

**KEY PRINCIPLES:**Trauma Awareness:

- All services taking a trauma-informed approach begin with building awareness of:
  - o How common trauma is
  - o How its impact can be central to one's development
  - o The wide range of adaptations people make to cope and survive
  - o The relationship of trauma with substance use, physical health and mental health concerns

Emphasis on Safety and Trustworthiness:

- Physical and emotional safety for clients is key to trauma-informed practice because trauma survivors often feel unsafe, are likely to have experienced boundary violations and abuse of power, and may be in unsafe relationships
- Safety and trustworthiness are established through activities such as:
  - o Welcoming intake procedures
  - o Exploring and adapting the physical space
  - o Providing clear information about the programming
  - o Ensuring informed consent
  - o Creating crisis plans
  - o Demonstrating predictable expectations
  - o Scheduling appointments consistently

**Presenter(s)****Section Time**

15 Minutes



**KEY PRINCIPLES continued:**Opportunity for Choice, Collaboration and Connection:

- Trauma-informed services create safe environments that foster a client's sense of self-determination, dignity and personal control
- Service providers try to communicate openly, equalize power imbalances in relationships, allow the expression of feelings without fear of judgment, provide choices as to treatment preferences, and work collaboratively
- Having the opportunity to establish safe connections— with treatment providers, peers and the wider community—is reparative for those with early/ongoing experiences of trauma
- This experience of choice, collaboration and connection is often extended to client involvement in evaluating the treatment services, and forming consumer representation councils that provide advice on service design, consumer rights and grievances

Strengths-Based and Skill Building

- Clients in trauma-informed services are assisted to identify their strengths and to further develop their resiliency and coping skills
- Emphasis is placed on teaching and modelling skills for recognizing triggers, calming, and centering

**ASK THE GROUP:** *have you ever provided assistance to someone while prioritizing their trauma? What did that look like?*

## 5

**IMPLICATIONS:****Specific Populations and Trauma**

- A key aspect of trauma-informed practice is understanding how trauma can be experienced differently by refugees, people with developmental disabilities, women, men, children and youth, Indigenous peoples, and other populations
- Of particular note is the increasing understanding of the impact of historical and intergenerational trauma for Aboriginal peoples in Canada, and the implications for trauma-informed care for Aboriginal peoples as part of a broad approach to policy, treatment and community interventions

**Providing Care and Trauma**

- Trauma-informed services demonstrate awareness of vicarious trauma and staff burnout
- Many providers have experienced trauma themselves and may be triggered by client responses and behaviours
- Key elements of trauma-informed services include staff education, clinical supervision, and policies and activities that support staff self-care

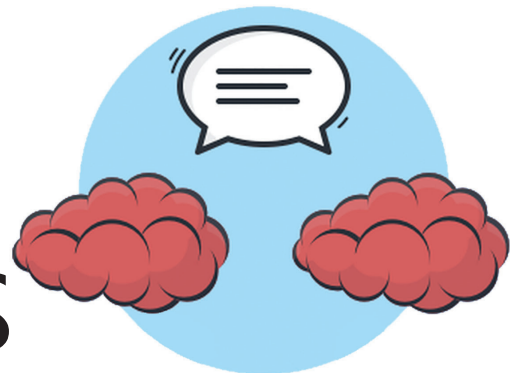
Presenter(s)	Section Time
_____	10 Minutes

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# Communication Skills

## RELATIONAL SKILLS

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Lesson: pg 104-113  
65 MINUTES

# Communication Skills

Total Time

65 Minutes

## Topics

1. The Basics of Effective Communication
2. Communication Skills
3. The Spirit of Motivational Interviewing
4. "Ask Tell Ask"
5. Communication in Conflict Situations

# 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.
  - o These include our emotions, the cultural situation, the medium used to communicate, and even our location.
  - o 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:
  - o Spoken or verbal communication
  - o Non-verbal communication
  - o Written communication
  - o Visualizations

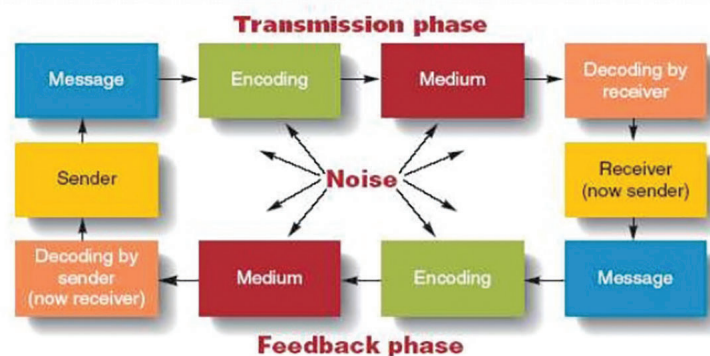
**ASK THE GROUP:** What do people in the rooms feel makes for effective or ineffective communication?

Presenter(s)

Section Time

10 Minutes

## Communication Process

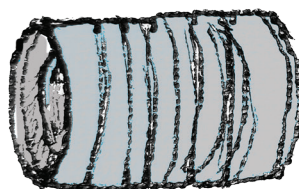


## THE BASICS OF EFFECTIVE COMMUNICATION continued:

### 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

**Example:** the thumbs-up gesture generally signals approval in English-speaking countries, but is considered offensive in Greece, Italy and parts of the Middle East.



**ASK THE GROUP:** *what do people in the rooms feel makes for intimidating non-verbal communication? What do folks 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:
  - o To allow the speaker to 'hear' their own thoughts and to focus on what they say and feel.
  - o 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.
  - o To encourage them to continue talking.
- Reflecting
  - o 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-judgemental questioning.
  - o Summarising and seeking feedback as to its accuracy.



## 3

**THE SPIRIT OF MOTIVATIONAL INTERVIEWING:****Four Central Pillars**

- **Compassion:** caring about what is important to another person and feeling moved to help.
- **Acceptance:** Respecting another person and their right to change or not change.
- **Partnership:** Working together with the other person and recognizing them as equal.
- **Evocation:** Bringing out another's ideas, strengths and knowledge about the situation and themselves, this can include encouraging them to explore.

**Presenter(s)****Section Time**

5 Minutes

## 4

**ASK TELL ASK:***What is Ask-Tell-Ask?*

- Ask-tell-ask is important when delivering person centred care.
- Rather than telling an individual a lot of information, we ask if they'd like to hear it, tell, then ask if they'd like clarification:
  - o Ask what they know and what they want to know.
  - o Tell them what they want to know.
  - o Ask them if they understand and what else they want to know.

**Ask**

- Always ask permission to start the conversation.
- Ask the person to describe their understanding of their problem. This will help tailor the conversation to the person's level of understanding and emotional state.
- Asking helps you determine the agenda for the conversation because you understand what the person hopes to accomplish.

**Tell**

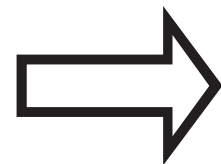
- Provide simple information that the person wants to know, using only a few short sentences.
- Share information that you understand.
- Use simple language the person will understand, not complicated terminology or jargon.

**Ask again**

- Confirm understanding by asking the person to repeat back what was just explained in their own words.
- Ask if the person has any questions or wants to know anything else.

**Presenter(s)****Section Time**

20 Minutes

**ACTIVITY NEXT PAGE**

**Activity:**

- Please get into groups of 3. (One option is to count 1, 2, 3 then 1, 2, 3 all around the room or if you have a count of everyone present divide the total by 3 and count off by the number you get, then have the three “1s” gather as partners, the three “2s”, etc. The second option will mix the group up more.)
- This activity has 5 parts, and is a ROLE PLAY of a real work situation.
  1. Work in trios.
  2. Think about some messages you frequently give.
  3. Practice giving those messages using Ask-Tell-Ask. One of you will be yourself giving the message, one will be role playing whoever you work with, and one of you will be the observer.
    - o When you are playing yourself please tell your partner a bit more about the situation so they know how to play the role.
    - o For example, *“you are a young woman who is a daily crystal meth user and we are talking about recovery.”*
  4. Take turns.
  5. Debrief the activity and be ready to share what you learned.
- The observer role is special. If we don’t “see” the results of what we are trying, it’s hard to learn, that’s like shooting an arrow with a blindfold on, we don’t know if we’ve hit the target. The observer is going to be watching for what works, what doesn’t seem to work in this case, and then everyone will work together on any suggestions for improvement, if necessary.

**Activity Debrief:**

Let’s hear from each group.

- What did you observe about using ask-tell-ask?
- Can you imagine using these in practice?
- What works easily for you?
- What might require more practice?

## 5

**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 fuelled 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 Defence 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:
  - o Feel safe and unthreatened
  - o Expect to be treated with respect, perhaps because of previous experience in that environment or with that person
  - o Understand the behaviour that is expected, or the social norms
  - o Are able to communicate effectively
  - o Are in a calm environment, where most people feel comfortable, and where people are treated with respect.

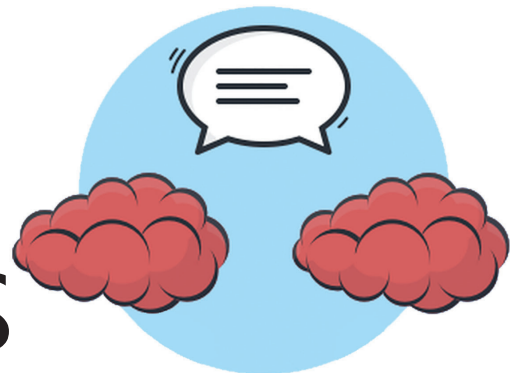
Defusing Aggression in Others

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

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# Facilitation Skills

## RELATIONAL SKILLS



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Lesson: pg 115-116 | Handouts: pg 117-119  
30 MINUTES

## Facilitation Skills

Equipment  
& Materials:

✓ Photocopies  
of handouts

**Total Time**

30 Minutes

### Topics

1. The Importance of Co-Facilitation
2. Skills for Successful Facilitation

# 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 like Overdose Prevention, Response, and Naloxone Administration, it often helps to co-facilitate.

- Working with other trainers allows us to support each other within 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

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

# CO-FACILIATION 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.

Retrieved from: <https://www.nationalcollege.org.uk/transfer/open/facilitation/fac-s7/fac-s7-t2.html>

# CO-FACILITATOR CHECKLIST

25+ things to ask your co-fac, 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?

## 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?

## 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?

## "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?



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



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.



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



Get an editable version of this list, and other facilitator resources, free at [www.facilitating.xyz](http://www.facilitating.xyz)

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# InDesign Basics: Creating a Zine

COMPUTER LITERACY



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Lesson: pg 121-145  
60 MINUTES

## 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:

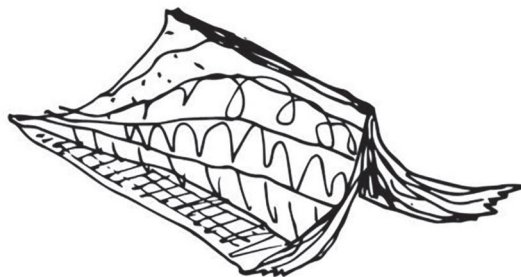
- ✓ Photocopies of handouts
- ✓ Computer
- ✓ Projector

### 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

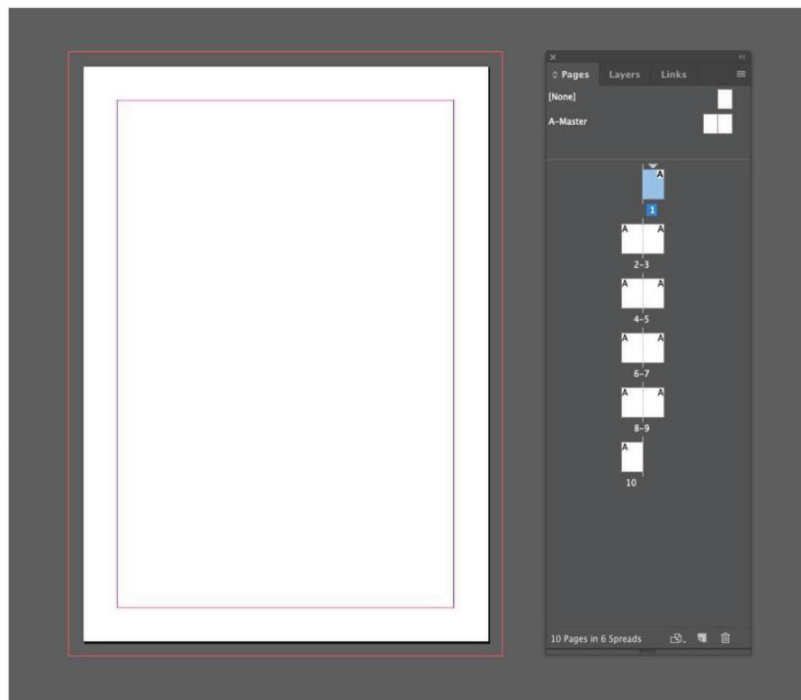
## Step 1

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**.

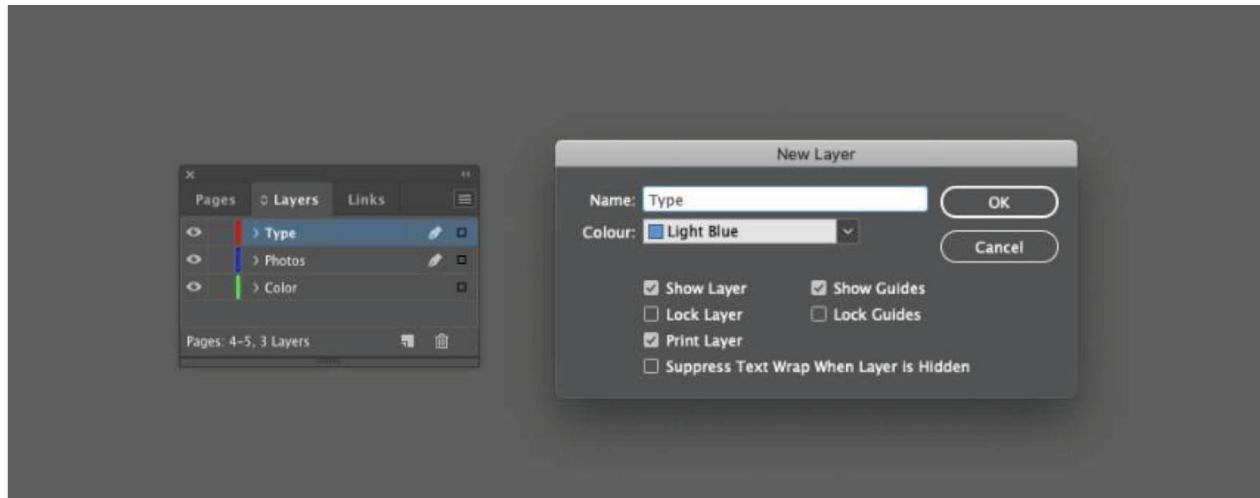


## Step 2

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

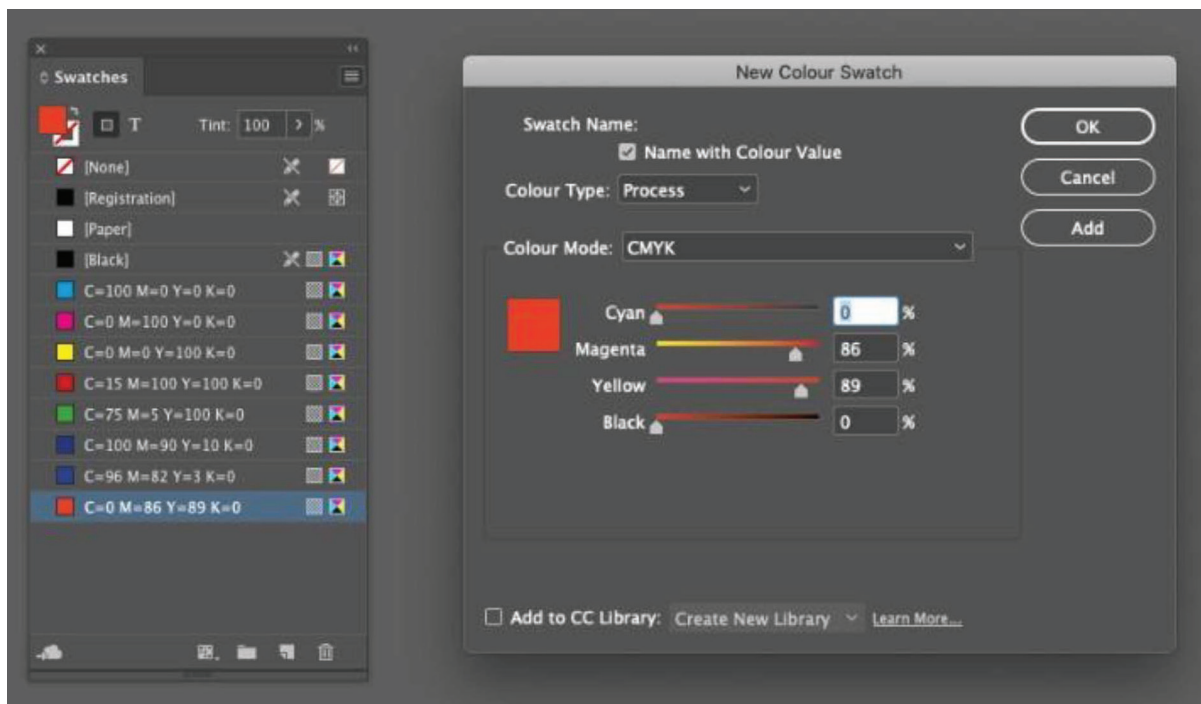
Expand the **Swatches** panel (**Window > Color > Swatches**).

