Marpole Oakridge Family Place

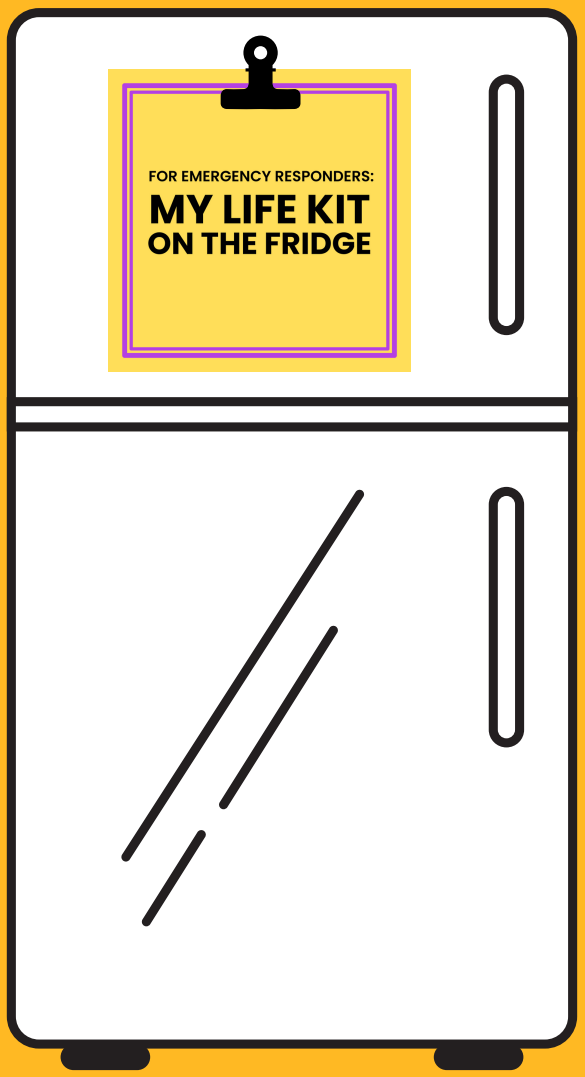
BC CRNs

BC ASSOCIATION OF
Community Response Networks

Stopping Adult Abuse and Neglect ...Together.

MY LIFE KIT

My life saving information for Emergency Responders



Place MY LIFE KIT on the fridge with magnet

Place one sticker decal on the fridge, and one decal by the front door inside the home.

Ideal for seniors, people with chronic illnesses, and people who live alone.

Marpole Oakridge Family Place

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This kit contains:

- 2 blank forms for personal and medical details
- Pages with emergency numbers for your use
- A blank Do Not Resuscitate (DNR) form
- A blank Representation agreement (for someone to speak for your healthcare needs if you are unable)
- A magnet for placing the kit on the fridge
- 2 sticker decals, one for the fridge and one for near your front door

Recommendations:

Update your information whenever you have any changes. It is recommended that you review this information each year on your birthday.

It is recommended to have a 'Do Not Resuscitate' (DNR) and a Representation Agreement (for someone to speak for your healthcare needs if you are unable).

DISCLAIMER

Marpole Oakridge Family Place and the BC Association of Community Response Networks bear no responsibility for the information provided in or excluded from this kit. The kit owner has sole responsibility for the information included or excluded from the kit and is responsible to ensure it is current and accurate.

Marpole Oakridge Family Place

BC ASSOCIATION OF Community Response Networks
Stopping Adult Abuse and Neglect ...Together.

This kit has been provided to you by Marpole Oakridge Family Place and the BC Community Response Network.

Marpole Oakridge Family Place

The Marpole Oakridge Family Place is a not-for-profit organization supporting the well-being of the Marpole Oakridge community since 1978.

Our services include

for children, parents, grandparents, caregivers - a safe, fun, educational place for community and personal connection
for elders and adults - supports, essential services, referrals, social connections
for learners for all ages - social literacy programs, training courses, English skills
for newcomers - support, resources, referrals, and introductions

Contact us:

seniors@mofp.org

www.mofp.org

604-263-1405

Marpole Oakridge Family Place

BC ASSOCIATION OF Community Response Networks
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BC Community Response Network

www.bccrns.ca

The BC Community Response Network is a provincial network working to stop elder abuse and neglect across British Columbia. Marpole Oakridge Family Place hosts a chapter of the BC Community Response Network. Seniors and their friends and acquaintances may reach out to Marpole Oakridge Family Place for help when abusive situations arise.

