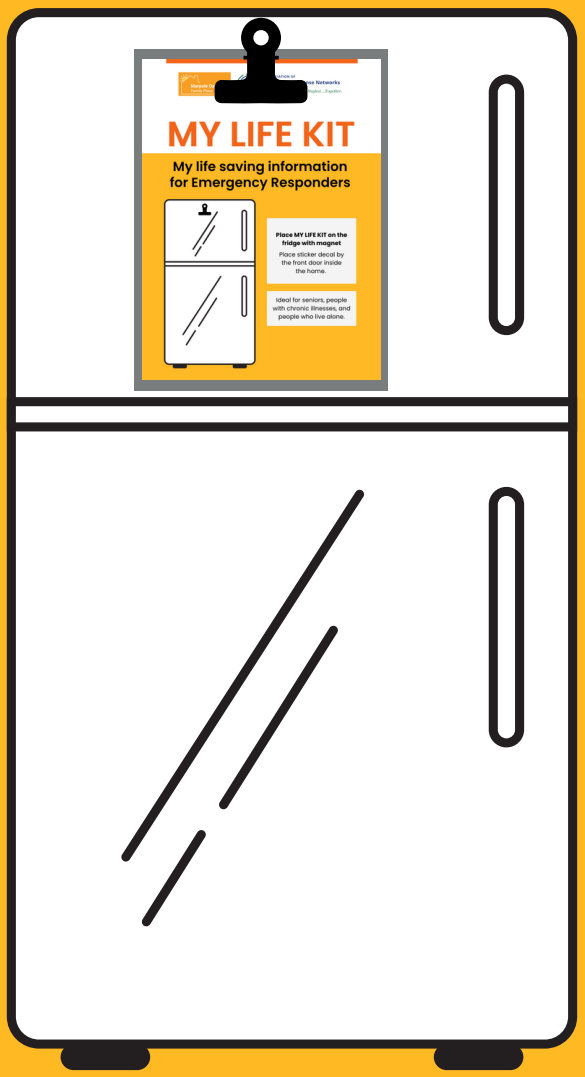
Marpole Oakridge Family Place

BC ASSOCIATION OF Community Response Networks

Stopping Adult Abuse and Neglect ...Together.

MY LIFE KIT

My Life Saving Information for Emergency Responders



Place the MY LIFE KIT on the fridge using magnet

Place yellow sticker decal beside the front door inside the home.

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

Dial 911 - for immediate emergencies

Dial 988 - for mental health emergencies

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This kit contains:

- Two blank forms for personal and health details
- A list of emergency numbers
- One blank Representation Agreement Form (RA9)- to choose someone to speak for your healthcare needs on your behalf. This form is for exclusive use by Kit Owner.
- One No Cardiopulmonary Resuscitation Medical Order form for completion with a doctor
- Travel and wallet cards for cutting out to place in a wallet
- One magnet for placing the My Life Kit on the fridge
- One yellow sticker decal for placing beside the front door inside the home

For help with making a Will or any other Advance Care Planning needs, please refer to the organizations listed under “Legal Support and Advance Care Planning on page 12

Recommendations:

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

This Kit contains important Advance Care Planning documents for your use. For guidance on completing these, and for additional advice on advance care planning, feel welcome to contact the Marpole Oakridge Family Place at 604-263-1405 or seniors@mofp.org

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.

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 providing a wide range of services to ensure the well-being of the communities we serve, since 1978.

Our services include:

- A daily gathering space for families with children aged 0-6 to spend time learning and playing
- Support and education for parents, grandparents, and caregivers
- Continuing education and engagement for seniors through our South Vancouver Seniors Networking Service and Weekly Live Webinars
- Confidential advocacy and assistance for seniors
- Confidential guidance for seniors experiencing elder abuse, neglect or self-neglect
- Literacy, skills and training services
- Support and guidance for newcomers to Canada

Contact us:

seniors@mofp.org

www.mofp.org

604-263-1405

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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, neglect, and self 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, or are suspected. Consultations are confidential.

Free training is available to help everyone understand, recognize and correctly respond to situations of elder abuse, neglect, and self-neglect in the community. People taking the training will also learn how and where to report situations of elder abuse, neglect and self-neglect.

- **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

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2. When complete, place in plastic sleeve that is provided
3. Place "MY LIFE KIT" on the fridge with the magnet provided. Place the yellow decal near the front door inside the home.
4. **Consider filling in the advance care planning forms provided in the back of your My Life Kit. Feel welcome to contact the Marpole Oakridge Family Place Team at 604-263-1405 for assistance.**

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	

MY EMERGENCY CONTACTS

Name (Primary Emergency Contact)	
Telephone Number	Relationship
Name (Secondary Emergency Contact)	
Telephone Number	Relationship

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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**

Have you completed the Advance Care Planning forms in the back of this Kit?

☐ **Yes** ☐ **No**

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Telephone Number	Birth Date (YYYY-MM-DD)	
BC Care Card Number	Extended Health Care Provider, if subscribed	Extended Health Care Number
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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

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Have you completed the Advance Care Planning forms in the back of this Kit?