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**.

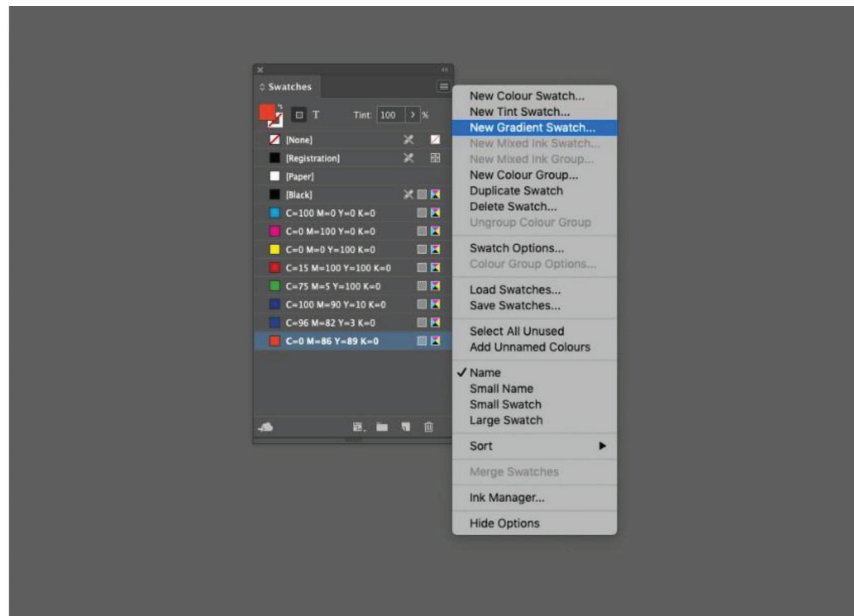
Create a second new swatch, **C=0 M=86 Y=89 K=0**.





## Step 5

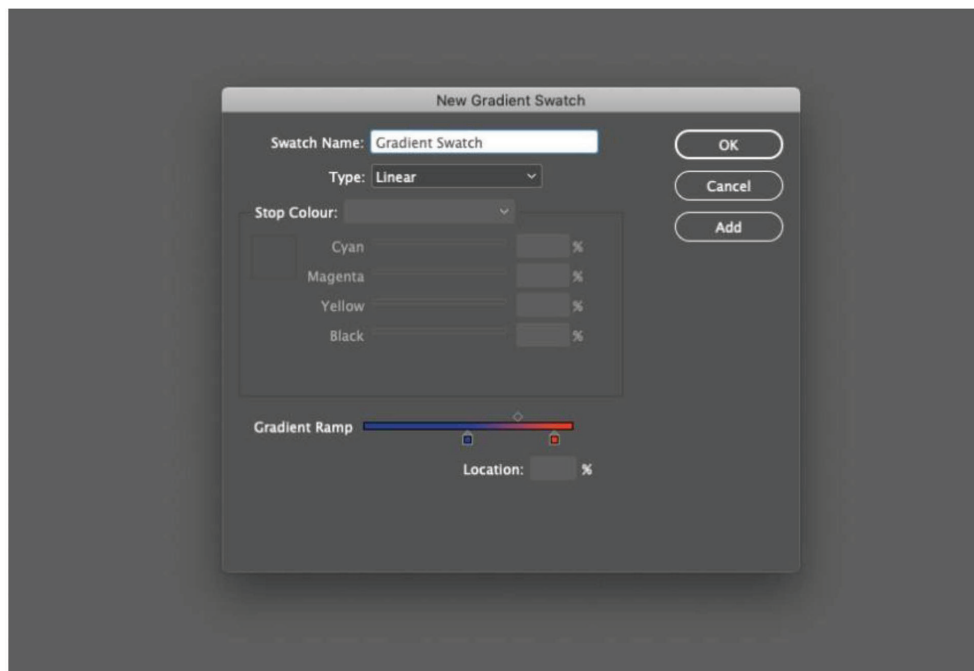
Choose **New Gradient Swatch** from the **Swatches** panel's menu.



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**.

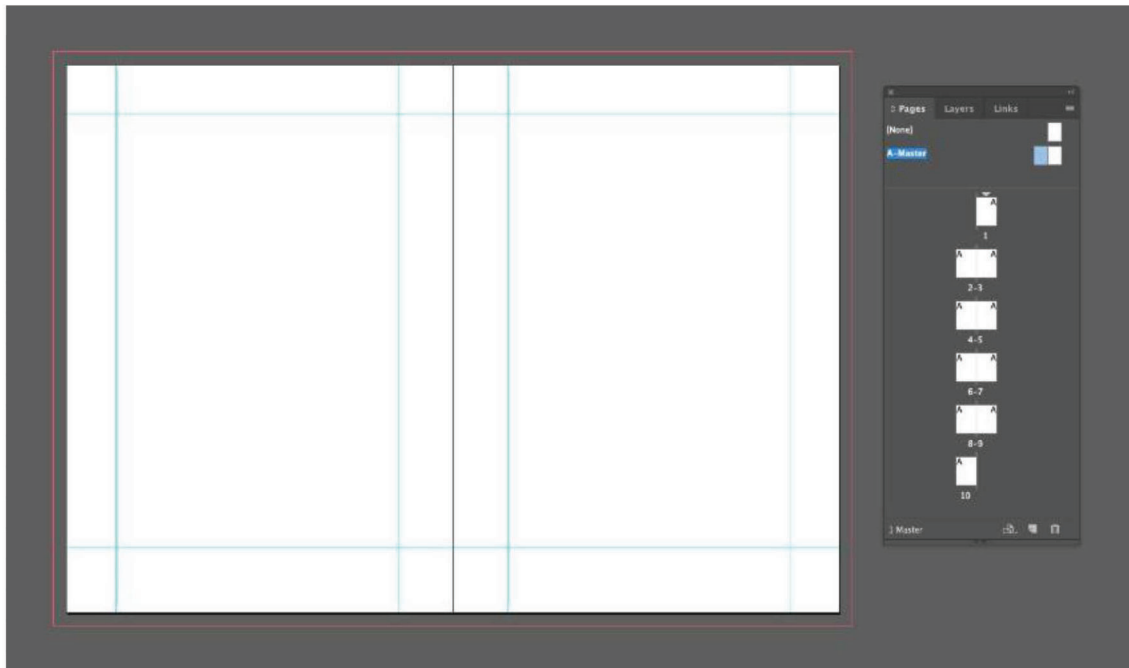
Click **Add** and **Done**.



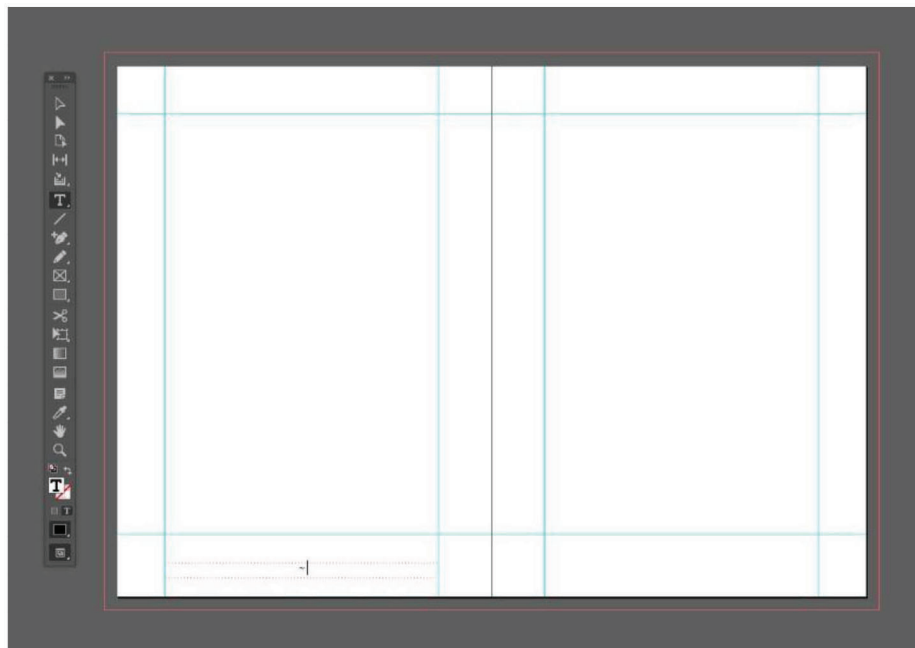
# 2 HOW TO EDIT YOUR ZINE'S MASTER PAGES

## Step 1

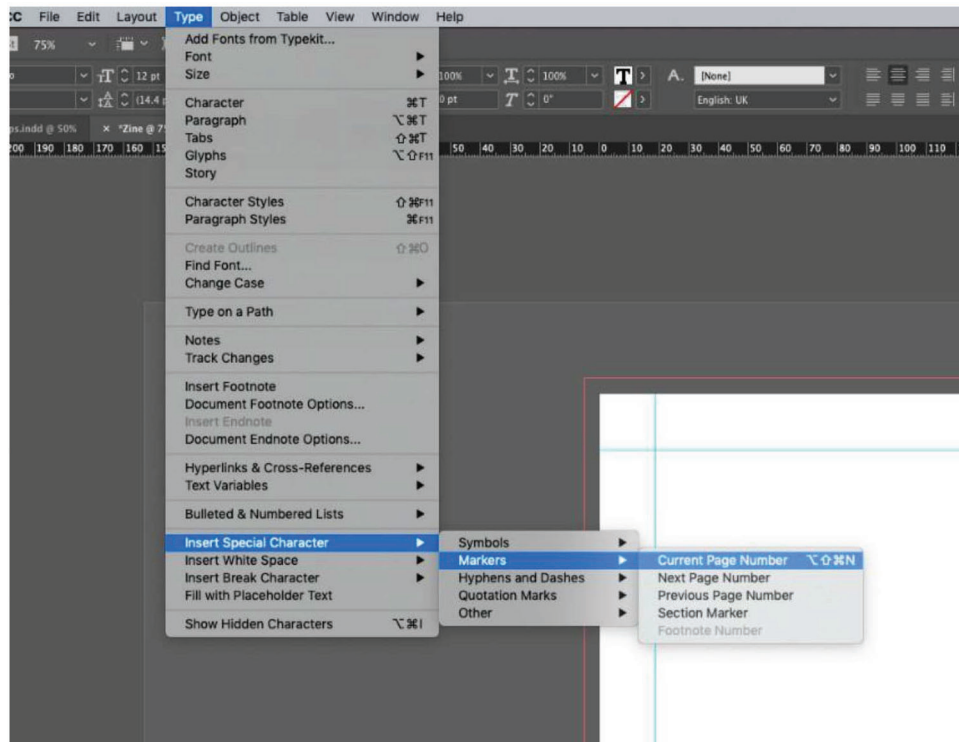
Double-click on the **A-Master** icon at the top of the **Pages** panel (**Window > Pages**) to bring up the master on your screen.



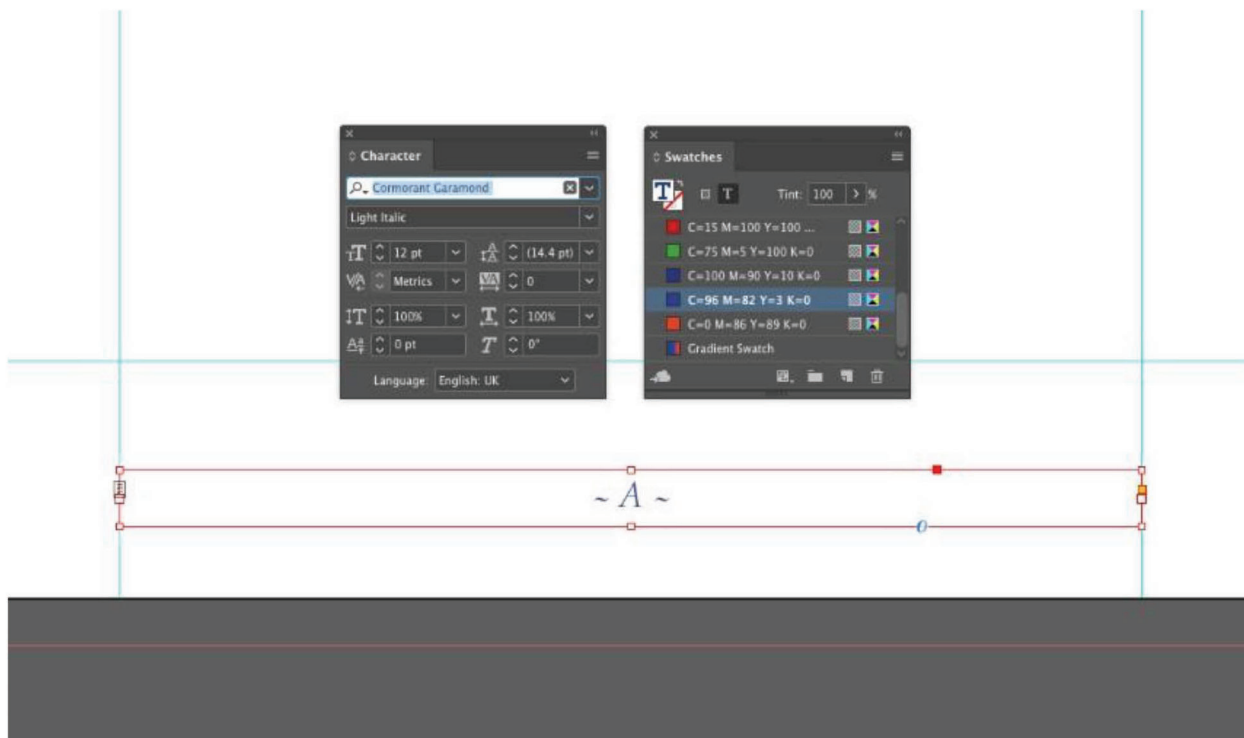
Use the **Type Tool (T)** to create a text frame across the bottom of the left-hand page.