Free training is available to help everyone understand elder abuse and neglect, to recognize situations in the community and to know how and where to report it.

- **Financial abuse:** family or others control or use a seniors' money
- **Physical abuse:** hitting, punching, spitting or otherwise injuring a senior
- **Sexual abuse:** forced sexual activity with a senior who does not or cannot give consent
- **Emotional abuse:** humiliating, shaming, threatening and intimidating a senior
- **Cultural abuse:** isolating a senior from their customs and faith, and discrimination
- **Elder neglect:** when a senior is left alone for extended periods and not provided with the necessities of life, such as food, water, medicine, medical care, and social engagement
- **Self-neglect:** a person fails to or is unable to care for their physical or mental wellbeing and this results in harm, declining health and loss of assets and money

World Elder Abuse Awareness Day is recognized every year on June 15

Marpole Oakridge Family Place

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Stopping Adult Abuse and Neglect ...Together.

1. Fill out this LIFE KIT completely and legibly (Get assistance if required)
2. When complete, place in plastic sleeve that is provided
3. Place "MY LIFE KIT ON THE FRIDGE" decal on the outside of your fridge and your LIFE KIT beside it with the magnet provided. Place the second decal by front door inside the home.
4. **Consider filling in a Do Not Resuscitate (DNR) and a representation agreement. These forms are included in your MY LIFE KIT. You can ask for help to fill them out. Signature must be original.**

KEEP THIS INFORMATION UP TO DATE

Date Filled In (YYYY-MM-DD)	Date Updated (YYYY-MM-DD)	
First Name & Preferred Name	Middle Name	Last Name
Sex ☐ Male ☐ Female	Martial Status ☐ Married ☐ Divorced ☐ Single ☐ Widow(er)	
Address (house/unit number & street name)	Apartment (building name)	
City/Town	Province	Postal Code
Telephone Number	Birth Date (YYYY-MM-DD)	
BC Care Card Number	Extended Health Care Provider, if subscribed	Extended Health Care Number
Do you wear a medical tag? ☐ Yes ☐ No	Mobility, Do you use any of the below? ☐ Cane ☐ Wheelchair ☐ Power Wheelchair ☐ Scooter	
Family Doctor's Name	Family Doctor's Phone Number	
Do you speak English? ☐ Yes ☐ No	If not, Mother Tongue	Pharmacy
Do you wear contact lenses? ☐ Yes ☐ No ☐ Glasses	Do you wear dentures? ☐ Yes ☐ No	Blood Type

DO YOU USE BLOOD THINNERS? ☐ **Yes** ☐ **No**

Do you have:

☐ Aids	☐ Cancer	☐ Epilepsy	☐ Hepatitis	☐ Prostate Problems
☐ Alzheimer's/Dementia	☐ COPD	☐ Glaucoma	☐ Kidney Disease	☐ Stomach/Bowel Disease
☐ Asthma	☐ Diabetes (Type 1)	☐ Hearing Problems	☐ Liver Disease	☐ Urinary Tract Infection
☐ Blood Pressure (high)	☐ Diabetes (Type 2)	☐ Heart Trouble	☐ Lung Trouble	

KEEP THIS INFORMATION UP TO DATE

Name (Primary Contact) ***CONTACT PERSON FOR DNR AND/OR REPRESENTATION AGREEMENT* IF YOU HAVE ONE**	
Telephone Number	Relationship
Name (Secondary Contact)	
Telephone Number	Relationship

Marpole Oakridge Family Place

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KEEP THIS INFORMATION UP TO DATE

What are you currently being treated for? Please list below.

Past Surgery: Please list surgery history below.

Allergies

KEEP THIS INFORMATION UP TO DATE

Medication	Dosage	Date Prescribed

*Are you allergic to any Medications: If yes, which ones?