☐ **Yes** ☐ **No**

EMERGENCY

SERVICE	CONTACT	DESCRIPTION
Police, Fire, Ambulance	911	Emergencies
Suicide Crisis Helpline	988	Suicide crisis helpline offered 24/7 across Canada. Available by call or text for help.
BC Drug and Poison Information Centre	604-682-5050 1-800-567-8911	Posion, medicine, substance indgestion
Fortis BC Emergencies	1-800-663-9911	Natural gas leaks
Police Non-Emergency	604-717-3321	Report crimes
Transit Police Non-Emergency	604-515-8300 Text 87 77 77	Report issues on transit
City of Vancouver	311	City Services

MENTAL HEALTH EMERGENCY RESPONSE

SERVICE	CONTACT	DESCRIPTION
Suicide Crisis Helpline	988	Suicide crisis helpline offered 24/7 across Canada. Available by call or text for help.
Crisis Intervention and Suicide Prevention Centre of BC	604-872-1234 Hard of hearing: 1-866-872-0113	Dedicated Senior Line for issues causing distress to seniors
Missing and Murdered Indigenous Womens and Girls Crisis Line	1-844-413-6649	24-hour crisis line for people impacted by MMIWG crises and situations

MENTAL HEALTH EMERGENCY RESPONSE CONTINUED

SERVICE	CONTACT	DESCRIPTION
Crisis Centre of BC Mental Health Crisis Line	310-6789 No area code necessary	24 hours mental health emergency line
Mental Health Crisis Line	604-874-7307	24 hours mental health emergency line
Access and Assessment Centre (ACC) at Vancouver General Hospital Crisis Line	604-675-3700 Joseph and Rosalie Segal Family Health Centre 803 West 12th Ave, Vancouver	Phone or walk-in for mental health and substance use services. Referral by family, caregiver or self.
Vancouver Coastal Health Mental Health Emergency - Street Response by Car 87 and Car 88	604-675-3700	Emergency mental health support for clients at home or in community with police and mental health personnel
Rape Crisis Line at Salal Sexual Violence Support Centre Society	604-255-6344 1-877-392-7583	24-hour crisis line for victims of rape
Shelter and Street Help Line	call or text 211 www.bc.211.ca	Assistance to find shelter and transition places
S.U.C.C.E.S.S. Crisis Line	Mandarin line: 1-(888)-721-0596/Ext.1 Cantonese line: 1-(888)-721-0596/Ext.2 Korean line: 1-(888)-721-0596/Ext.3 Farsi-Dari line: 1-(888)-721-0596/Ext.4 Ukrainian help line: 1-(888)-721-0596/Ext.5	Culturally sensitive crisis lines answered by fully trained volunteers. S.U.C.C.E.S.S is a non-partisan, non-profit multicultural Canadian organization serving newcomers, seniors, youth and families.

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ADULT ABUSE AND NEGLECT RESPONSE

SERVICE	CONTACT	DESCRIPTION
Marpole-Oakridge Chapter of the BC Community Response Network. Also serving Kerrisdale.	604-263-1405 Marpole Oakridge Family Place 8188 Lord Street, Vancouver	Confidential guidance for situations of adult abuse and neglect. Request a virtual or in-person consult
Seniors First: Seniors Abuse and Information Line (SAIL)	Lower Mainland only: 604-437-1940 Canada-wide: 1-866-437-1940	Legal crisis intervention for seniors experiencing abuse or neglect
Vancouver Coastal Health ReAct Program	1-877-732-2899 604-904-6173 react@vch.ca	VCH program responding to adult abuse and neglect
Victim Link BC	1-800-563-0808 victimlinkbc@bc211.ca	Multi-language support line for victims of crime, domestic violence and human trafficking.
Vancouver Police Department - Victim services	604-717-2737	Police department assistance for victims of crime and violence
Vancouver Rape Relief and Women's Shelter	604-872-8212 24 hours	For women and children escaping violence
Rape Crisis Line at Salal Sexual Violence Support Centre Society	604-255-6344 1-877-392-7583 24 hours	Crisis line and emergency help for victims of rape
Battered Women's Support Services	604-687-1867 1-855-687-1868	Abused women's support services
Public Guardian and Trustee of BC	604-660-4444 www.trustee.bc.ca	Protects the legal, financial, personal and health care interests of adults who require assistance in decision making and administers estates of deceased persons and missing persons

HELP AND SUPPORT LINES

SERVICE	CONTACT	DESCRIPTION
Alcoholics Anonymous (AA)	604-434-3933	Support for those struggling with alcohol addiction
Narcotics Anonymous (NA)	604-873-1018 1-866-683-6819	Support for drug and medicine addiction
Alzheimer Society of BC and Yukon: First Link Dementia Hotline	English: 604-681-8651 1-800-936-6033 Cantonese & Mandarin: 1-833-674-5007 Punjabi: 1-833-674-5003	Hotline for Dementia patients, caregivers and families
Family Caregivers of BC	1-877-520-3267	Support line for caregivers
Qmunity	604-684-5307 reception@qmunity.ca	Support organization for Lesbian, Gay, Bisexual, Transgender, Two-Spirited and Queer community

SCAMS

SERVICE	CONTACT	DESCRIPTION
Scam reporting: Canadian Anti-Fraud Centre	1-888-495-8501	Immediate action to take if you have been a victim of a scam Also call: • Police Non-Emergency number on 604-717-3321 • your bank, to notify your bank of the scam