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

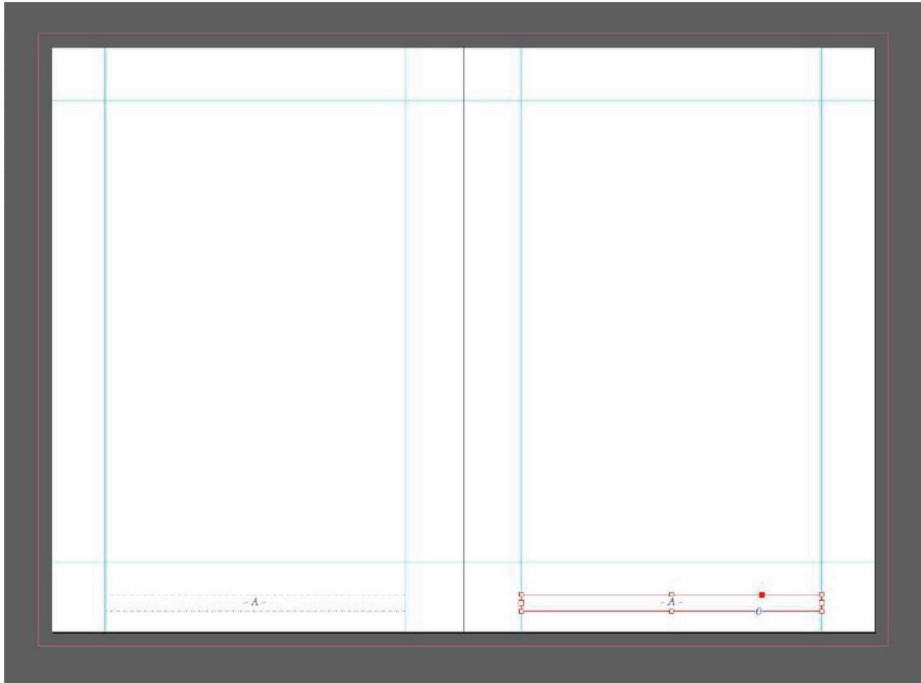


You can format the page number using the **Swatches** panel and **Character** and **Paragraph** panels (**Window > Type & Tables > Character / Paragraph**).



## Step 2

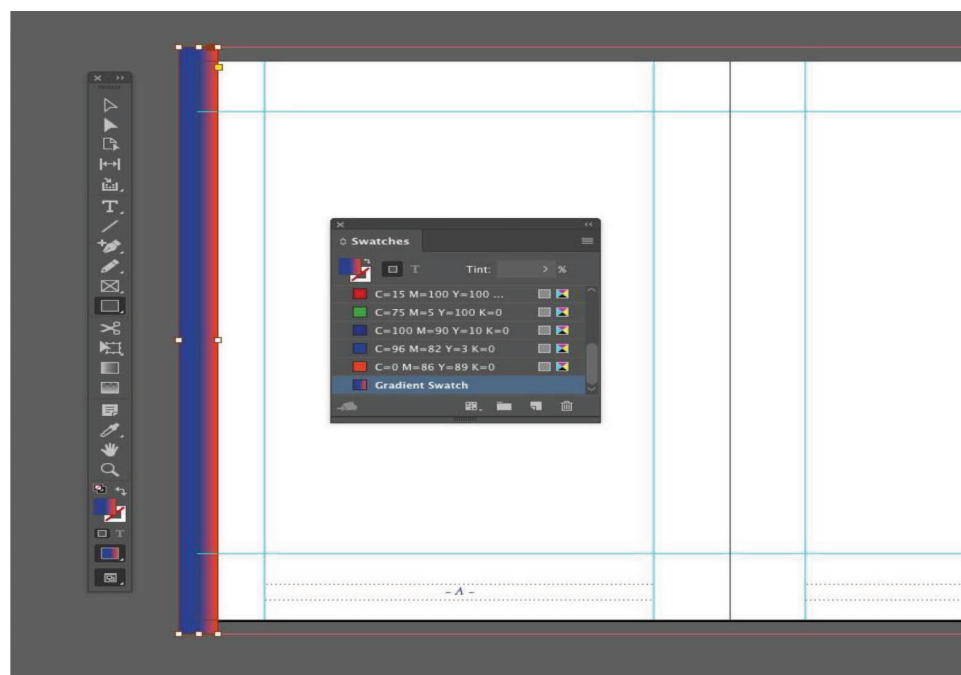
**Edit > Copy and Edit > Paste** the page number text frame, moving this over to the right-hand page.



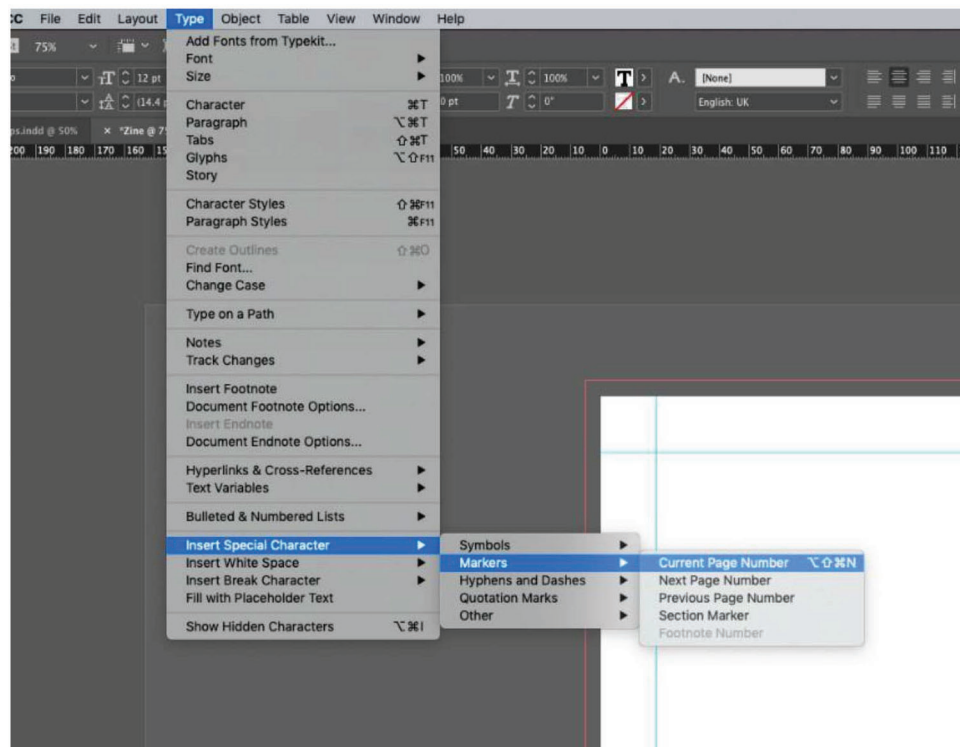
## Step 3

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.

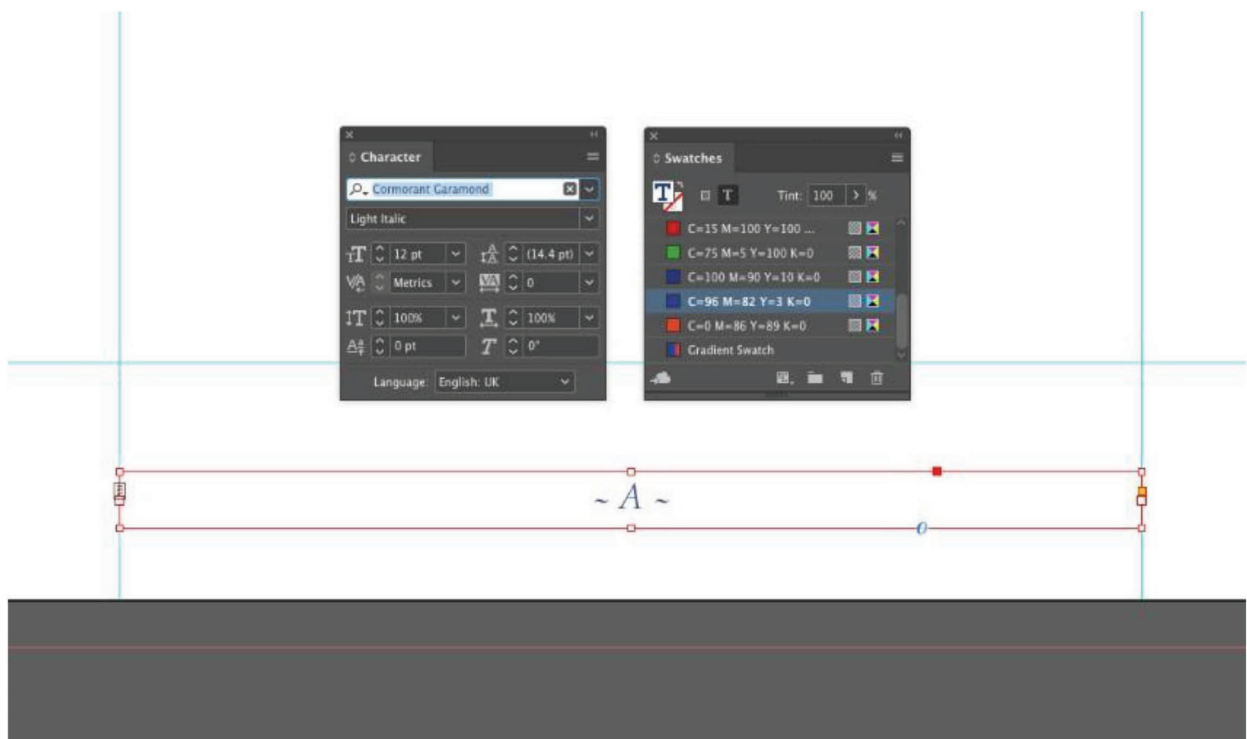
Set the **Fill Color** of this to **Gradient Swatch**.



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

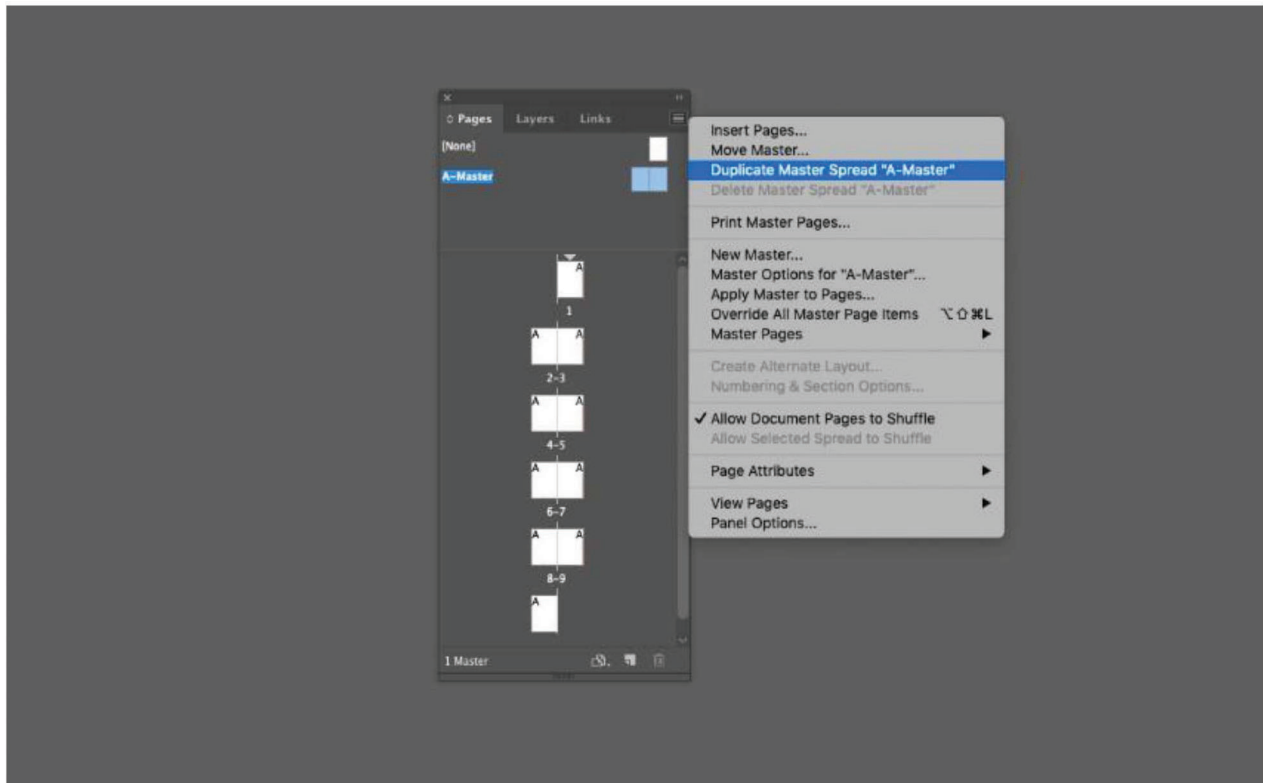


Move this over into a mirrored position on the right-hand page.

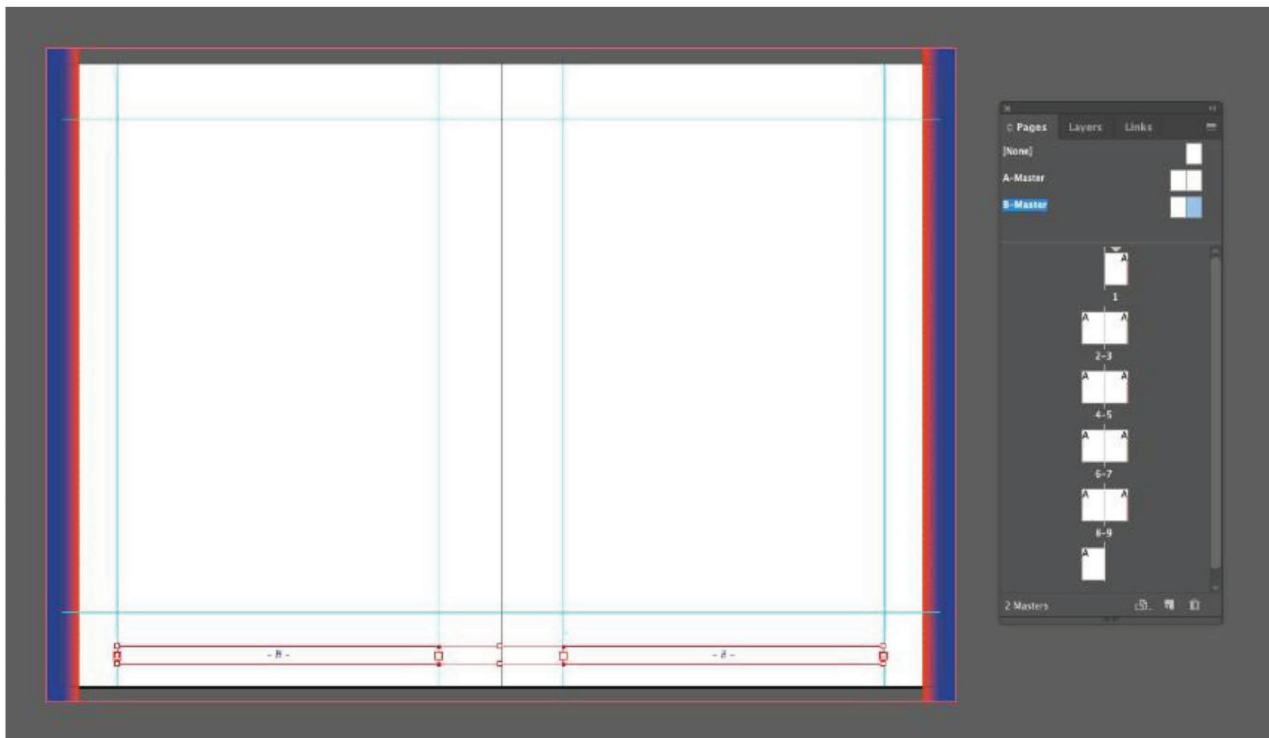


## Step 4

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



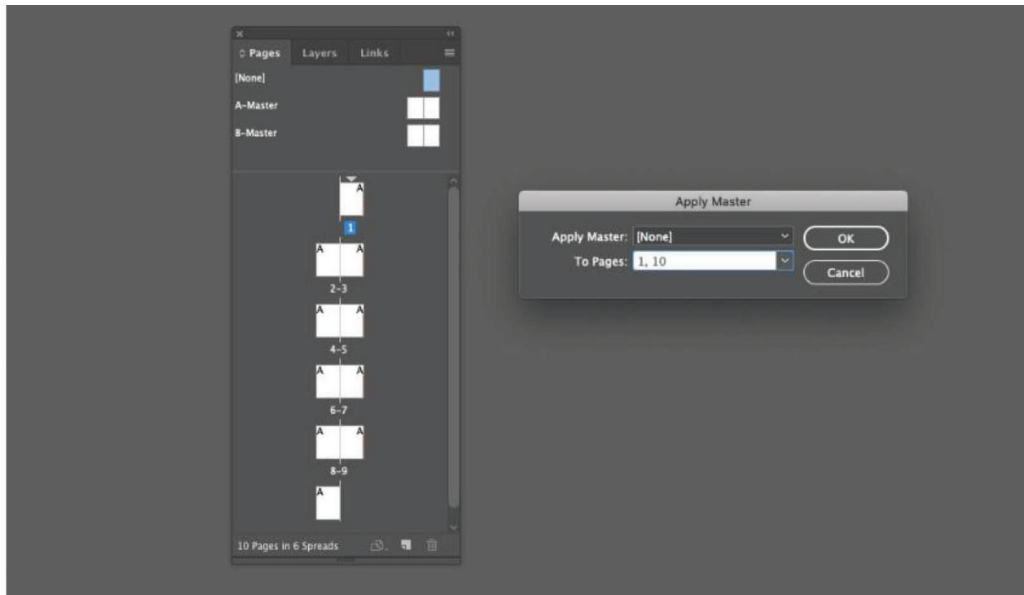
On the new **B-Master**, select and delete the page number text frames.