*Are you an Organ Donor? ☐ **Yes** ☐ **No**

*Do you have a DNR Document or Representation Agreement - Enclose Original (Signature must be original) ☐ **Yes** ☐ **No**

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First Name & Preferred Name	Middle Name	Last Name
Sex ☐ Male ☐ Female	Martial Status ☐ Married ☐ Divorced ☐ Single ☐ Widow(er)	
Address (house/unit number & street name)	Apartment (building name)	
City/Town	Province	Postal Code
Telephone Number	Birth Date (YYYY-MM-DD)	
BC Care Card Number	Extended Health Care Provider, if subscribed	Extended Health Care Number
Do you wear a medical tag? ☐ Yes ☐ No	Mobility, Do you use any of the below? ☐ Cane ☐ Wheelchair ☐ Power Wheelchair ☐ Scooter	
Family Doctor's Name	Family Doctor's Phone Number	
Do you speak English? ☐ Yes ☐ No	If not, Mother Tongue	Pharmacy
Do you wear contact lenses? ☐ Yes ☐ No ☐ Glasses	Do you wear dentures? ☐ Yes ☐ No	Blood Type

DO YOU USE BLOOD THINNERS? ☐ **Yes** ☐ **No**

Do you have:

☐ Aids	☐ Cancer	☐ Epilepsy	☐ Hepatitis	☐ Prostate Problems
☐ Alzheimer's/Dementia	☐ COPD	☐ Glaucoma	☐ Kidney Disease	☐ Stomach/Bowel Disease
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☐ Blood Pressure (high)	☐ Diabetes (Type 2)	☐ Heart Trouble	☐ Lung Trouble	

KEEP THIS INFORMATION UP TO DATE

Name (Primary Contact) ***CONTACT PERSON FOR DNR AND/OR REPRESENTATION AGREEMENT* IF YOU HAVE ONE**	
Telephone Number	Relationship
Name (Secondary Contact)	
Telephone Number	Relationship

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*Are you an Organ Donor? ☐ **Yes** ☐ **No**

*Do you have a DNR Document or Representation Agreement - Enclose Original (Signature must be original) ☐ **Yes** ☐ **No**

Marpole Oakridge Family Place

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EMERGENCY

SERVICE	CONTACT DETAILS	NOTES
Police, Fire, Ambulance	911	Emergencies
Police non-emergency	604-717-3321	Non-urgent police matters
Community Policing Centre Kerrisdale, Oakridge, Marpole	604-717-3434	For police assistance with community issues
Vancouver Coast Health - REACT	1-877-732-2899 (Toll Free) 604-904-6173	VCH program to respond to abuse, neglect, and self-neglect
BC Drug and Poison Information Centre	604-682-5050 1-800-567-8911 (Toll Free)	Call if someone has ingested a harmful medicine, chemical or other substance
Crisis Centre BC General Crisis Line	604-872-3311 1-866-661-3311 (Toll Free) TTY: 1-866-872-0113	24 hours, 7 days a week
Crisis Centre BC Suicide Line	1-800-784-2433 (Toll Free)	24 hours, 7 days a week. Call if you or someone in your care is suicidal
Crisis Centre BC Seniors' Distress Line	1-800-784-1234 (Toll Free)	Dedicated seniors crisis line
Crisis Centre BC Mental Health Support Line	604-310-6789	Mental health support line
Mental Health Emergency Services and Crisis Line	604-874-7307	24 hours mental health emergency line
Vancouver Mental Health Emergency Services - car 87/ car 88	604-675-3700 or via 911	Emergency response to mental health clients
Seniors First: Seniors Abuse and Information Line (SAIL)	604-437-1940 1-866-437-1940 (Toll Free)	Crisis intervention and legal advice for seniors. Multi-language service.

Marpole Oakridge Family Place

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EMERGENCY CONTINUED

SERVICE	CONTACT DETAILS	NOTES
Seniors First: Seniors Abuse and Information Line (SAIL)	604-437-1940 1-866-437-1940 (Toll Free)	Crisis intervention and legal advice for seniors. Multi-language service.
S.U.C.C.E.S.S. Chinese, Korean, Farsi-Dari Line (10am-10pm)	Mandarin help line: 1-(888)-721-0596/Ext.1 Cantonese help line: 1-(888)-721-0596/Ext.2 Korean help line: 1-(888)-721-0596/Ext.3 Farsi-Dari help line: 1-(888)-721-0596/Ext.4	Culturally sensitive crisis assistance for Chinese, Korean, Farsi-Dari speaking people
Fortis BC Emergencies	1-800-663-9911 (Toll Free)	For natural gas emergencies and leaks
City of Vancouver	311	City of Vancouver services