LEGAL SUPPORT AND ADVANCE CARE PLANNING

SERVICE	CONTACT	DESCRIPTION
Seniors First: Seniors Abuse and Information Line (SAIL)	604-437-1940 1-866-437-1940	Legal Advocacy Program for seniors
Legal Aid BC	604-408-2172 1-866-577-2525 www.legalaid.bc.ca	Assistance with legal issues
NIDUS Personal Planning Resource Centre and Registry	1-604-408-7414 1-877-267-5552 (toll free) info@nidus.ca	Assistance with documents for Advance Care Planning
Peoples Law School	604-331-5400 www.publiclegaled.bc.ca info@publiclegaled.bc.ca	Free and reliable legal information including how to make a Will
Access Pro Bono Society of British Columbia	604-878-7400 1-877-762-6664	Free legal advice for low or modest income persons including how to make a Will
Law Students Legal Advice Program (LSLAP)	604-822-5791	Legal Assistance for low-income persons including making a Will

INDIGENOUS SERVICES AND HELP LINES

SERVICE	CONTACT	DESCRIPTION
Musqueam First Nation Band Office	604-263-3261 1-866-282-3261 6735 Salish Drive, Vancouver	Musqueam First Nation Reserve
First Nations Health Authority	604-693-6500 1-866-913-0033 info@fnha.ca www.fnha.ca	Health benefits and services in Metro Vancouver only

INDIGENOUS SERVICES AND HELP LINES CONTINUED

SERVICE	CONTACT	DESCRIPTION
National Indian Residential School Crisis Line	1-866-925-4419	Provides culturally appropriate emotional support and crisis referral 24 hours
Crisis Line for Missing and Murdered Indigenous Women and Girls	1-844-413-6649	24 hour crisis line for those impacted by MMIWG crises and situations
First Nations, Inuit and Metis emotional wellness support line	1-855-242-3310 or online chat at: hopeforwellness.ca	Emotional support and wellness phone line and online chat for Indigenous communities

COMMUNITY ADVOCACY AND SUPPORT

SERVICE	CONTACT	DESCRIPTION
Marpole Oakridge Family Place	604-263-1405	Advocacy and Support Clinic for information and referrals
The 211 Service	211 www.bc.211.ca	Free referral to government, social, community services
Office of the BC Seniors Advocate	250-952-3181 1-877-952-3181 info@seniorsadvocatebc.ca www.seniorsadvocatebc.ca	Information and referral resources for seniors
Who is the MLA (Member of Legislative Assembly) in your area?	Visit one of the websites below and find your area https://www.leg.bc.ca/members/find-mla-by-constituency https://www.leg.bc.ca/members/mla-by-community	Contact your Provincial MLA if you need advocacy and support Ask Marpole Oakridge Family Place (604-263-1405) for help to find your MLA

COMMUNITY ADVOCACY AND SUPPORT CONTINUED

SERVICE	CONTACT	DESCRIPTION
Who is the MP (Member of Parliament) for your area?	Visit this website and enter your postal code to find your MP https://mymp.ca/search	Contact your Federal MP if you need advocacy and support Ask Marpole Oakridge Family Place (604-263-1405) if you need help to find your MP
Veterans Affairs Canada	1-866-522-2122 information@vac.acc.gc.ca	Veteran issues and enquiries
Jewish Family Services of Greater Vancouver	Main office phone: 604-257-5151 Community Care Hotline: 604-558-5719 info@jfsvancouver.ca www.jfsvancouver.ca	Advocacy and support services and resources for seniors
Jewish Seniors Alliance of BC	Main office phone: 604-732-1555 Support services: 604-267-1555	Advocacy for seniors

HEALTHCARE, HOSPITALS, CLINIC AND HEALTH AIDS

SERVICE	CONTACT	DESCRIPTION
Health Link BC	811 Hard of hearing: 711	Reach a nurse, pharmacist dietitian or exercise professional
Vancouver General Hospital 24 hours	604-875-4111 899 W.12th Ave, Vancouver	Emergency department and full-service hospital
Mount St. Joseph's Hospital	604-874-1141 2975 Prince Edward St, Vancouver	Emergency department and hospital

HEALTHCARE, HOSPITALS, CLINIC AND HEALTH AIDS CONTINUED

SERVICE	CONTACT	DESCRIPTION
St. Paul's Hospital	604-806-9090 1081 Burrard St, Vancouver	Emergency department and hospital
South Vancouver Medical Clinic	604-323-0077 350 SE Marine Drive, Vancouver	Medical Clinic at the Real Canadian Superstore at Marine Drive, Vancouver
Terranova Main and Marine Medical Clinic	604-322-3011 235 SE Marine Drive, Vancouver	Medical Clinic at Main and Marine Drive, Vancouver
Marpole Medical Clinic	604-263-2646 8675 Granville St, Vancouver	Medical Clinic at Granville St, Vancouver
South East Vancouver Urgent and Primary Care Centre (UPCC)	604-675-3210 604-327-0093 5880 Victoria Dr, Vancouver	Urgent and Primary Care Centre for healthcare needed within 24 hours. Walk-in only
Canadian Red Cross Medical Equipment Loan Services	604-301-2566 209 West 6th Ave, Vancouver	Equipment available on loan for seniors and others in need
Lifeline Canada	1-866-281-9322 www.lifeline.ca	An emergency button/fall detection service for seniors and disabled clients
Wavefront Centre for Communication Accessibility	604-736-7391 hard of hearing: 604-736-2527 2005 Quebec St, Vancouver info@wavefrontcentre.ca www.wavefrontcentre.ca	Support for persons who are deaf or hard-of-hearing
CNIB (Canadian National Institute for the Blind) Vision Loss Programs	604-431-2121 200-5055 Joyce St, Vancouver	Help with impaired vision and vision loss.