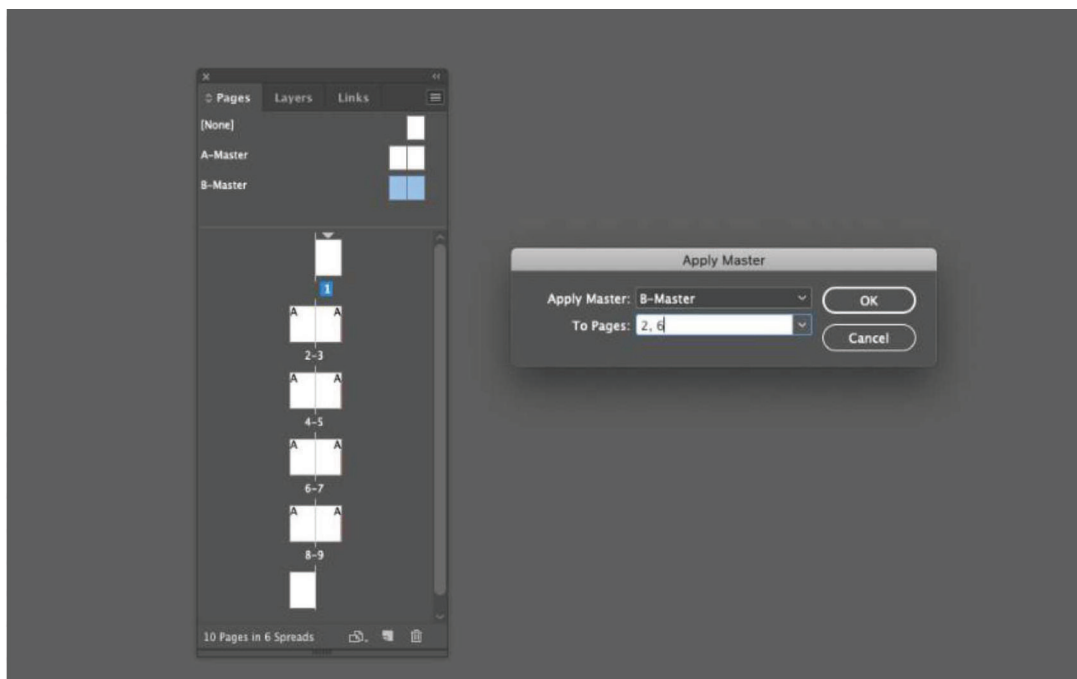
## Step 5

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**.



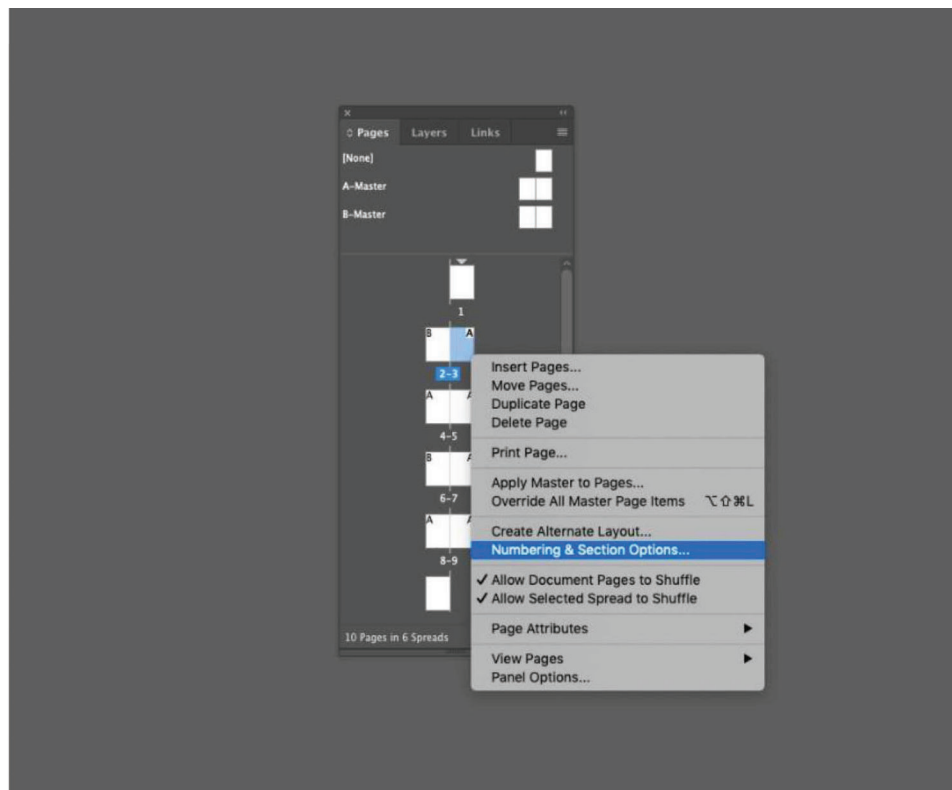
## 3

## 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.

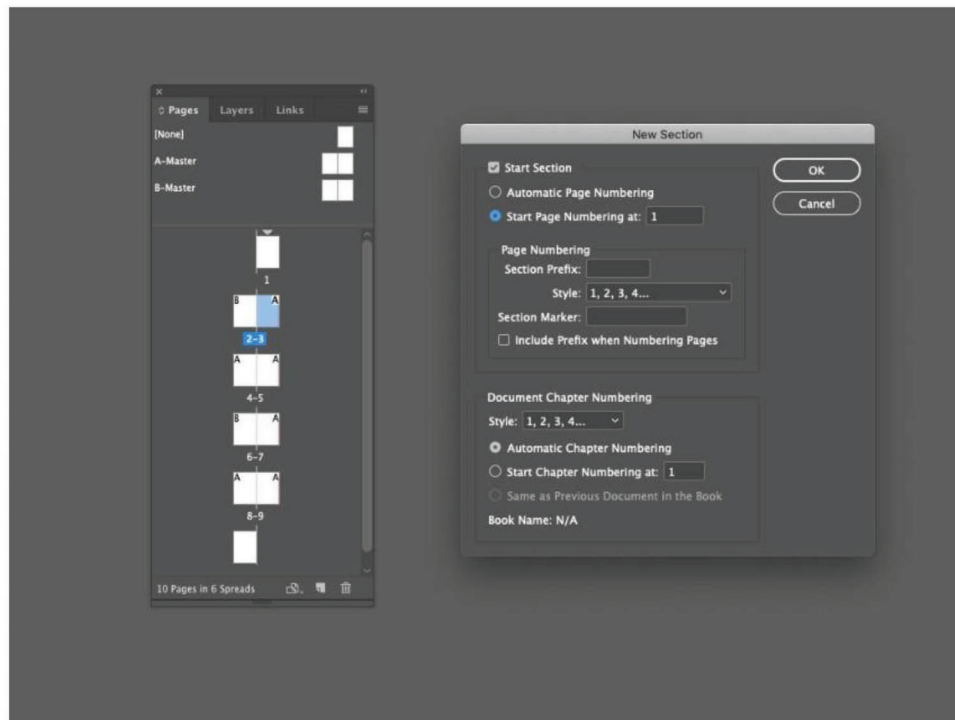
To begin a new section, **Right-Click** on the page you want to start as page 1 (in this case page 3), and choose **Numbering & Section Options...**





## Step 2

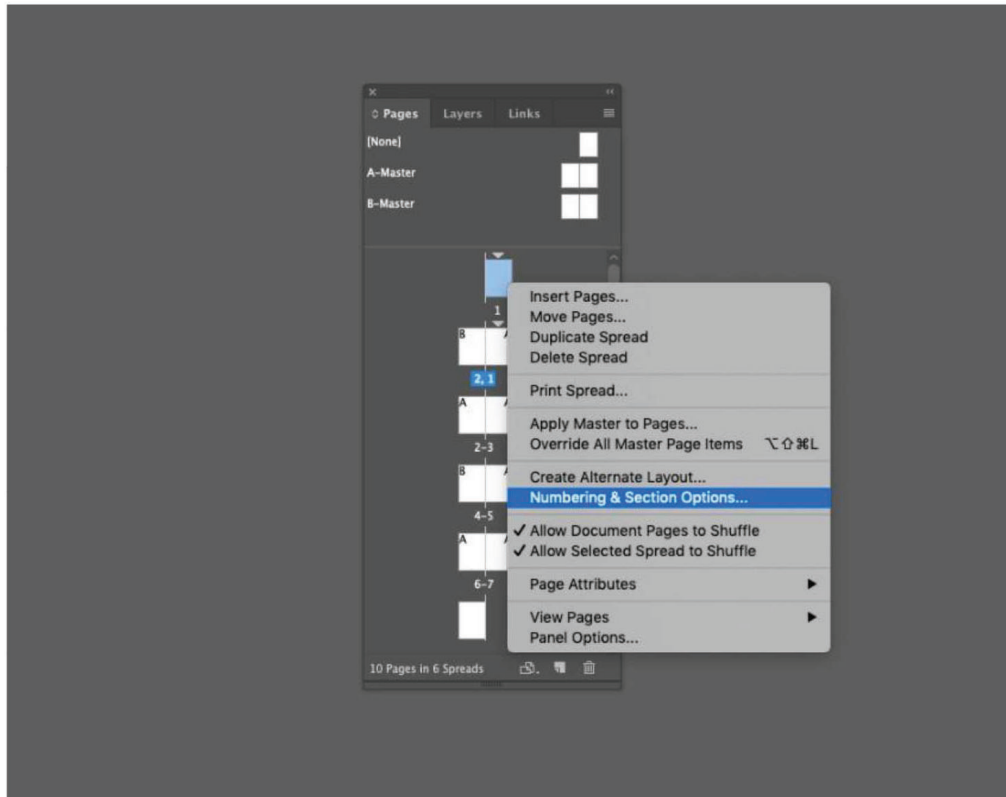
In the **New Section** window that opens, check **Start Page Numbering at**, and set this to 1.



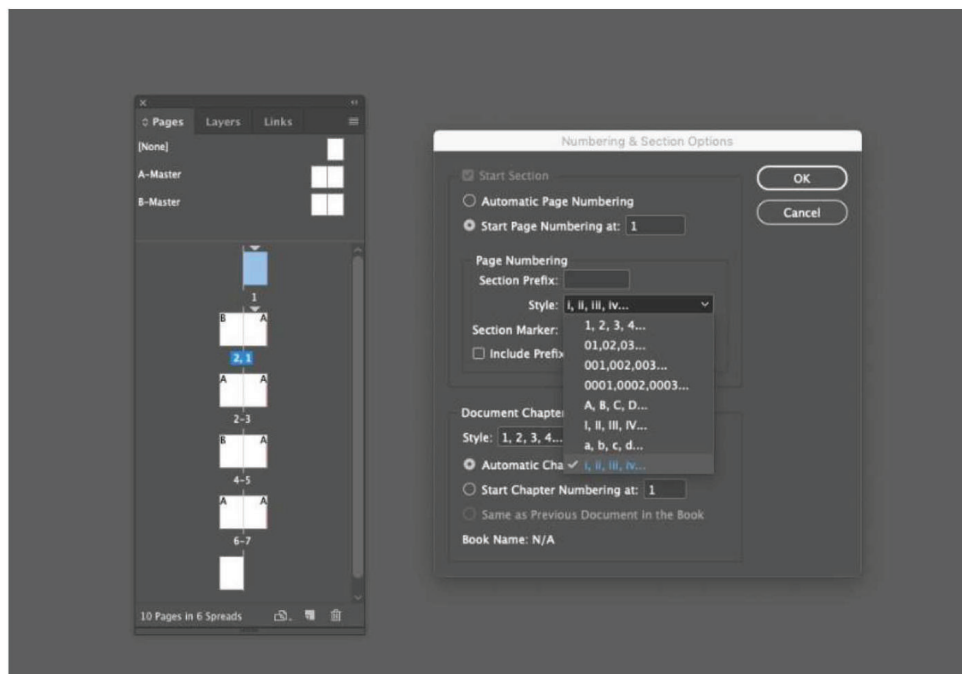
Then click **OK**. You'll get a warning message, but don't worry about that. Just click **OK**.

## Step 3

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



As before make sure **Start Page Numbering** 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**.



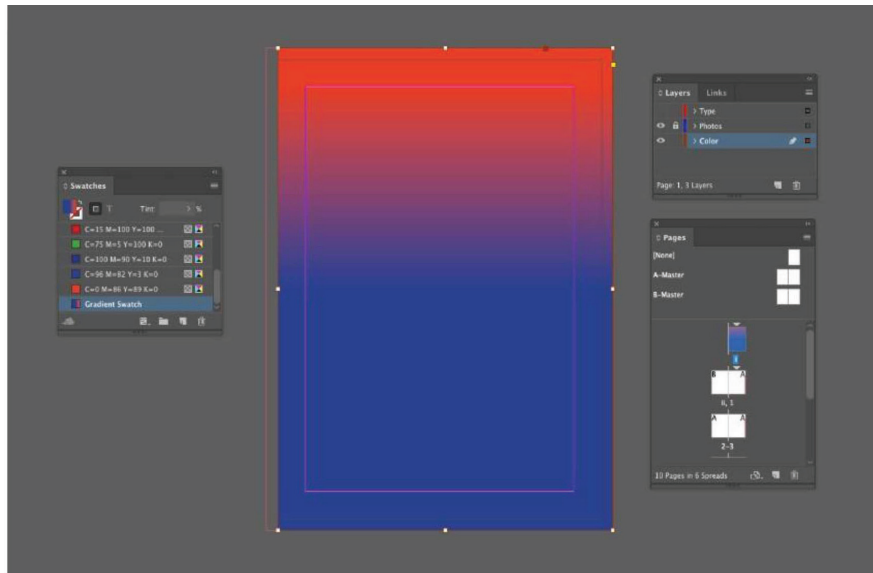
## 4

# HOW TO CREATE A FRONT COVER FOR YOUR ZINE

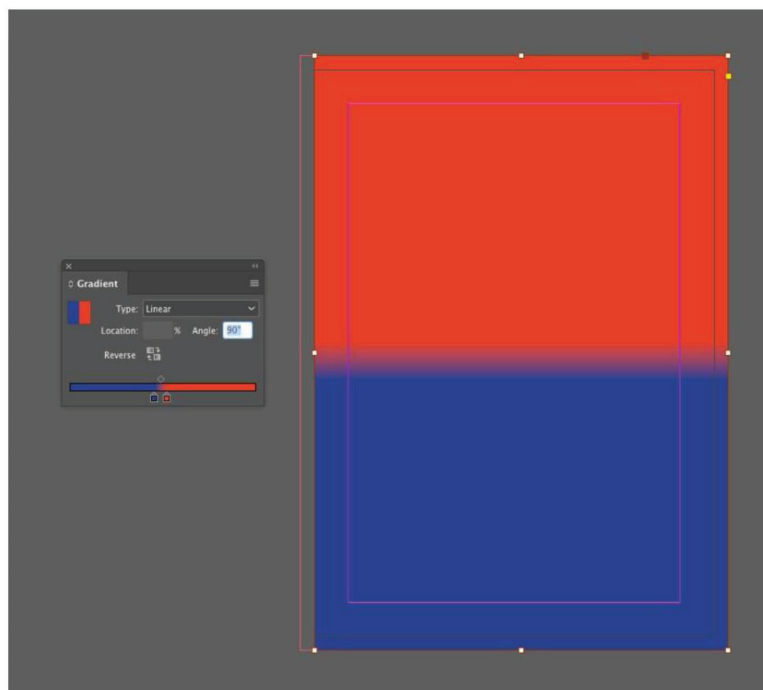
## Step 1

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**.