ADVOCACY AND SUPPORT SERVICES

SERVICE	CONTACT DETAILS	NOTES
Marpole Oakridge Family Place	604-263-1405 seniors@mofp.org	Seniors advocacy and support
The office of MLA Michael Lee (MLA Vancouver-Langara)	604-660-8380 6615 Main Street, Vancouver michael.lee.mla@leg.bc.ca	Support and advocacy
Jewish Family Services of Greater Vancouver	General: 604-257-5151 Care line: 604-558-5719	Seniors support services
Jewish Seniors Alliance Advocacy Services	604-732-1555 800 East Broadway, Vancouver	Senior support and advocacy
Veterans Affairs Canada	1-866-522-2122 (Toll Free) TTY: 1-833-921-0071	Veterans issues

Marpole Oakridge Family Place

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ADVOCACY AND SUPPORT SERVICES CONTINUED

SERVICE	CONTACT DETAILS	NOTES
BC Centre Response Network - BCCRN (Marpole Chapter)	604-263-1405 seniors@mofp.org	Support adults experiencing abuse and neglect
Qmunity	604-684-5307 1-800-566-1170 (Toll Free)	Support organization for Lesbian, Gay, Bisexual, Transgender, Two-Spirited and Queer community
Public Guardian and Trustee of BC	604-660-4444	Protect the legal, financial, personal and health care interests of adults who require assistance in decision making
Nidus Personal Planning & Resource Centre Registry	604-408-7414	Assistance with end of life planning, wills, representation and power of attorney agreements
Family Caregivers of BC	1-877-520-3267 (Toll Free)	Support line for caregivers

FOOD AND LOW COST FOOD SERVICES

SERVICE	CONTACT DETAILS	NOTES
Greater Vancouver Food Bank	604-876-3601	Food bank
Jewish Family Services Agency	Care line: 604-558-5719 Main line: 604-257-5151 communitycare@jfsvancouver.ca	Meal delivery or groceries
Community Food at St. Augustine Church	604-263-9212 8680 Hudson St, Vancouver	Food provision

Marpole Oakridge Family Place

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HEALTH SERVICES

SERVICE	CONTACT DETAILS	NOTES
Health questions	811 TTY: 711	24 hours, 7 days a week. Speak with a nurse or pharmacist. Have your BC Care Card ready
Vancouver Coastal Health - Central intake home and community services access line	604-263-7377	Central line for intake for home care, palliative and rehabilitation services
Vancouver General Hospital	604-875-4111 899 W.12th Ave, Vancouver	Emergency department and full service hospital
Mount St. Joseph's Hospital	604-874-1141 3080 Prince Edward St. Vancouver	Emergency department and full service hospital
St. Paul's Hospital	604-682-2344 1081 Burrard St, Vancouver	Emergency department and full service hospital
CNIB - Canadian National Institute for the Blind Vision Loss Progams	604-431-2121 1-800-563-2642 (Toll Free)	Help with impaired and vision loss
Lifeline medical alert system	1-800-387-1215 (Toll Free)	An emergency/fall detection button
Deaf and Hard of Hearing Services	604-736-7391 TTY: 604-736-2527	Wavefront Centre for Communication Accessibility

IMMIGRANT SERVICES

SERVICE	CONTACT DETAILS	NOTES
S.U.C.C.E.S.S. (Marpole location on Granville Street)	604-323-0901	Settlement services

Marpole Oakridge Family Place

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HOME SUPPORT SERVICES

SERVICE	CONTACT DETAILS	NOTES
Better at Home (Jewish Family Services)	604-637-3310	Home support services for seniors in Kerrisdale, Marpole, Oakridge, Dunbar, Southlands
Vancouver Coastal Health Home Support - Central intake line for referrals	604-263-7377	In home nursing support, and wound care
ElderDog Seniors Pet Help	1-855-336-4226 (Toll Free) info@elderdogs.ca	Helping seniors in crisis to care for their dogs

INDIGENOUS SERVICES

SERVICE	CONTACT DETAILS	NOTES
Musqueam First Nation Band Office	604-263-3261 6735 Salish Drive, Vancouver	Support for First Nations adults and elders
Vancouver Metis Community Association	604-682-2933	Please call ahead for service
First Nations Health Authority	604-693-6500 1-866-913-2081 (Toll Free) www.fnha.ca	Health benefits & services