FOOD RESOURCES

SERVICE	CONTACT	DESCRIPTION
Greater Vancouver Food Bank	604-876-3601 www.foodbank.bc.ca reception@foodbank.bc.ca	Free food services for low-income persons and families. Various locations. Registration required.
Jewish Family Services of Greater Vancouver	Main office phone: 604-257-5151 Community Care Hotline: 604-558-5719 www.jfsvancouver.ca info@jfsvancouver.ca	Meal delivery or groceries
St. Augustine's Church Food Hub and Community Meal	604-263-9212 8680 Hudson St, Vancouver	Thursday mornings 10am-12pm Food Hub Thursday evening Community Dinner at 6pm *Food delivery to homebound persons on request*

SUPPORT AT HOME

SERVICE	CONTACT	DESCRIPTION
Better at Home Serving Marpole Oakridge, Kerrisdale, and Dunbar	604-637-3310	Assists seniors with non-medical, day-to-day tasks to enable independent living at home in the community
Tonari Gumi Japanese Community Volunteers Association	604-687-2172 info@tonarigumi.ca	Services, home support and programs for seniors
Jewish Seniors Alliance of BC	Main office phone: 604-732-1555 Support services: 604-267-1555	Peer support, friendly visiting and accompanied walks for seniors aging in place

SUPPORT AT HOME CONTINUED

SERVICE	CONTACT	DESCRIPTION
Vancouver Coastal Health Home Support - Central intake line for referrals for home services	604-263-7377	Support at home in the community
ElderDog Canada - Pet support for seniors with dogs	1-855-336-4226 www.elderdog.ca info@elderdog.ca	Help for seniors with daily dog care activities/care for dogs while a senior is in hospital

TRANSPORTATION OPTIONS FOR NON-DRIVERS

SERVICE	CONTACT	DESCRIPTION
Access Transit Customer Care Line for Handy Dart Services	604-953-3680	Customer line for HandyDart Services - a transport service for persons with a physical or cognitive disability. Doctor application required.
HandyDart Services Booking Line	604-575-6600 1-844-475-6600	Booking line for registered HandyDart customers to order a ride
Taxi Saver Vouchers purchase	604-953-3680	Taxi Saver service discounted taxi services are for ability challenged seniors who are registered HandyDart customers. Call HandyDart to purchase
Taxi Saver Vouchers - how to use: book a taxi and present the Taxi Saver vouchers	Yellow Cab: 604-681-1111 Vancouver Taxi: 604-871-1111 Black Top & Checker Cabs: 604-681-3201	Call a taxi service directly to book your trip. Seniors can use the taxi saver discount vouchers applied for through HandyDart.

TRANSPORTATION OPTIONS FOR NON-DRIVERS CONTINUED

SERVICE	CONTACT	DESCRIPTION
Compass Card enquiries	604-398-2042 1-888-207-4055	Compass Card is the BC transit card for buses and trains
TransLink Information Line Coast Mountain Bus Company	604-953-3333	Lower Mainland transit advice to help with trip planning
Ministry of Social Development/ Poverty Reduction Senior Bus Pass Program	1-866-866-0800	Discount bus pass

DYING, DEATH AND BEREAVEMENT

SERVICE	CONTACT	DESCRIPTION
BC Hospice Palliative Care Association	604-267-7024 1-877-410-6297 office@bchpca.org	Find out about palliative care options for end-of-life care
BC Bereavement Help Line	604-738-9950 Outside lower mainland: 1-877-779-2223 contact@bcbh.ca	Emotional and psychological support for bereaved families and victims of homicide
Pet Loss Support Group	604-924-1160 info@untilwemeetagain.ca	Until We Meet Again Pet Cremation and Memorials

IMMIGRANT SERVICES

SERVICE	CONTACT	DESCRIPTION
S.U.C.C.E.S.S Immigrant and Settlement Services	604-684-1628 info@success.bc.ca 28 West Pender St, Vancouver 604-279-7180 isiprichmond@success.bc.ca #220-7000 Minoru Blvd, Richmond	Citizenship training, English language classes, settlement services, employment and housing assistance, and senior services

LIBRARIES AND COMMUNITY GATHERING SPACES

SERVICE	CONTACT	DESCRIPTION
Marpole Oakridge Community Centre	604-257-8180 990 W.59th Ave, Vancouver www.marpoleoakridge.org	Community Centre
Marpole Oakridge Family Place	604-263-1405 8188 Lord St, Vancouver	Emergency response, advocacy and social programs for Marpole and Oakridge Communities
Marpole Neighbourhood House	604-628-5663 8585 Hudson St, Vancouver	Community support and programs
Marpole Library	604-665-3978 8386 Granville St, Vancouver	Vancouver Public Library - Marpole branch
Oakridge Library	Oakridge Park	Vancouver Public Library - Oakridge branch
Jewish Community Centre	604-257-5111 950 W.41st Ave, Vancouver	Community Centre

TRAVEL CHECKLIST

BEFORE YOU GO

- [ ] Look at the Canadian Government's travel website (https://travel.gc.ca/travelling/advisories) to learn more about the following:
    - Risk Level
    - Safety and Security
    - Entry and Exit Requirements
    - Health Risks
    - Laws and Culture
    - Natural Disasters and Climate

- [ ] Locate the nearest embassy or consulate in your destination country

- [ ] Register your trip details at Registration of Canadians Abroad (https://travel.gc.ca/travelling/registration). This free service enables the Government of Canada to notify you during an emergency abroad or a personal emergency at home.