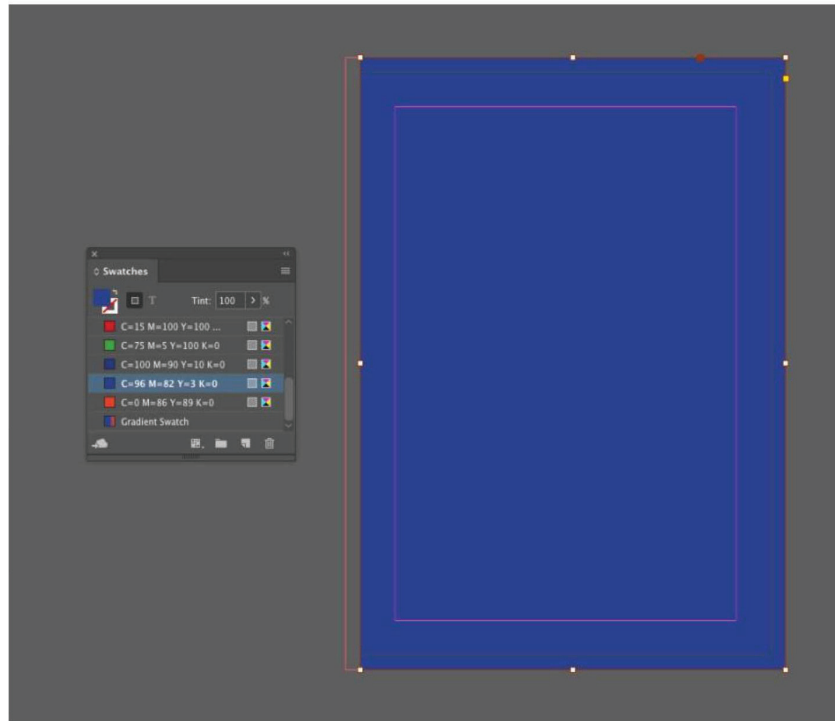


You can adjust the strength of the gradient from the **Gradient** panel (**Window > Color > Gradient**). Here I want to make the gradient blend more abruptly in the center of the page.

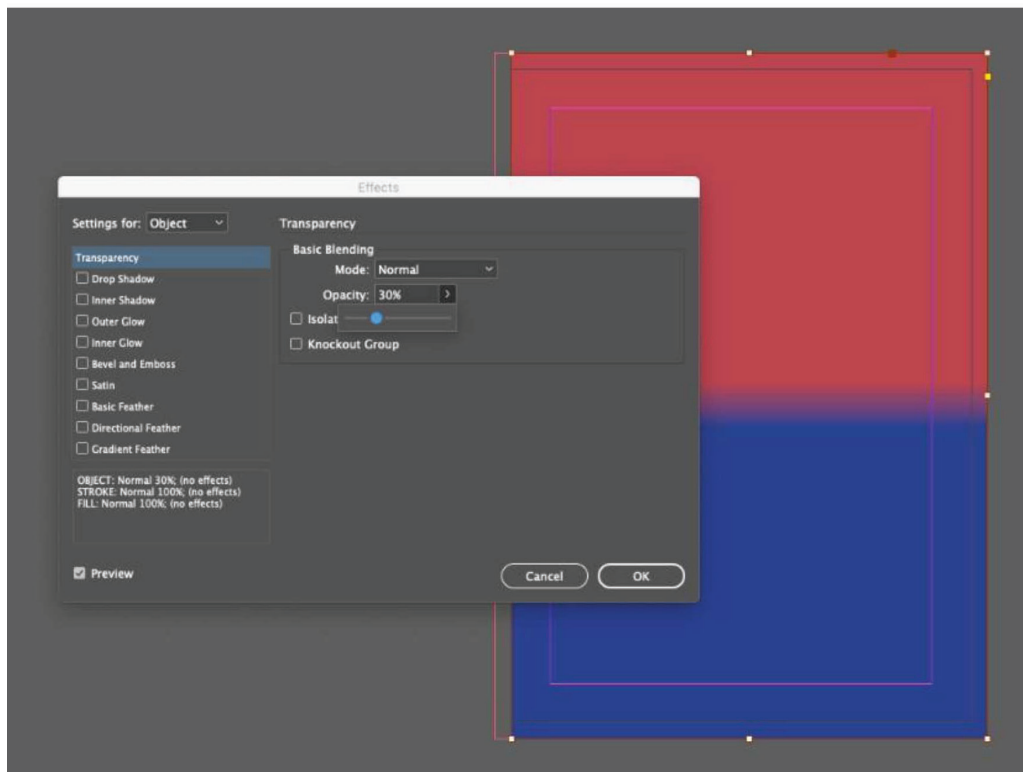


## Step 2

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



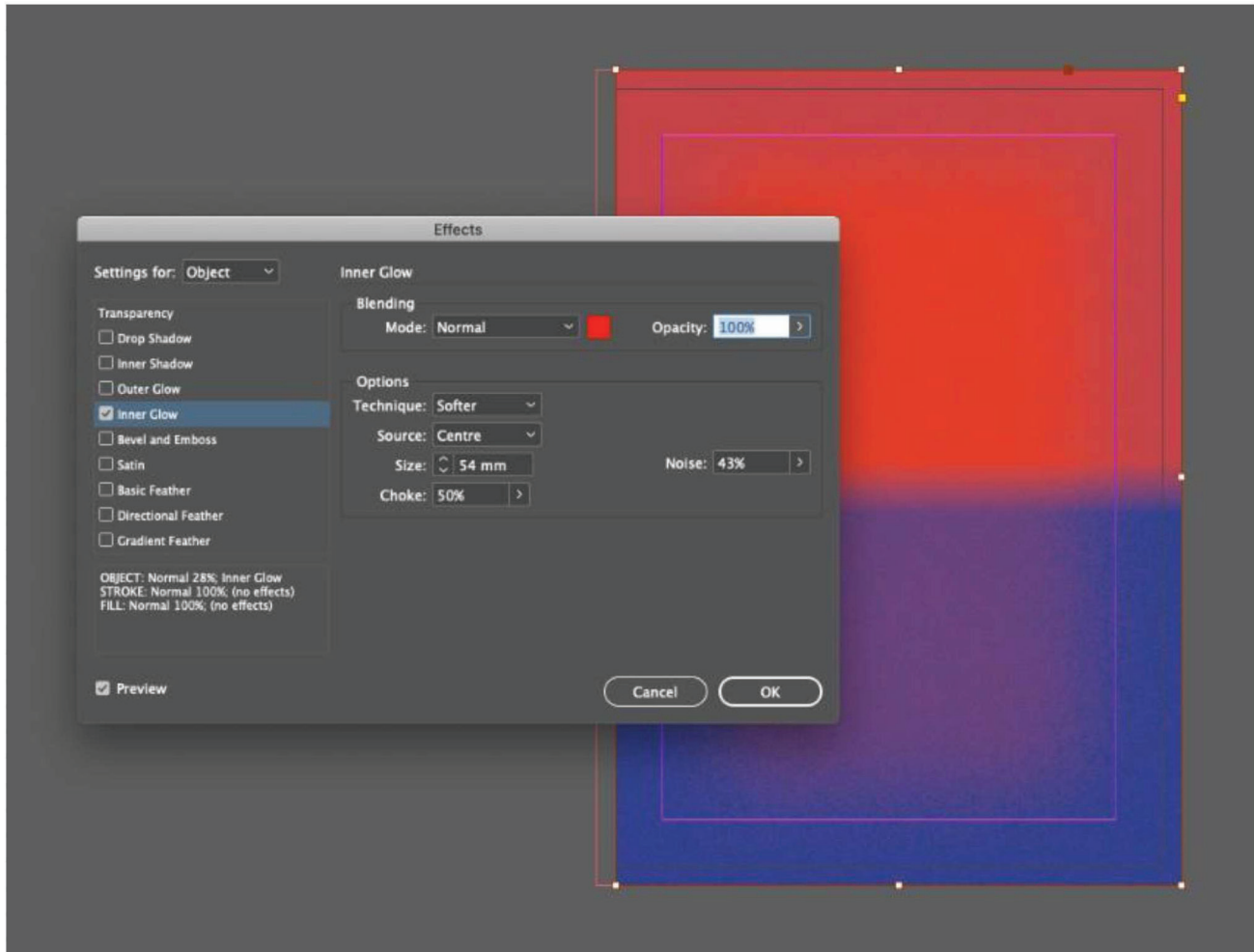
With the blue shape selected go to **Object > Effects > Transparency**, and bring the **Opacity** down to 30%.



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]**.



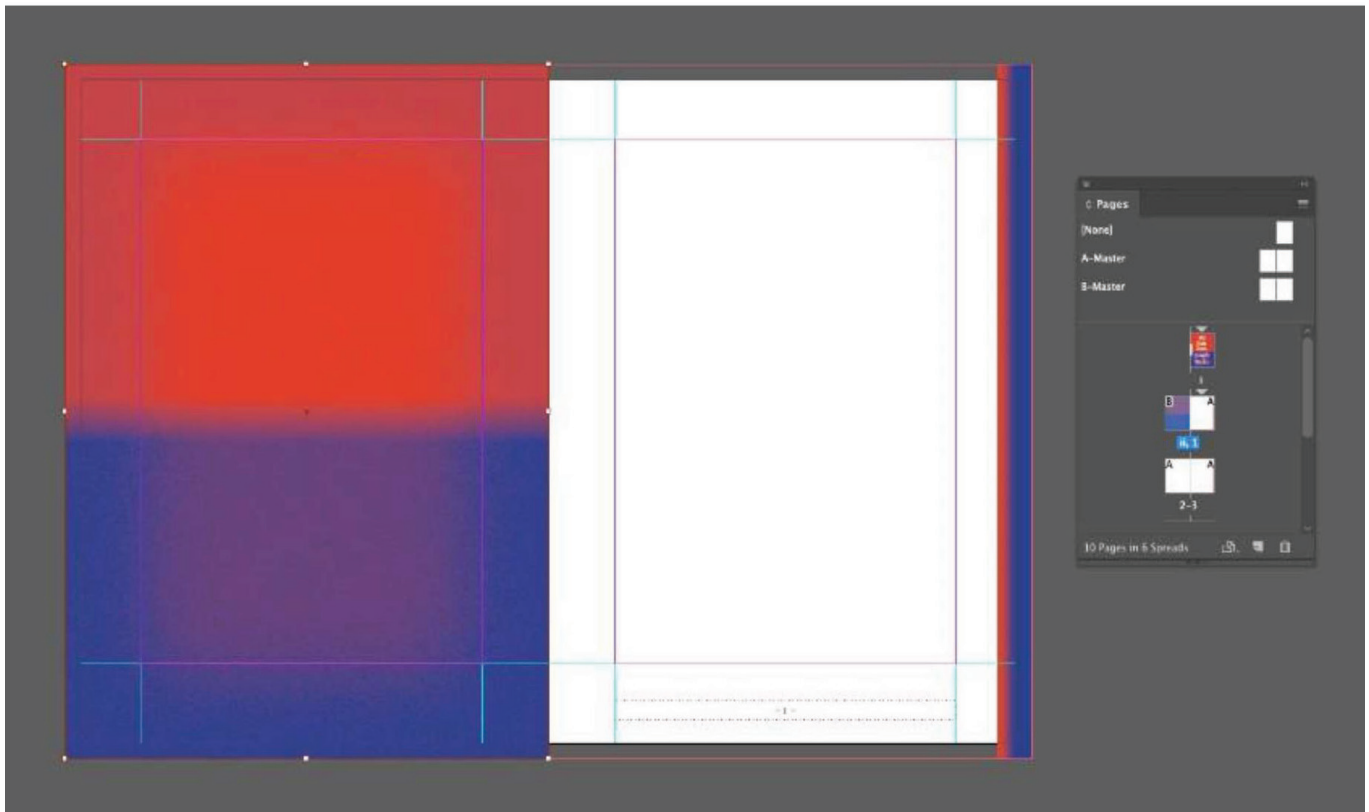
## 5

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

## Step 1

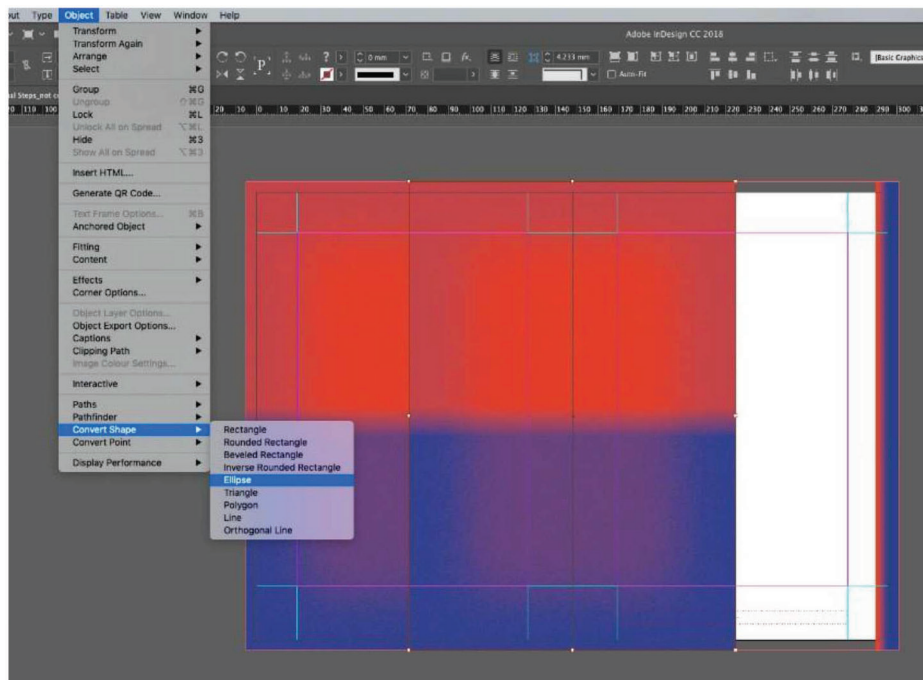
Select both rectangle shapes sat on the **Color** layer on the front cover, and **Copy** them.