TRANSPORTATION SERVICES

SERVICE	CONTACT DETAILS	NOTES
Transit Police	911 or 604-515-8300	For emergency on transit
HandyDart	Vancouver: 604-575-6600 1-844-475-6600 (Toll Free)	Transport for seniors with mobility challenges. Doctor referral needed
Taxicabs	Yellow Cab: 604-681-1111 Vancouver Taxi: 604-871-1111	Seniors can use the taxi saver discount applied for through HandyDart

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LEGAL SERVICES

SERVICE	CONTACT DETAILS	NOTES
Access Pro Bono Society of British Columbia	604-878-7400 1-877-762-6664 (Toll Free)	Free legal advice

DEATH, DYING, AND GRIEF SUPPORT

SERVICE	CONTACT DETAILS	NOTES
BC Hospice and Palliative Care Association	604-267-7024 1-877-410-6297 (Toll Free)	Palliative care/ end of life help
BC Bereavement Help Line	604-738-9950 1-877-779-2223 (Toll Free)	Support line for bereaved families
Until We Meet Again Pet Loss Support	604-924-1160	Until We Meet Again Pet memorial and grief support

LIBRARIES AND GATHERING SPACES

SERVICE	CONTACT DETAILS	NOTES
Marpole Oakridge Community Centre	604-257-8180 990 W.58th Ave, Vancouver	Community programs
Marpole Oakridge Family Place	604-263-1405 8188 Lord St, Vancouver	Support and programs
Marpole Neighbourhood House	604-628-5663 8585 Hudson St, Vancouver	Community connections and self-led programs
Marpole Library	604-665-3978 8386 Granville St, Vancouver	Library, computer access
Oakridge Library	604-665-3980 6184 Ash St, Vancouver	Library, computer access
Jewish Community Centre	604-257-51111 950 W.41st Ave, Vancouver	A full service community centre, pool - open to all

Marpole Oakridge Family Place

BC ASSOCIATION OF Community Response Networks

Stopping Adult Abuse and Neglect ...Together.

MY LIFE KIT has been proven instrumental in saving lives.

BC Association of Community Response Networks

MY LIFE KIT is provided free of charge through the generous contributions of the BC Association of Community Response Networks.

To order a life kit:

Marpole Oakridge Family Place
8188 Lord Street, Vancouver, BC, V6P 0G8

seniors@mofp.org

604-263-1405

Scan the QR Code or visit
https://mofp.org/mylifekit/
to download a digital copy of the document

REPRESENTATION AGREEMENT (SECTION 9)

Made under Section 9 of the *Representation Agreement Act.*

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the *Representation Agreement Act* and Representation Agreement Regulation or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS

(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)
(See Note 2 – effect of revocation on previous Representation Agreements)

I revoke all of the following made by me.

- all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act*;
- all previous Representation Agreements granting authority under section 9 of the *Representation Agreement Act*.

3. REPRESENTATIVE

(See Note 3 –who may be named as Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)

(See Note 3 – who may be named as Representative)
(Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

5. EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

(See Note 4 – statutory declaration for evidence of authority of Alternate Representative)
(Strike out this provision if you are not appointing an Alternate Representative.)

A statutory declaration made by me, my Representative, or my Alternate Representative (if one is named), declaring that one of the circumstances referenced in section 4 of this Representation Agreement has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Representative to act in place of my Representative.

6. AUTHORITY OF REPRESENTATIVE

(See Note 5 - what a Representative may and may not do)

Pursuant to section 9 (1) (a) of the *Representation Agreement Act*, I authorize my Representative to do anything that the Representative considers necessary in relation to my personal care and health care.

7. INSTRUCTIONS OR WISHES (OPTIONAL)

(See Note 6 - consultation with a health care provider)

The following are my instructions or wishes with respect to decisions that will be made within the areas of authority given to my Representative under this Representation Agreement:

8. EFFECTIVE DATE

This Representation Agreement becomes effective on the date it is executed.

9. SIGNATURES

ADULT AND WITNESS SIGNATURES

ADULT'S SIGNATURE

- The Adult must sign and date in the presence of both Witnesses.

Signature of Adult	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ADULT'S SIGNATURE

(See Note 7 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below: ☐ lawyer ☐ member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

REPRESENTATIVES' SIGNATURES

(See Note 8 - when a Representative may exercise authority under this Representation Agreement)

REPRESENTATIVE

Signature of Representative	Date Signed (YYYY / MM / DD)
Print Name	

ALTERNATE REPRESENTATIVE

(Strike out if an Alternate Representative is not appointed.)