TRAVEL DOCUMENTS

- [ ] Check your passport is valid and if you need a visa to enter your destination

- [ ] Print or have copies of important documents including but not limited to the following:
    - Passport identification page
    - Visa and travel documents
    - Insurance policy and phone number
    - Medical records (including vaccination records)
    - Identification cards
    - Travel itinerary (including destination and local contact information)
    - Emergency contact information

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TRAVEL CHECKLIST

COMMUNICATION

- [ ] Check if your phone plan works abroad, or determine if you will be using a local phone number or an eSIM while you travel
- [ ] Make plans for regular check-ins with a contact at home while you are abroad

MONEY AND FINANCES

- [ ] Notify your bank or credit card provider in advance of your travels
- [ ] Research whether your travel destination primarily uses cash, card or both
- [ ] Check whether the credit card that you have will be accepted in the places you are travelling
- [ ] Review banking fees and Automatic Teller Machine (ATM) compatibility
- [ ] Have an emergency fund to cover unexpected costs

HEALTH

- [ ] Visit a travel clinic or health care provider at least 6 weeks before your trip
- [ ] Consider any vaccines or medications you might need for your travels
- [ ] Carry medicine in your carry-on luggage in the original packaging

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BC CRNs

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TRAVEL CHECKLIST

INSURANCE

- [ ] Purchase travel insurance for your trip
    - Review your policy exclusions or limits that might affect coverage
    - Record your policy number and insurance company phone number

EMERGENCY CONTACT

- [ ] Designate an emergency contact before your trip.
  An emergency contact should be:
    - Someone who is not travelling with you
    - Able to assume responsibility in an emergency

- [ ] Share relevant information with your emergency contact including:
    - Travel dates and itinerary
    - Local contact information
    - Insurance policy
    - Copies of passport identification page and other important documents

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✂ Detach your travel health card and keep on you when you travel

MY LIFE KIT

TRAVEL HEALTH CARD

Personal Details

Emergency Contact: .....

Medical Conditions: .....

.....

Allergies: .....

Language: .....

MY LIFE KIT

TRAVEL HEALTH CARD

Travel Insurance Details

Provider: .....

Policy Number: .....

Phone Number: .....

✂ Detach your health card and carry in your wallet

MY LIFE KIT

HEALTH CARD

Medical Conditions/Allergies

- .....
- .....
- .....
- .....
- .....
- .....

Other Information

.....

.....

MY LIFE KIT

HEALTH CARD

Emergency Contacts

Name: .....

Phone: .....

Relationship: .....

Name: .....

Phone: .....

Relationship: .....

Other Information

.....

.....

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My Life Kit saves 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. Learn more here: www.bccrns.ca

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 My Life Kit

FOR EMERGENCY RESPONDERS:

MY LIFE KIT ON THE FRIDGE

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.

REPRESENTATION AGREEMENT (Section 9)

RA9 authorities for **health care** and **personal care**

This Agreement is for naming 1 representative and 1 alternate (optional).

NOTE: *Do NOT change or add wording in this Agreement. Read small print and follow instructions. Do not use whiteout. This form and wording are copyright and for personal use of the adult (see #2). Any other use requires permission.*

1 In accordance with the Representation Agreement Act R.S.B.C. 1996 c. 405 as amended ("RA Act"), this Representation Agreement ("Agreement") is made on:

Date the Adult and Witnesses signed (M/D/Y-spell out) as at page 5, #10

References in this Agreement to subsections of any legislation will use the term "section(s)."

2 Adult's Information (The adult must be 19 years or older and must understand the nature and consequences of this RA9 at the time of making it [RA Act section 10].)

This Representation Agreement belongs to:

Full legal name of the Adult (first, middle, last)	Nickname - if use different name than First Name in previous
Current address of the Adult (incl. city, province and postal code)	
Adult phone number (incl. area code)	Adult date of birth (M/D/Y -spell out. Eg. June 18, 1965)– must be at least 19 years old

3 Naming of Representative (see qualifications on page 6, where later sign)

I name the following individual to be my representative:

Full name of the Representative (first, middle, last)	
Full address of the Representative (incl. city, province/state/county/region, country, postal/zip code)	
Representative phone number (incl. all relevant codes to reach you)	Relationship of Representative to Adult (adult's spouse, sister, friend, etc.)

4 Authority of Representative

My representative is authorized to do anything that the representative considers necessary in relation to my personal care or my health care.