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

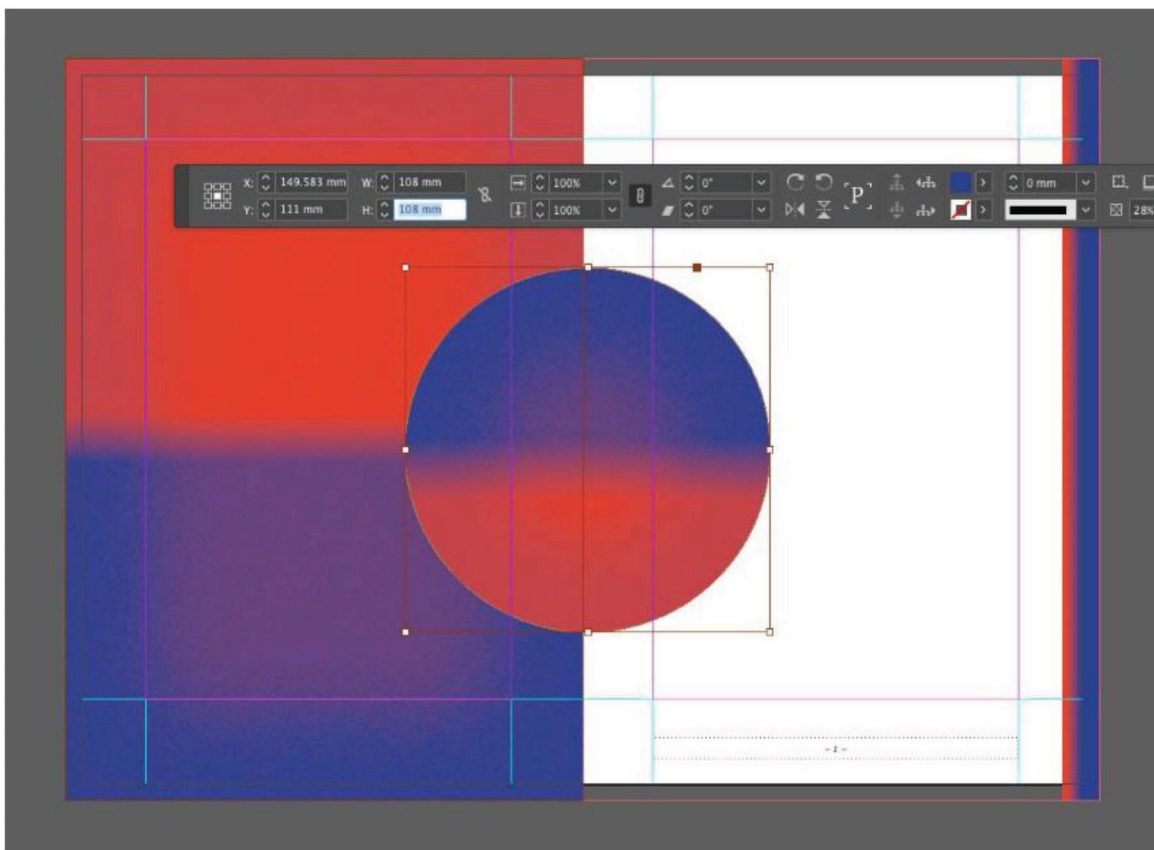


## Step 2

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

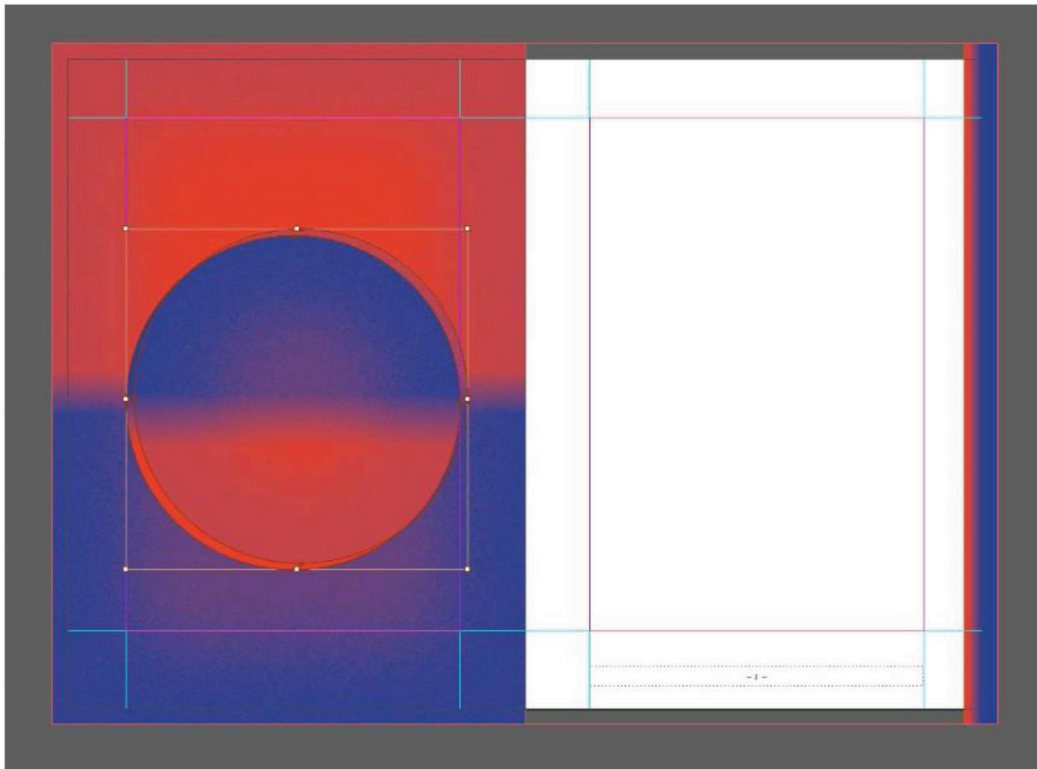


From the top **Controls** panel adjust the **Width** and **Height** of the circles to **108 mm**.





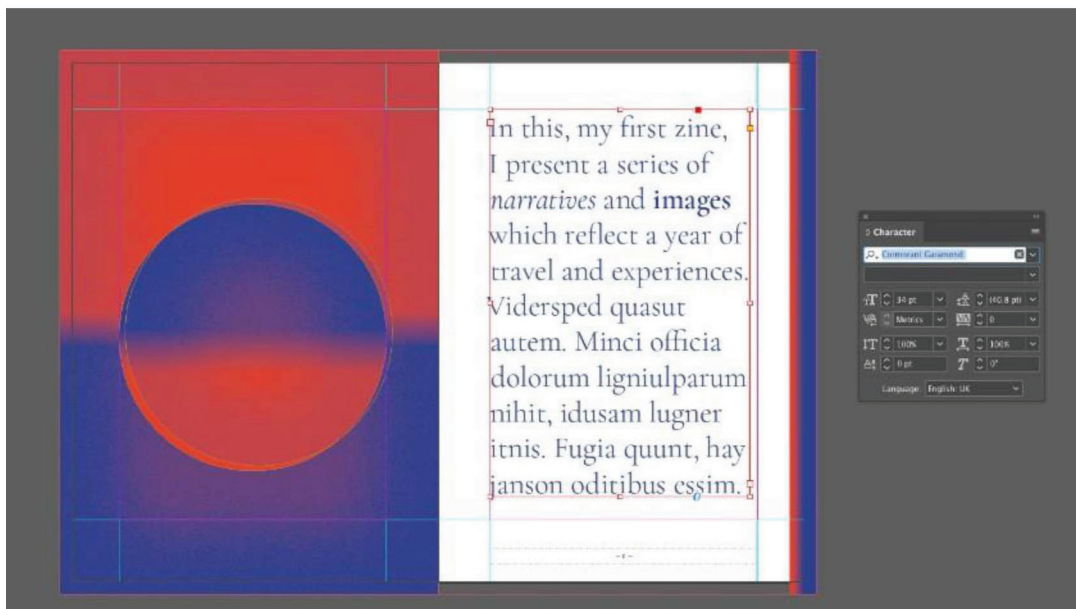
Then move these over the top of the left page, positioning them centrally. Shift the top circle slightly up and to the right to create a slightly blurry effect.



## Step 3

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

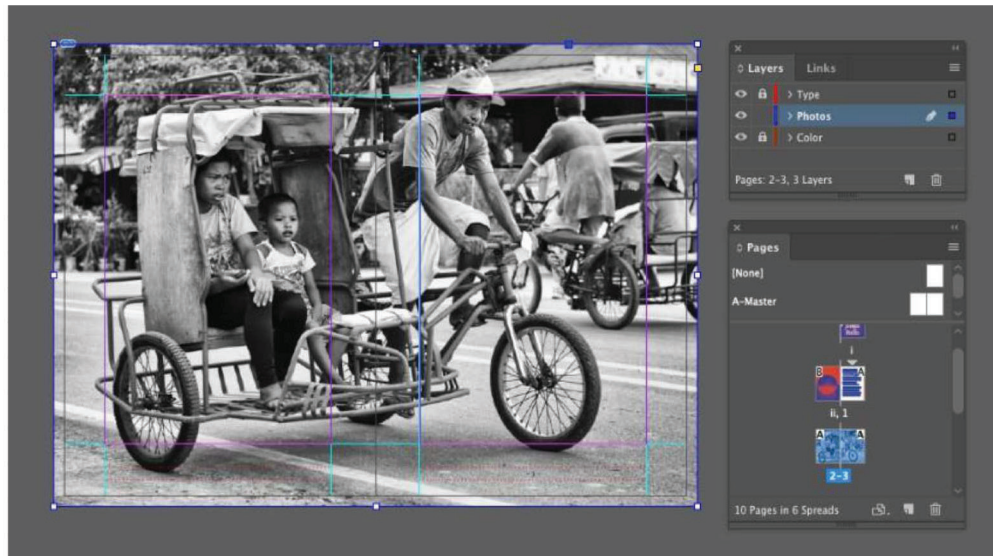
Here, I've added text set in **Cormorant** and a blue, **C=96 M=82 Y=3 K=0**, **Font Color**, to the righthand page of the spread.



## Step 4

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

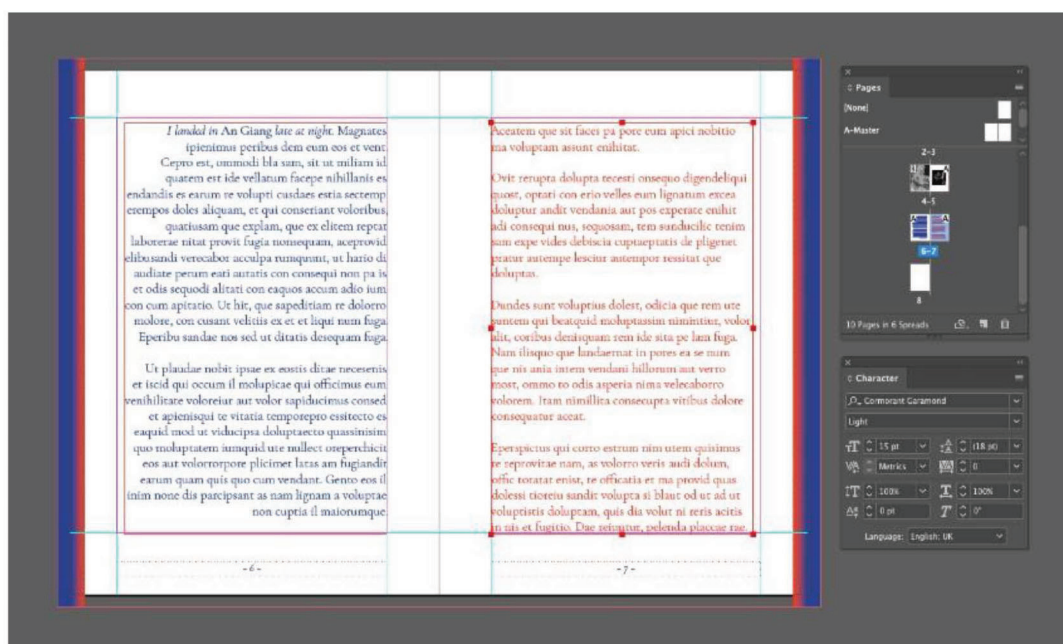
Go to **File > Place** to drop images into the frames.



## Step 5

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

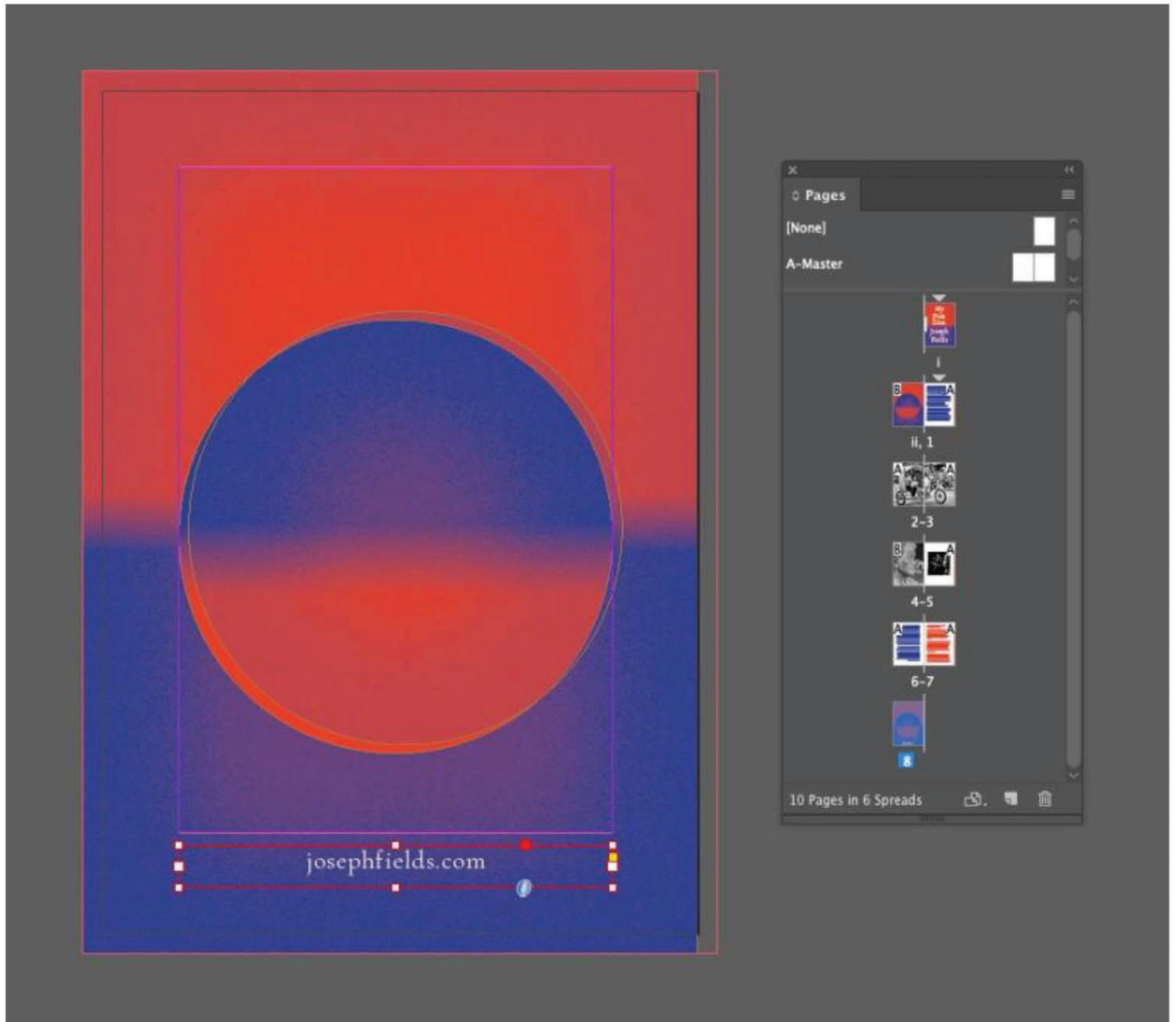
Here, I've also set the text to **Align towards spine** (which you can find in the top **Controls** panel with the **Type Tool** selected).