Signature of Alternate Representative	Date Signed (YYYY / MM / DD)
Print Name	

STATUTORY DECLARATON FOR EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

This statutory declaration may be completed by the adult, the representative, or the alternate representative, as evidence of the authority of the alternate representative to act in place of the representative. This statutory declaration would be completed if one of the circumstances in which the alternate representative is authorized to act in place of the representative occurs to establish the authority of the alternate representative.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Representation Agreement Act* re: a Representation Agreement made by

_____ naming _____ as Representative
name of Adult — name of Representative

TO WIT:

I, _____
Name

of _____
Full Address

SOLEMNLY DECLARE THAT:

a. I am the (*strike out the descriptions that do not apply*):
   adult who made the representation agreement
   representative named under the representation agreement
   alternate representative named under the representation agreement.

b. One of the circumstances referenced in the Representation Agreement in which the alternate representative is authorized to act in place of the representative has occurred, specifically (*describe the specific circumstance resulting in the alternate representative having authority to act*):

_____

_____

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ _____
location — Declarant's Signature

on _____
date

_____
Signature of Commissioner for taking Affidavits
for British Columbia

_____
Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

PUBLISHED BY THE ATTORNEY GENERAL OF BRITISH COLUMBIA, SEPTEMBER 2011

NOTES RESPECTING THIS REPRESENTATION AGREEMENT MADE UNDER SECTION 9 OF THE *REPRESENTATION AGREEMENT ACT*

The notes provided below are for the purpose of providing information only, and do not constitute legal advice.

These notes are prepared for the purposes of this representation agreement form. They should not be considered a complete description of matters to be taken into account in making a representation agreement. A person making a representation agreement, or acting as a representative or alternate representative, should consult the *Representation Agreement Act* and the Representation Agreement Regulation to ensure that they understand their rights and duties.

NOTE 1: Actions that must be taken to revoke a previous Representation Agreement

To revoke a previous representation agreement, you must also give written notice of the revocation to each representative, each alternate representative, and any monitor named in that representation agreement. Revocation is effective when this notice is given, or on a later date stated in the notice.

NOTE 2: Effect of revocation on previous Representation Agreements

The revocation provision in this representation agreement will do all of the following:

- if you have previously made a section 7 representation agreement that is still effective, it will be revoked;
- if you have previously made a section 9 representation agreement that is still effective, it will be revoked.

NOTE 3: Who may be named as Representative

(a) This form provides for the naming of one representative and one alternate representative. If you wish to name more than one representative to act at the same time, do not use this form.

(b) The *Representation Agreement Act* sets out who may be named as a representative. If an individual is appointed, that individual must be 19 years of age or older, and must not be an individual who provides personal care or health care services to the adult for compensation, or who is an employee of a facility in which the adult resides and through which the adult receives personal care or health care services, unless the individual is a child, parent or spouse of the adult.

The information in this note also applies in respect of an alternate representative.

NOTE 4: Statutory declaration for evidence of authority of Alternate Representative

A statutory declaration that may be used is included with this form.

Additional evidence establishing the authority of the alternate representative to act in place of the representative may be required for some purposes.

NOTE 5: What a Representative may and may not do

The authority of a representative appointed under this representation agreement includes the power to give or refuse consent to health care necessary to preserve life.

A representative appointed under this representation agreement must not do any of the following:

- give or refuse consent on the adult's behalf to any type of health care prescribed under section 34 (2) (f) of the *Health Care (Consent) and Care Facility (Admission) Act;*
- make arrangements for the temporary care and education of the adult's minor children, or any other persons who are cared for or supported by the adult;
- interfere with the adult's religious practices.

(Please note this list may not be complete.)

If you want your representative to be authorized to do the things on the above list, you should obtain legal advice.

In addition, under the *Representation Agreement Act*, a representative:

- may not be authorized to refuse consent to those matters in relation to the *Mental Health Act* set out in section 11 of the *Representation Agreement Act*;
- must not consent to the provision of professional services, care or treatment to the adult for the purposes of sterilization for non-therapeutic purposes;
- must not make or change a will for the adult.

(Please note that this list may not be complete.)

NOTE 6: Consultation with a health care provider

If you choose to include instructions or wishes in your representation agreement about your health care, you may wish to discuss with a health care provider the options and the possible implications of your choices.