This includes to do tasks and to assist me to make decisions or to make decisions on my behalf, in accordance with sections 9(1)(a) and 9(3) of the Representation Agreement Act. For example:

- My representative's authority includes giving, refusing or withdrawing consent for all kinds of **health care**, as defined in the Health Care (Consent) and Care Facility (Admission) Act, in any and all circumstances and includes but is not limited to the following:
  - > Health care as required for therapeutic, preventive, palliative, diagnostic, cosmetic or other purpose related to health and including minor and major health care, for example decisions about:

Continued…

Authority of Representative Continued…

- Medications, tests, assessments, immunizations, any treatment involving a general anesthetic, surgery, electroconvulsive therapy, kidney dialysis, laser surgery, radiation therapy, chemotherapy; dental care, occupational therapy, physiotherapy, naturopathic medicine, dietetics (nutrition), podiatry, massage therapy, vision care, speech and hearing care;
- A plan for minor health care;
- Participation in a medical research program approved by an ethics committee designated in the Health Care Consent Regulation section 2;

> Refusing life supporting health care even if the refusal will result in my death; and

> Physically restraining, moving or managing me or authorizing others to do so in order to provide health care and despite any objections by me;

> Giving consent to health care even if I am refusing consent at the time the health care is provided.

– My refusal may be due to delirium, dementia, delusions or hallucinations as a result of a mental disorder, illness or injury or disease, reaction to medication(s), addiction, infection, or other condition or a combination of these, any of which may impair my judgment and/or insight. An intent of this authority is to avoid involuntary committal under the Mental Health Act; and

I expressly authorize my representative to do any of the following:

> Give, refuse or withdraw consent to the kinds of health care that may be prescribed under section 34(2)(f) of the Health Care (Consent) and Care Facility (Admission) Act, as amended from time to time, and notwithstanding any additional conditions or restrictions applied to a Temporary Substitute Decision Maker.

- As outlined in the Health Care Consent Regulation section 5, this includes authority for decisions about: abortion; organ/tissue removal while I am alive for implant (e.g. living donation to a family member) into another human body, or for medical education or for research; experimental health care where the expected benefit may not outweigh the foreseeable risk; participation in a health care or medical research program that has not been approved by a committee referred to in the Health Care Consent Regulation section 2; psychosurgery, which may involve manipulating brain tissue to manage symptoms or seizures for types of mental illness; and aversive therapy.

- My representative's authority includes giving, refusing or withdrawing consent for all **personal care** matters in any and all circumstances and includes but is not limited to decisions about:

> Where I live and with whom, including to live with family/friends or independently, in supported living, in home sharing or home share (as in the community living sector), hospice/palliative care, other types of shelter such as assisted living or any type of residential (care) facility and including those defined in the Health Care Consent and Care Facility Admission Act and those governed by the Community Care and Assisted Living Act;

Continued…

Representation Agreement of:

PRINT Full name of the Adult (as at #2)

Authority of Representative Continued…

- Service/support arrangements of any kind – including assessments, planning and managing – for any type of setting. This may involve hiring and supervising staff, including those in my employ. This includes all matters necessary for my qualification and participation in the Choices in Supports for Independent Living Program (Ministry of Health) or Direct Funding Program (Community Living BC);
- Licenses, permits, approvals and other authorizations;
- Physically restraining, moving or managing me or authorizing others to do so in order to provide personal care and despite any objections by me;
- Diet, exercise, employment, education, participation in activities; and
- Personal safety and contact with others.

As provided in section 18 of the RA Act, my representative has the same **right to all information and records** that I do, and that relate to the representative's areas of authority or my incapability.

My representative must keep general accounts and records concerning the exercise of their authority, in accordance with section 16(8) of the RA Act. They are not required to keep additional accounts or records. As permitted by section 3.1(3) of the Representation Agreement Regulation, I declare that my representative is not required to keep any of the care records described in section 3.1(2) of that Regulation.

As provided in section 29 of the RA Act AND if I have named an alternate representative, this Agreement is not automatically ended, if my representative is my spouse and our spousal relationship ends in accordance with the Family Law Act section 3(4). In such a case, the authority of that representative is ended when our spousal relationship ends.

As in section 36 of the RA Act, making this Agreement does not deny me, when capable, of the right to act for any authority granted to my representatives. As in section 9.1(a), my representatives' authority continues to be in effect even if I become incapable after this Agreement is executed.

5 Naming of Alternate Representative (see qualifications on page 6, where later sign)

Naming an alternate is optional but a good idea. If no individual to name as alternate: neatly cross out alternate fields below; neatly cross out alternate signature on page 6. It shows the intent – it may raise questions and concerns if the alternate fields are left blank.

I name the following individual as my alternate representative ("alternate"):

Full name of Alternate Representative (first, middle, last – to match ID)	
Full address of Alternate Representative (incl. city, province/state/county/region, country, postal/zip code)	
Alternate phone number (incl. all relevant codes to reach you)	Relationship of Alternate to the Adult (adult's spouse, sister, friend, etc.)

Representation Agreement of:

PRINT Full name of the Adult (as at #2)

6 When the Alternate May Act (if alternate named)

If the individual named as representative at #3 is unable or unwilling to act or continue to act, the individual named as alternate representative at #5 may move up as the temporary or permanent replacement of the representative and has the same authority as the representative.

7 Confirmation of Substitution (if alternate named)

An example of being temporarily unable to act or continue to act at a time when decisions need to be made or actions need to be taken could be due to illness, vacation, taking a break, or being unreachable. The Nidus Resource Centre has a sample Confirmation of Substitution form – if needed.