## 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.

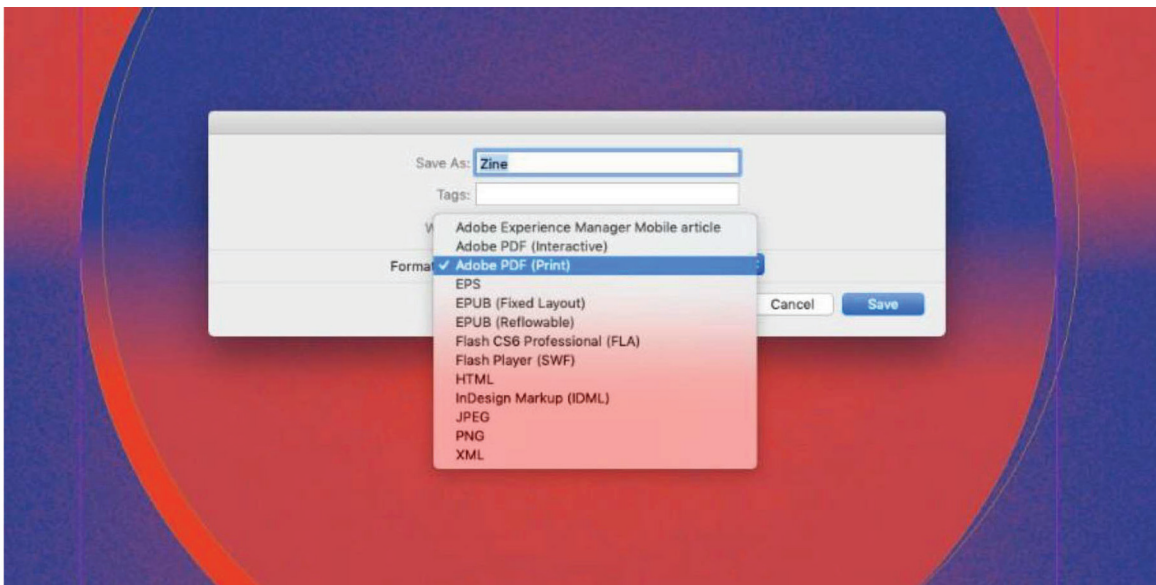


# 6 HOW TO EXPORT YOUR ZINE FOR PRINT

## 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**.

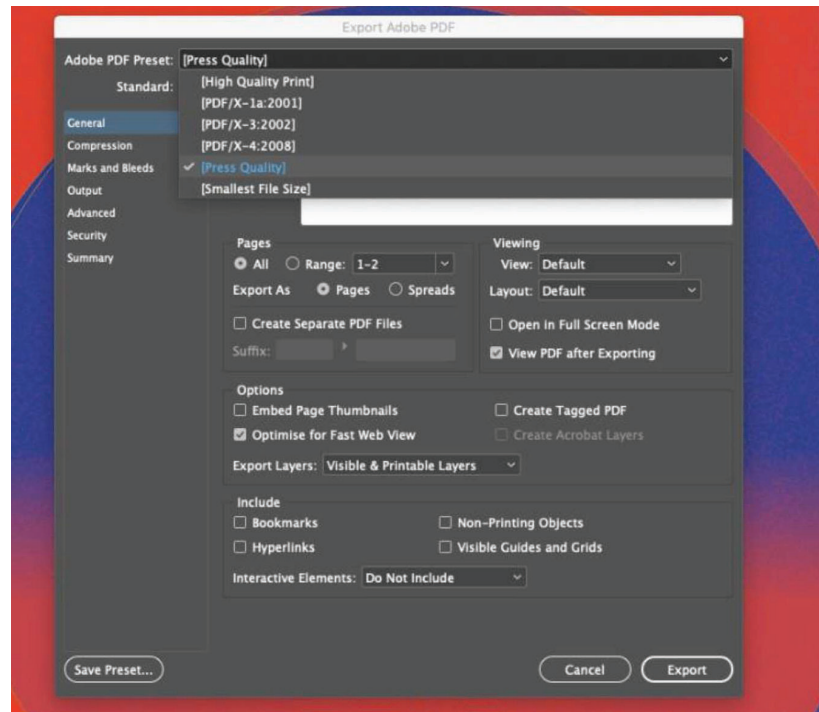




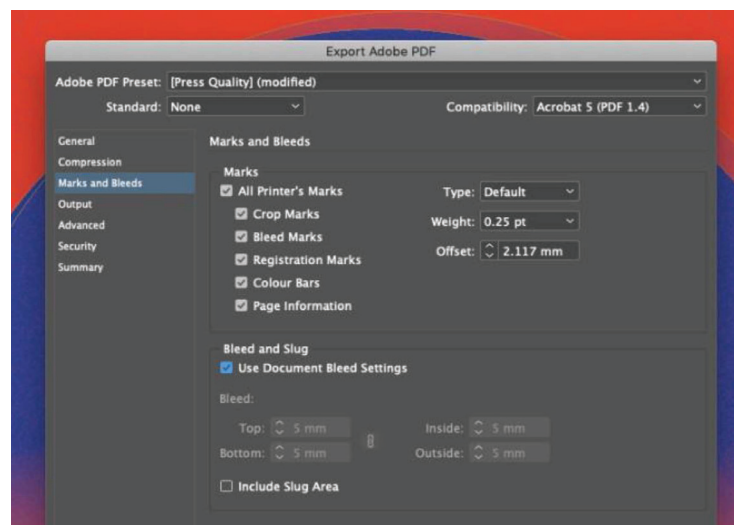
## Step 2

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!**



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# Common Maintenance Problems

## SRO DEGREE

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Lesson: pg 147-149 | Handout: pg 150  
45 MINUTES

## Common Maintenance Problems: Track them and gather evidence

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> <li>1. Opening and Introductions</li> <li>2. Case Study and Discussion</li> <li>3. What maintenance and repairs are your landlord responsible for? What are tenants responsible for?</li> <li>4. Building a case and requesting repairs</li> </ol>	<ul style="list-style-type: none"> <li>✓ Markers</li> <li>✓ Flip chart</li> <li>✓ Photocopies of handout</li> </ul>	4 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.
  - o For example, if you do not immediately report bed bugs and the infestation spreads, you may have to pay for at least some of the treatment.

Presenter(s)

Section Time

15 Minutes

REGULAR REPAIRS:

- 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 you 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.

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

This is why documentation is so important!

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](http://gov.bc.ca/landlordtenant)) at 604-660-1020 or 1-800-665-8779.

Thank you,

\_\_\_\_\_  
*[Signature]*

Tenant's Name: \_\_\_\_\_

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# Writing a Letter to Your Landlord

## SRO DEGREE

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Lesson: pg 152-155 | Handouts: pg 159-159  
55 MINUTES

## Writing a Letter to Your Landlord

Topics	Total Time
<ol style="list-style-type: none"> <li>1. Why is it important to write letters to your landlord?</li> <li>2. When should you write a letter to your landlord?</li> <li>3. Who do you write the letter to?</li> <li>4. What goes in the letter?</li> <li>5. Where to send the letter?</li> </ol>	55 Minutes

### Equipment & Materials:

- ✓ Laptop
- ✓ Projector
- ✓ Photocopies of handouts

# 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
- CC: what does it mean?

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:

*You see a lot of new people in your hallway outside your apartment. They are noisy and rude to you when you tell them to be quiet and leave. There have been 3 or 4 burglaries in your building. You complained to the staff about the people in the hallways and your fear that they are responsible for the burglaries. 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, not opinions or things you heard:
  - I see people in the hallways and stairwells
  - One time I saw them using drugs
  - Sometimes they leave needles on the stairs
  - I have asked the staff help fix the problem but the problem is not fixed
  - One time you walked by people in the stairwell and they told you to go away.
  - There have been burglaries.
- Examples of opinions:
  - Drug users are dangerous
  - They are using drugs all the time
  - These people caused a burglary
  - 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/o> Fill it out together with the overhead projector

Presenter(s)

Section Time

15 Minutes



*Who can help  
you write letters in the  
neighbourhood?*

- 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

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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](http://gov.bc.ca/landlordtenant)) at 604-660-1020 or 1-800-665-8779.

Thank you,

[Signature]

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Tenant's Name: Insert Your Name

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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://evaluatebc.bcassessment.ca/) (<http://evaluatebc.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/>)

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## 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>

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# City and Inspections

## SRO DEGREE

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Lesson: pg 161-164  
45 MINUTES

## City and Inspections

Topics	Total Time
<div data-bbox="922 359 1247 667"> <u>Equipment &amp; Materials:</u>            ✓ Laptop            ✓ Projector         </div> <ol style="list-style-type: none"> <li>1. What to do when your landlord ignores you?</li> <li>2. What is the city responsible for?</li> <li>3. How to alert the city to a problem</li> <li>4. What happens at an inspection?</li> <li>5. How to use 311 as evidence</li> </ol>	

# 1

## WHAT TO DO WHEN YOUR LANDLORD IGNORES YOU?

### WATCH/READ TOGETHER:

- <http://www.cbc.ca/news/canada/british-columbia/vancouver-re-gent-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-li-on-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.

**ASK THE GROUP:** *how can you go over your landlord’s head?*

Presenter(s)	Section Time
_____	10 Minutes

## 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 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**

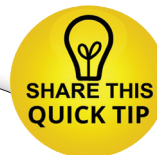
10 Minutes

## 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
- Make a call to 311



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

**Presenter(s)****Section Time**

5 Minutes

## 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 \_\_\_\_\_
- Can you ask the city to make sure you are home when the inspector comes?
  - o \_\_\_\_\_
- Does the tenant get a copy?
  - o \_\_\_\_\_
- San Francisco (I don't know the specifics of what this is supposed to cover)
  - o \_\_\_\_\_
- Are you anonymous?
  - o \_\_\_\_\_

**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 you, not call you back etc.

Presenter(s)	Section Time
_____	10 Minutes

## 5

**HOW TO USE 311 AS EVIDENCE:**

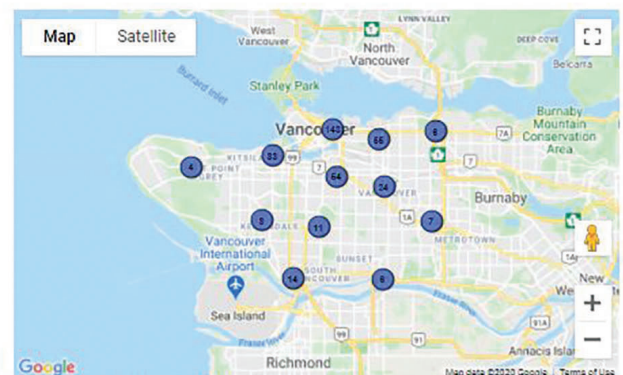
- If your landlord still hasn't fixed the problem after you reported them to the city, you may want to apply for Dispute Resolution (*next module*).
- Documenting your complaint to the city/311 can be useful evidence when taking your landlord to housing court.
- You can also look up other maintenance,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

**Presenter(s)****Section Time**

10 Minutes

**Buildings With Current Issues**

The number of issues displayed on the database does not indicate the safety condition of a building. When the City identifies a building that is unsafe to occupy, action is taken to ensure the safety of residents.

Address ▾	Units ▾	Landlord and/or owner ▾	Current issues ▾
320 ABBOTT STREET	60	0707892 BC Ltd	1 <a href="#">Details</a>
404 ABBOTT STREET	71	Central City Foundation	33 <a href="#">Details</a>
525 ABBOTT STREET	108	Provincial Rental Housing Corporation	3 <a href="#">Details</a>
1656 ADANAC STREET	46	Entre Nous Femmes Housing Society	2 <a href="#">Details</a>
1683 ADANAC STREET	21	0730235 BC Ltd	3 <a href="#">Details</a>
1785 ADANAC STREET	5	Lily Jang	1 <a href="#">Details</a>
504 ALEXANDER STREET	38	Decker Residence Ltd	6 <a href="#">Details</a>
1846 ARBUTUS STREET	6	Shane Mortimer & Aileen Mortimer	3 <a href="#">Details</a>
5688 ASH STREET	24	Catalyst Community Developments Society	1 <a href="#">Details</a>
5410 BALSAM STREET	33	1107013 BC Ltd	2 <a href="#">Details</a>
1172 BARCLAY STREET	10	Tarsem Gill	2 <a href="#">Details</a>
1650 BARCLAY STREET	29	Hampton Royale Apts Ltd	2 <a href="#">Details</a>
1655 BARCLAY STREET	475	More Than A Roof Mennonite Housing Society	1 <a href="#">Details</a>
1720 BARCLAY STREET	32	Cambrian Developments Corp Ltd	1 <a href="#">Details</a>



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# Taking Your Landlord to Housing Court

## SRO DEGREE

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Lesson: pg 166-170 | Handouts: pg 171-196  
65 MINUTES

# Take Your Landlord to Housing Court

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> <li>1. Resolving issues without going to court</li> <li>2. Going to court</li> <li>3. What if you lose?</li> <li>4. Who can help you</li> </ol>	<ul style="list-style-type: none"> <li>✓ Laptop</li> <li>✓ Projector</li> <li>✓ Photocopies of handouts</li> <li>✓ Pens</li> </ul>	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

- Build a good relationship from the beginning. Example: Showing the landlord that you are taking care of the unit, being friendly when you see them, being a good neighbour, be courteous with regards to noise late at night, etc...
- 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.

**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

Presenter(s)

Section Time

15 Minutes

## 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?*

**7 part process****1. Application**

- o fill it out together;
- 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 role play service, importance of a witness;

**3. Evidence**

- o review "Preparing for a Hearing" TRAC handout (including Monetary Order Form)

**4. Serving**

- 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 have the right to refuse evidence that was intentionally submitted later than it could have been. Evidence must also be served to your landlord.

**5. Hearing**

- o review "Participating in a Hearing" TRAC handout and/or
- o watch TRAC video: <https://www.youtube.com/watch?v=sUVCZNzkMXE> - START 53:05 | END 1:07:40

**6. Decision**

- o review sample decision

**7. Serving (I DONT KNOW/CAN'T FIGURE OUT THE DETAILS OF THIS.... )**

## 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 (3 pages)

Sample Decision (5 pages)

Application for Review Consideration (4 pages)

Finding Help With Housing & Landlord Problems (1 page)

**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](http://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:
  - o Key Dispute Information
  - o At least one issue selected
  - o At least one respondent with full name and service address provided
  - o 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.

**Residential Tenancy Branch**

Office of Housing and Construction Standards  
#RTB-12T-CT (2020/02)

## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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		
<input type="text"/>		<input type="text"/>		
email address (recommended)		contact phone number		
<input type="text"/>		<input type="text"/>		
site/unit #	street # and name	city	province	postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		<input type="text"/>		
email address (recommended)				
<input type="text"/>				
site/unit #	street # and name	city	province	postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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:

☐

**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?

☐

In person

☐

Posted on door

☐

In mail box/slot

☐

Registered mail

☐

Other\_\_\_\_\_

Please describe the reason(s) you are disputing this Two Month Notice to End Tenancy:

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)

☐

Yes

☐

No

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

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | One Month Notice to End Tenancy for End of Employment  |
| <input type="checkbox"/> | Two Month Notice to End Tenancy because the tenant doesn't qualify for subsidized rental unit    |
| <input type="checkbox"/> | Four Month Notice to End Tenancy for demolition, renovation, repair or conversion of rental unit |
| <input type="checkbox"/> | 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      Amount you are seeking:      \$

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      Amount of rent increase:      \$

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

**Residential Tenancy Branch Contact Information:**

Email: [HSRTO@gov.bc.ca](mailto:HSRTO@gov.bc.ca) Note: Evidence cannot be submitted by email.

Website: [www.gov.bc.ca/landlordtenant](http://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](http://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)		contact phone number		
site/unit #	street # and name	city	province	postal code

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.

**Residential Tenancy Branch**

Office of Housing and Construction Standards

#RTB-17 (2020/02/14)

**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 <b>before deductions</b> 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
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**Residential Tenancy Branch Contact Information**

Email: [HSRTO@gov.bc.ca](mailto:HSRTO@gov.bc.ca) Note: Evidence cannot be submitted by email.  
Website: [www.gov.bc.ca/landlordtenant](http://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](http://www.servicebc.gov.bc.ca)

# Preparing for a Hearing

(from TRAC | <https://tenants.bc.ca>)

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## 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.