NOTE 7: Information for witnesses

(a) The following persons may not be a witness:

i. A person named in the representation agreement as a representative or alternate representative;

ii. A spouse, child or parent of a person named in the representation agreement as a representative or alternate representative;

iii. An employee or agent of a person named in the representation agreement as a representative or alternate representative, unless the person named as a representative or alternate representative is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, or the Public Guardian and Trustee of British Columbia;

iv. A person who is under 19 years of age;

v. A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.

(b) Only one witness is required if the witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia.

(c) Section 30 of the *Representation Agreement Act* provides for a number of reasons to object to the making and use of a representation agreement. If you believe that you have grounds to make an objection at this time, you should not witness the representation agreement and you may report your objection to the Public Guardian and Trustee of British Columbia.

NOTE 8: When a Representative may exercise authority under this Representation Agreement

Before a person may exercise the authority of a representative under a representation agreement, that person must sign the representation agreement.

BRITISH COLUMBIA | Ministry of Health

BCEHS | BC Emergency Health Services
Provincial Health Services Authority

NO CARDIOPULMONARY RESUSCITATION – MEDICAL ORDER

Capable patients may request that no cardiopulmonary resuscitation be started on their behalf. This should be done after discussions with their doctor or nurse practitioner. "No cardiopulmonary resuscitation" is defined as no cardiopulmonary resuscitation (no CPR) in the event of a respiratory and/or cardiac arrest.

This form is provided to you or your substitute decision maker to acknowledge that you have had a conversation with a physician or nurse practitioner about a No CPR Order, and understand that no CPR will be provided in circumstances where you can no longer make decisions for yourself. It instructs people such as first responders, paramedics and health care providers not to start CPR on your behalf whether you are at home, in the community or in a residential care facility. The personal information collected on this form assists the health professionals noted above to carry out your wishes. If you have any questions about the collection of this information contact **HealthLink BC at 8-1-1** or go to www.gov.bc.ca/expectedhomedeath.

You or someone at your location should have the form available to show to emergency help if they come to your aid. It is desirable that you wear a MedicAlert® no CPR bracelet or necklet to enable quick verification that you have a No CPR Order in place. To obtain a free No CPR bracelet/necklet, please:

1. Complete the form below
2. Fill out the MedicAlert Registration form which can be printed from: https://www.medicalert.ca/nocpr/resources/MedicAlert_Application_BC_NOCPR.pdf
3. Mail both of the forms to: MedicAlert Foundation Canada, Morneau Shepell Centre II, 895 Don Mills Road, Suite 600, Toronto ON, M3C 1W3

If you change your wishes about your no CPR preference, then please inform your doctor, nurse practitioner or residential care facility nurse, tear up the No CPR form, and contact MedicAlert if you enrolled with them for a No CPR bracelet or necklet.

PATIENT IDENTIFICATION

Patient Last Name	Birthdate (YYYY / MM / DD)
Patient First and Middle Name(s)	Personal Health Number (PHN)
Patient Address	Telephone Number

WITNESSED BY THE PATIENT, OR BY THE PATIENT'S SUBSTITUTE DECISION MAKER (SDM) WHEN THE PATIENT IS INCAPABLE

I, _____ *(patient's name or patient's substitute decision maker if patient is incapable)* have had a conversation with the undersigned physician/nurse practitioner about this No CPR Order in the event of cardiac or respiratory arrest. I understand that in the event of a cardiac or respiratory arrest, no cardiopulmonary resuscitation is to be undertaken.

Patient's Signature	Date Signed
Signature of the Patient's Substitute Decision Maker	Date Signed

Relationship of the Patient's Substitute Decision Maker to the Patient *(e.g. representative, committee of person, or temporary substitute decision maker)*

SECTION TO BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER

STATUS OF MEDICAL ORDER

- ☐ Patient (or SDM) agrees and has signed this form
- ☐ Patient (or SDM) agrees but has declined signing this form

The above identified patient has expressed wishes to not have CPR in the event of cardiac or respiratory arrest. I have discussed the patient's health status, life expectancy, and expressed wishes with the patient/patient's substitute decision maker. Based on this discussion, I order that in the event of a respiratory and/or cardiac arrest no cardiopulmonary resuscitation is to be undertaken. This order shall be in effect until cancelled or repealed.