Confirmation that the individual named as representative at #3 in this Agreement is temporarily or permanently unable or unwilling to act or continue to act is sufficient when provided in writing by one of the individuals named in this Agreement as the adult, the representative at #3, or the alternate representative at #5.

If the individual named as the representative at #3 becomes able to act again, confirmation of their substitution is sufficient when provided in writing by one of the individuals named in this Agreement as the adult, the representative at #3, or the alternate representative at #5. In such a case, the alternate resumes their role as alternate until needed again to replace the individual named as representative at #3.

8 Instructions and Wishes

My representative (and alternate) knows my instructions, wishes, values and beliefs and I trust them, when acting as my representative, to apply these in the appropriate circumstance.

Representation Agreement of:

PRINT Full name of the Adult (as at #2)

9 When Agreement is in Effect

I declare this Agreement is in effect upon execution – including when I am capable. Being in effect does not require that I be determined incapable of making decisions independently.

(In legal terms, 'in effect upon execution' means when signed by the adult, witnesses and at least one individual who will act as the representative. A representative is not like a Temporary Substitute Decision Maker who has limited authority to access information or to make decisions, only after an adult is determined incapable of informed consent for a specific health care decision. The representative named in this Agreement has authority when the adult is capable of making decisions independently as well as when assisting an adult with decision making or making decisions on the adult's behalf – for example, a representative may access information on behalf of the adult at any time.)

10 Execution (Signing and Witnessing)

If there are concerns about maintaining physical distance between the adult and witnesses, this Agreement may have more than one copy of this page for each to sign.

Adult signing instructions: *Fill in names and contact information on this Agreement, at least for adult, representative and alternate, before any signing. The adult signs once (below) and is FIRST to sign with witnesses watching.*

The Adult's Signature (Adult signs first, then witnesses below)
I am the adult named in this Representation Agreement. I understand the nature and consequences of this RA9 at the time of making it. I signed first in the presence of the witnesses named below.

Signature of the Adult *(adult's mark may go outside the lines/field)*	Date Adult and Witnesses signed (Eg. March 04, 2023)
PRINT Full name of the Adult (as at #2)	

Who can be a witness? *This Agreement is provided for self-help and* ***requires two witnesses****. Both witnesses must:*

- *Be 19 years or older, and*
- *Understand the type of communication used by the adult, and*
- *Not be a representative or alternate named in this Agreement, and*
- *Not be the spouse, parent, child, employee, or agent of a representative or alternate named in this Agreement. However, an employee or agent of the representative named in this Agreement may be a witness, if the representative or the alternate is a lawyer (member of the Law Society of BC), or is a member in good standing of the Society of Notaries Public of BC, or is the Public Guardian and Trustee of BC.*

Note: The adult named in this Agreement cannot witness their own signature. Paid staff who provide services to the adult may be witnesses, if meet other qualifications. A legal professional is not required as a witness [RA Act section 13]

Witnesses to the Adult's Signature (Two are required)
We confirm the adult named above signed this Agreement in our presence. We are signing it in the presence of the adult and each other and we meet the qualifications of witnesses as listed above.

Signature of WITNESS #1	Signature of WITNESS #2
PRINT full legal name of Witness #1	PRINT full legal name of Witness #2
Street Address of Witness #1	Street Address of Witness #2
City, Province/State/Region, Country, PCode of Witness #1	City, Province/State/Region, Country, PCode of Witness #2
Phone Number of Witness #1 (incl. area code)	Phone Number of Witness #2 (incl. area code)

Continued…

Execution continued…

Representation Agreement of:

PRINT full legal name of the Adult (first, middle, last)	Date the Adult and Witnesses signed (as on page 5, #10)

Myth: *everyone has to be together for signing.* ***Fact:*** *Only the adult and two witnesses must be together for signing (see p. 5) – others can sign later and separately (see next). Need original signatures, not scanned or by Zoom/Skype.*

Representative and alternate signing instructions: *The representative and alternate sign below:*

- *They do NOT have to be together or sign at the same time or date as the adult and witnesses or each other.*
- *They can sign any time AFTER the adult and witnesses have signed.*
- *They do NOT need witnesses for their signatures.*
- *They may sign this page in a different location and at different time than the adult and witnesses..*
- *If the representative and/or alternate lives out-of-town, send them a copy of this page. They need to return the page with their original signature. You can have more than one copy of this page.*

Representative and Alternate Signatures (Sign later, after adult and witnesses – see above)

By signing, I confirm that I am named in this Representation Agreement as a representative or alternate and I am at least 19 years old. I am not compensated for providing health or personal care services to the adult unless I am the adult's spouse or I am the adult's parent or child by birth or adoption. I am not an employee of a facility where the adult resides and receives health or personal care services unless I am the adult's spouse or I am the adult's parent or child by birth or adoption.

Signature of Representative	Signature of Alternate Representative
PRINT full name of Representative	PRINT full name of Alternate Representative
Date signed (M/D/Y-spell our Eg: March 05, 2023) by Representative	Date signed (M/D/Y-spell out Eg.: March 10, 2023) by Alternate

11 Information

This Representation Agreement (and any subsequent revocation or resignation) may be registered with the online Nidus Personal Planning Registry™ at: **https://nidusregistry.ca/** The Nidus Registry is online; it is not done by mail.