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## 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

#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](http://www.gov.bc.ca/landlordtenant)

File #:

You are the: ☐ Applicant

☐ Respondent

You 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)

site/unit number

street number and street name

city

B. C.  
province

postal code

**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:

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](http://www.gov.bc.ca/landlordtenant)

Public Information Lines 1-800-665-8779 (toll-free) Greater Vancouver 604-660-1020 Victoria 250-387-1602

Residential Tenancy Branch  
Office of Housing and Construction Standards  
#RTB-37 (2011/06)

Page 1 of 2

Attach copies of receipts or professional estimates to support your claim.  
Please number each document for easy reference.

Document Number	Receipt / Estimate From	For	Amount
#1			\$
#2			\$
#3			\$
#4			\$
#5			\$
#6			\$
#7			\$
#8			\$
#9			\$
#10			\$
Total monetary order claim			\$

Attach additional page(s) if necessary.

Print name

Signature

Landlord/Agent/Tenant  
(please circle correct one)

Date

#RTB-37

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## 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.

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## 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.



# 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.

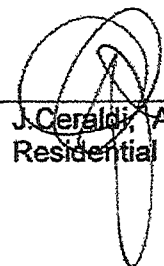
The tenants have not provided sufficient evidence to meet all four of the grounds as outlined above for monetary compensation for the months of July 2015 – October 2015. However, I am satisfied that the tenants have provided sufficient evidence for a monetary award from November 2015- January 2016, the 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 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. Ceraldi, 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:
  - o You could not attend the hearing due to unforeseen circumstances
  - o You have new and relevant information that was not available at the time of your hearing
  - o You have evidence that the decision was obtained by fraud
- After you receive a decision or order, you must submit this application within:
  - o **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
  - o **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
  - o **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:
  - o Key Dispute Information
  - o At least one ground for review selected
  - o 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.

**Residential Tenancy Branch**

Office of Housing and Construction Standards

#RTB-2 (2020/02/14)

## 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

## Residential Tenancy Branch Contact Information

Email: [HSRTO@gov.bc.ca](mailto:HSRTO@gov.bc.ca) Note: Evidence cannot be submitted by email.

Website: [www.gov.bc.ca/landlordtenant](http://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](http://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)

Carnegie Outreach Team  
360 Jackson Avenue  
Office: (604) 665-3318  
Outreach: (604) 968-1825  
Outreach: (604) 968-1084

## NEED HELP FIGHTING YOUR LANDLORD?

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!)



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# Door Knocking & Landlord Backlash

## SRO DEGREE

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Lesson: pg 198-200 | Handouts: pg 192-198  
45 MINUTES

# Door Knocking and Landlord Backlash

Topics	Equipment & Materials:	Total Time
<ol style="list-style-type: none"> <li>1. Canvassing door-to-door for neighbour support</li> <li>2. How to deal with landlord backlash</li> <li>3. Case study from the West Hotel &amp; Right to Quiet Enjoyment in the Law</li> </ol>	✓ Markers ✓ Flip chart ✓ Photocopies of handouts	45 Minutes

## 1

### CANVASSING DOOR-TO-DOOR FOR NEIGHBOUR SUPPORT

**ASK THE GROUP:** *why should we get support from neighbours?*

*Add or Emphasize:*

- Safety in numbers
- More likely to win in court
- You might have common issues
- Neighbours can back you up when things go wrong
- Witnesses are a type of evidence that you can use to prove a fact.
- You will be happier if you know your neighbours
- 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?

**Brainstorm: elements of a Successful Door Knock**

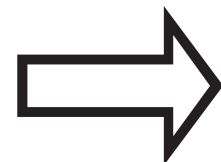
Write all ideas on flip chart, then distribute "Elements of a Successful Door Knock" handout and compare with what the group came up with

Presenter(s)

Section Time

20 Minutes

ACTIVITY NEXT PAGE



## 2 ROLE PLAYS

Based on the brainstorm get volunteers to demonstrate:

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?*

# 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 and RTB complaint

Presenter(s)	Section Time
_____	15 Minutes

## 3

**CASE STUDY: DAN AT THE WEST**

*Complaint about guest fees and no hot water. Physical assault by the agent of a landlord*

- Bogus Eviction notice #1
  - o Dan keeps up his complaints
  - o Room tossed & laptop smashed
- Bogus Eviction notice #2
  - o Verbally threatened by agent
  - o Dan calls the VPD and keeps a copy of the reports
- Bogus Eviction notice #3: failing to pay rent
- Bogus Eviction notice #4: failing to pay rent
- Bogus Eviction notice #5: ??
  - o Dan launches Right to Quiet Enjoyment complaint at the RTB

Decision for \$1,200 monetary order for the first 5 bogus evictions

Small Claims – names all the employees and board of directors. Landlord and employees go to Small Claims and try to re-argue the case.

- o Judge says they are not allowed to do this. Dan secretly laughing. Judge gives them a certain number of days to produce all their financial statements, tax returns etc or go to jail.
- o Landlord pays Dan \$6,000 immediately

Owner fires the manager and hires a new management company

- o Read from Dan's affidavit about the list of things that Dan forced the owners and management company to repair

- Bogus Eviction notice # 6: Landlord wants his room
  - o Decision to overturn that request
  - o Dan wins \$1000 compensation for Eviction #6 because of harassment under "Right to Quiet Enjoyment" and given the number of previous eviction notices
- Bogus Eviction notice # 7: Fire in his room – blame him for damages – he can use the \$1000 decision to dispute eviction 7 – RTB scheduled it far into the future (139 days – longest in RTB history)
  - o Administration penalties
  - o Dan's main weapon: Right to Quiet Enjoyment – Review the TRAC handout

Presenter(s)

Section Time

10 Minutes

I don't know if the documents I pulled are the ones that this is referring to.

(Pg 202-203)

It would be great if someone can look through Brian's scans to see what documents are relevant to this case and which of those should be included



## **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

- **APPENDIX G** – PAGE 52 / ORDER TO REPAIR ALL 30 VIOLATIONS SOM 5462 WITHIN 30 DAYS – NOT COMPLETED
- **APPENDIX G** – PAGE 58 / ORDER TO REPAIR FIRE ESCAPE-NOT HONORED
- **APPENDIX G** – PAGE 63 & 65 / COV MINUTES REGARDING 24 HR STAFF, FIRE ESCAPE, DOOR ALARMS, SMOKE DETECTORS, BATHTUBS AND SHOWERS MARCH 23
- **APPENDIX G** – PAGE 67 / COV ORDER TO REPAIR THE FIRE ESCAPE – MARCH 25 NOT HONORED
- **APPENDIX G** – PAGE 74 & 75 / ORDER TO REPAIR FIRE ESCAPE AND PROVIDE A 24HR FIRE WATCH MARCH 10-NOT HONORED
- **APPENDIX G** – PAGE 79 / 24HR FIRE WATCH AND A FIRE SAFETY PLAN JUNE 29 NOT HONORED
- **APPENDIX G** – PAGE 89 / VERBAL ORDER TO SUZANNE MOISAN MAY 06 TO REPAIR HOT WATER
- **APPENDIX G** – PAGE 90 / \$10,000 IN FINES FOR NON-COMPLIANCE / PLEAD GUILTY
- **APPENDIX G** – PAGE 94 / FIRE SAFETY PLAN AND FIRE ESCAPE REPAIR FOR APRIL 22 NOT HONORED

- **RTB 835201** - UNSUBSTANTIATED EVICTION
- **RTB 836038** – ORDER TO REPAIR NOT HONORED
- **RTB 836751** – ILLEGAL EVICTION MONETARY ORDER GIVEN TO TENANT
- **RTB 837201** – IMMEDIATE ORDER TO REPAIR
- **RTB 837851** – ILLEGAL GUEST POLICY ORDERED TO BE CHANGED BUT TO DATE NOT HONORED
- **RTB 837854** – SECOND ORDER TO REPAIR NOT HONORED

#### COV ORDERS 2014

- JAN 07, 2014 / RETAIN AN ENGINEER FOR THE OUTER FAÇADE
- MARCH, 2014 / SUBMIT THE ENGINEERS REPORT FOR THE OUTER FAÇADE
- MAY, 2014 / ORDER TO OBTAIN PERMITS FOR ELECTRICAL VIOLATIONS
- MAY, 2014 / ORDER TO OBTAIN PERMITS FOR PLUMBING VIOLATIONS
- MAY, 2014 / ORDER TO OBTAIN PERMITS FOR BUILDING VIOLATIONS
- NOVE 21, 2014 / 107 FIRE AND BUILDING VIOLATIONS ORDERED TO REPAIR WORK NOT STARTED UNTIL MARCH, 2015

#### COV ORDERS 2015 (REFERENCES TO RTB 838500-838593)

- **MAIN EVIDENCE – EXHIBIT 002** – FIRE INSPECTOR ORDER TO REPAIR ELEVATOR JANUARY 04 / NOT HONORED
- **APPENDIX G** – PAGE 02 / BUSINESS LICENSE HELD BACK FOR-3 MONTHS
- **APPENDIX G** - PAGE 12& 13 / ORDER TO REPAIR HOT WATER SEPT 2014-NOT HONORED
- **APPENDIX G** – PAGE 37 & 38 / ORDER TO REPAIR ELEVATOR JAN 29, 2015-NOT HONORED
- **APPENDIX G** – PAGE 44 TO PAGE 51 / 30 VIOLATIONS SOM 5462 MAR 10, 2015

- 8) **ARBITRATOR DECISION 822130 of August 07, 2014**
- Ignored by Landlord as of October 01, 2014
  - Regarding the "Cancellation of June Eviction Notice" and a "Payment of a Monetary Order"
- 9) **ARBITRATOR DECISION 823556 of October 14, 2014**
- Monetary Order not paid upon written request
- 10) **ARBITRATOR DECISION 825498 of October 29, 2014**
- Monetary order not paid upon written request

**RTB DECISIONS FOR 2015**

- **RTB 832495** - CBGG DEEMED NOT TRANSITIONAL HOUSING AND HAS STILL NOT WRITTEN A TENANCY AGREEMENT IN ONE YEAR
- **RTB 852498** - UNSUBSTANTIATED EVICTION
- **RTB 832498** – MUTUAL AGREEMENT NOT HONORED AND. WRIT WAS OBTAINED BY FRAUD
- **RTB 833144** – ILLEGAL EVICTION-ORDER OF POSSESSION USED TO REPLACE LOCK AND REMOVE PROPERTY
- **RTB 833536** – DECISION MADE AS AN ILLEGAL EVICTION, ORDER OF POSSESSION USED TO REPLACE LOCK AND REMOVE PROPERTY
- **RTB 831876** –ILLEGAL EVICTION-ORDER OF POSSESSION USED TO REPLACE LOCK AND REMOVE PROPERTY
- **RTB 834922** – UNSUBSTANTIATED EVICTION
- **RTB 834528** – ORDER TO REPAIR NOT HONORED & DECISION PENDING
- **RTB 834911** – ORDER TO REPAIR NOT HONORED
- **RTB 834912** – DECISION PENDING
- **RTB 835852** – ILLEGAL EVICTION, CBG NOT TRANSITIONAL HOUSING AND TENANT ORDER OF POSSESSION NOT HONORED

**LANDLORDS MOTIVE TO EVICT TENANT- RTB, COV & VFD FOR 2014 & 2015**

**RTB DECISIONS FOR 2014**

- 1) **ARBITRATOR DECISION 818742 of April 17, 2014**

**MONEY ORDER issued by the RTB**

- Unpaid as of October 01, 2014
- Request for Clarification of Decision 818742 by Landlord
- False and misleading information given to Arbitrator by Landlord(s)

- 2) **ARBITRATOR DECISION 821011 of June 25, 2014**

**MONEY ORDER issued by the RTB**

- Unpaid as of October 01, 2014

- 3) **ARBITRATOR DECISION 818745 of April 24, 2014**

- Ignored by Landlord as of Oct 01, 2014
- Regarding the "One time deduction from rent for \$150"

- 4) **ARBITRATOR DECISION 818746 of April 25, 2014**

- Ignored by Landlord as of Oct 01 2014
- Regarding the Cease and Desist order for the illegal charging of guest fee's
- Regarding allowing the tenant(s) overnight visitors

- 5) **ARBITRATOR DECISION 821010 of June 23, 2014**

- Ignored by Landlord as of Oct 01, 2014
- Regarding the Cease and Desist order for the illegal charging of guest fee's
- Regarding the Cancellation of a Eviction Notice (still threatening Tenant for money he does not owe)
- Order to inform tenants if the water is to be shut off

- 6) **ARBITRATOR DECISION 821011 of June 25, 2014**

- Ignored by Landlord as of October 01, 2014
- Regarding the Cease and Desist order for the illegal charging of guest fee's

- 7) **ARBITRATOR DECISION 822017 of**

- Ignored by Landlord as of October 01, 2014
- Rent reduction to \$345 until necessary repairs are completed

# Quiet Enjoyment

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

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## 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.



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# 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.

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## 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.

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## 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.

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# Taking Leadership & Illegal Rent Increases

## SRO DEGREE

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Lesson: pg 209-210 | Handouts: pg 211-216  
40 MINUTES

# Taking Leadership and Illegal Rent Increases

Topics
1. Taking leadership 2. Reclaim money taken in an illegal rent increase

Equipment  
& Materials:

- ✓ Markers
- ✓ Flip chart
- ✓ Photocopies of handouts

**Total Time**

40 Minutes

## 1

### TAKING LEADERSHIP

**ASK THE GROUP:** *why is it important to talk about leadership?*

- We need you all to be leaders in the community!
- Maybe we will set up a union and make demands to our landlords and governments
- Safety in numbers and Strength in numbers
- You can find other leaders in your building to back you up
- Watch your back

**ASK THE GROUP:**

- *Can you think of a time when you felt as though you were being a leader? Does anyone want to share this with the group?*
- *What does this word mean? Does it mean something different to everyone?*
- *Who do you recognize as a leader in your life?*

4 examples of styles of leadership:

- Authoritarian – you control everything
- Participatory – You work with others and share decision making and responsibility
- Delegate – You give responsibility to others and check in regularly
- Free reign – You give others work without checking in.

How can we identify hidden leaders?

- Look to people involved in activities or community organizations
- As for commitments and see who steps up
- Long-term residents
- People who have a lot of friends or who know a lot of people.
- People that others respect

**Presenter(s)**

**Section Time**

20 Minutes

## 2

**HOW TO GET AN ILLEGAL RENT INCREASE BACK FROM YOUR LANDLORD****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” 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.

What does the Law say about rent increases? Read the RTA Part 3 “Rent Increases - RTA” Handout

**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
- Write a letter and just deduct payments.

Read a sample letter about rent increases. “Sample Overpayment Letter” handout and TRAC letter template

Rent raises  
were banned from  
**April 2020 to  
Dec 2020.**

The maximum rate for  
**2021 is 1.4%.**

**Presenter(s)****Section Time**

20 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%
2015	2.5%
2014	2.2%
2013	3.8%
2012	4.3%
2011	2.3%
2010	3.2%
2009	3.7%
2008	3.7%
2007	4.0%
2006	4.0%
2005	3.8%

# 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](http://www.gov.bc.ca/landlordtenant)

Public Information Lines 1-800-665-8779 (toll-free) Greater Vancouver 604-660-1020

Victoria 250-387-1602

## Residential Tenancy Branch

Office of Housing and Construction Standards

#RTB-7 (2011/03)

page 1 of 2 pages

### 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

## 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.

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:

<b>Months</b>	<b>Date of rent payment</b>	<b>Overpayment</b>
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
<b>TOTAL</b>		<b>\$399.00</b>

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

<b>Months</b>	<b>Date of rent payment</b>	<b>Rent</b>
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](http://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 : \_\_\_\_\_

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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.