Date

ATTENDING PHYSICIAN/NURSE PRACTITIONER		ALTERNATE PHYSICIAN/NURSE PRACTITIONER
Name of Attending Physician / Nurse Practitioner		Name (Print)
License Number of Physician / Nurse Practitioner	Phone Number	Phone Number
Address	Signature	

COPY 1 –TO PATIENT; **COPY 2**–TO ATTENDING PHYSICIAN/NURSE PRACTITIONER; **COPY 3**–IF APPLICABLE, TO HOME & COMMUNITY CARE OR RESIDENTIAL CARE FACILITY

This form can be found at www2.gov.bc.ca/assets/gov/health/forms/302fil.pdf

PATIENT/ FAMILY INSTRUCTIONS

Looking at this form may be one of the most difficult things you have ever done. Many thoughts and emotions may surface. So often people try to ignore their mortality, yet we all know it is one of the facts of life: we all, one day, will die.

This form is a medical order that reflects your wishes about what you would like to have happen in the event you stop breathing or your heart stops beating. Take time to thoughtfully consider your wishes and ask your health care professionals what resuscitation would entail and any risks to quality and/or quantity of life that could accompany resuscitation if you decided to have it.

Whether you live at home or in a residential care facility, your care team will help you and/or your substitute decision maker to make choices and plans for end-of-life-care. If you have a life-limiting illness and are choosing to die at home, you will need to make additional plans. The steps you will need to consider are listed below.

If you are a family member who is asked to consider this document on behalf of your loved one, all of what is said above applies also. This can be a stressful decision. Remember to seek support from trusted family members, friends and/or a spiritual advisor if you have one and your health care team.

IF YOU WANT TO DIE NATURALLY AT HOME, CONSIDER THESE STEPS

INDIVIDUAL / FAMILY

What to Do Ahead of Time

- Discuss the option of an in-home death with your physician/nurse practitioner and community nurse.
- Make a written plan with your physician/nurse practitioner and community nurse so you are clear about what will happen and so family, friends and others may support your decisions and respect your wishes and know what to do at the time of death. You need to write in your plan:
  - who will pronounce death, IF pronouncement is planned. Pronouncement is NOT necessary if a "Notification of Expected Home Death" form has been completed earlier by you and your doctor or nurse practitioner. The form can be found at www.gov.bc.ca/expectedhomedeath.
  - how your physician/nurse practitioner can be reached;
  - what alternate arrangements have been made should your physician/nurse practitioner be unavailable or cannot be reached;
  - which funeral home will be called to transport the deceased.
- Make prearrangements with a funeral home. Such arrangements will normally involve selecting the funeral home and making plans with the funeral director for transportation of the deceased after death and the method of final disposition. For information on funeral homes in your area, you could contact the B.C. Funeral Association at 1-800-665-3899.
- Ensure that a copy of this form is easily available in your home. If you are away from your home for any reason, take the form with you so it's available should it be necessary.

FAMILY / FRIENDS

What to Do at the Time of Death

- DO NOT CALL 911, the ambulance, coroner, police, or fire department. Review your written plan for who to contact at the time of death.
- CALL family, friends, and the spiritual advisor, if any, you would like to have present.
- CALL the physician/nurse practitioner or community nurse to pronounce death IF a "Notification of Planned Home Death" form has NOT been completed, AND/OR pronouncement is planned.
  - If your physician/nurse practitioner or community nurse cannot be reached, CALL the backup physician/nurse practitioner or community nurse if prearranged.
- IF a "Notification of Planned Home Death" form HAS been completed AND is in your home, call the funeral home after one hour or more has passed since your loved one's breathing has stopped.
  - You do NOT need to call a physician/nurse practitioner about completing a Medical Certificate of Death form. The funeral home can contact the physician or nurse practitioner to obtain a signed certificate within 48 hours, because the body cannot be released for burial or cremation without it.

People to Call	Name	Telephone Number
Phys/Nur. Practitioner		
Alternate Practitioner		
Community Nurse		
Funeral Home		
Spiritual Advisor		
Home Support Agency		
Hospice Program		
Family and Friends		

For more information, go to www.gov.bc.ca/expectedhomedeath

There are communities in British Columbia without physicians or nurse practitioners who live in the community and without a funeral home. It is essential that these situations be discussed by the patient and family and physician/nurse practitioner and an appropriate plan suitable for the community be made in advance.