The wording in this Agreement complies with the RA Act. The Nidus Resource Centre has led the education on Representation Agreements even before the law came into effect in 2000.

The following information relates to the wording of this Agreement. It is not legal advice. Unless indicated otherwise, legislative references, for example [Sec. X], are for the RA Act.

The RA Act recognizes that decision making and capacity are on a **continuum**:

- An Agreement facilitates independent, interdependent (supported) and substitute decision-making. This Agreement is in effect immediately, when executed.
- An adult does not have to be labelled 'incapable' to receive help from their representative.
- A representative has the right to access information on the adult's behalf at any time and as noted on p.2 under #4 in this Agreement. [Sec. 18]

Continued…

Information continued…

Representation Agreement of: PRINT Full name of the Adult (as at #2)

A representative under this Agreement may do one or more of the following:

- Be reimbursed for reasonable out-of-pocket expenses related to any health care or personal care duties. The law forbids being paid a fee-for-service for decisions or actions related to health care matters. A fee-for-service to a representative for personal care matters must first be approved by the Supreme Court of BC. [Sec. 26]
- Engage the services of a qualified person to assist with activities related to their authority (e.g. attend a medical appointment with the adult). [Sec. 17] A representative can NOT delegate their authority for decision making or for consent to any person or organization. (e.g. can NOT delegate acceptance of Terms & Conditions for a service) [Sec. 16(6)]
- Release information about the adult in order to carry out their duties – e.g. to health care providers or home support staff or agencies/facilities. [Sec. 22]

This Agreement does NOT include authority for any financial matters.

Authority for health and personal care in this Agreement does not authorize any of the following that the RA Act states require express (specific) authorization:

- Interfering with the adult's religious practices. [Sec 9(2)(c)]
- Making arrangements for the care and education of the adult's minor children or others who are dependent on the adult. [Sec. 9(2)(b)]
- Allowing a representative's authority to continue even if that representative is the adult's spouse and their spousal relationship breaks down according to the Family Law Act section 3(4).
- Allowing a representative to by-pass their duty to comply with the adult's current wishes [Sec. 16(2.1) even if reasonable and can be determined. (See details below on hierarchy of duties.)

A Representation Agreement can NOT authorize a representative to do any of the following:

- Deal with matters related to sterilization (birth control) for non-therapeutic purposes. [Sec. 11]
- Refuse treatment or placement if the adult is involuntarily committed under the Mental Health Act. (Having a Representation Agreement should make use of the Mental Health Act a last resort.) [Sec. 11]
- Do anything that is against the law.
- Request or administer medical assistance in dying (MAiD) on behalf of an adult. (The adult must be capable of informed consent to request MAiD and to arrange administration of MAiD.)
- Make a Will for the adult or change the adult's existing Will. [Sec. 19.01]

The duties of a representative are outlined in section 16 of the RA Act. These include:

- Acting honestly and in good faith and within the authority of the Agreement.
- When helping the adult to make decisions or making decisions on the adult's behalf:
  1. Must consult, to the extent reasonable, the adult's current wishes and follow/comply with these unless they cannot be determined or are unreasonable in the circumstance.
  2. If current wishes cannot be followed, must go by the adult's instructions or wishes expressed (verbally or in writing) when capable (and that apply to the circumstance).
  3. If there are no specific wishes that apply, must follow the adult's known values and beliefs.
  4. If the adult's values and beliefs are not known, as a last resort, must act according to what the representative thinks is best. (The legislation on health care consent outlines the steps for deciding according to best interests in its section 19(3) or see roles/duties of a representative at www.nidus.ca > Information > Representation Agreement).

Continued…

Information continued…

Representation Agreement of: PRINT Full name of the Adult (as at #2)

Consent for Admission to a Care Facility:

- As of November 4, 2019, the BC Ministry of Health put into effect amendments and new procedures related to consent for admission to a care facility as defined in Part 3 of the Health Care Consent and Care Facility Admission Act (HCC&CFA Act). The new procedures do not apply to moving into an assisted living residence, but do apply to other types of residential care including long-term care facilities and hospices. See more info at www.nidus.ca
- The representative under this Agreement is authorized to give or refuse consent, on behalf of the adult, for admission to types of care facilities governed by Part 3 of the HCC&CFA Act, IF the adult has been assessed as incapable of consent for such a decision. The governing legislation outlines the duties of a representative for this type of decision, which are different from duties in the Representation Agreement Act as listed under the previous heading on page 7. The decision for consent to facility admission is not based on self-determination – the adult's wishes and values. Instead, this decision is made based on 'best interests' – what is considered best for the adult, from another's perspective.

This Agreement ends if any one of the following happens: [Sec. 29]

- The adult dies.
- The adult revokes (cancels) the Agreement (check for Notice of Revocation – making a new Agreement does not automatically revoke the previous one).
- The representative is the adult's spouse and their spousal relationship breaks down as defined in section 3(4) of the Family Law Act. However, this Agreement may continue if an alternate is not the adult's spouse, or if so their spousal relationship has not broken down, and they are willing and able to act as representative.
- All those named in this Agreement as representative and alternate representative are permanently unable or unwilling to act or continue to act. This includes by resignation (check for Notice of Resignation).
- A judge of the Supreme Court of BC finds the adult named in this Agreement is incapable of managing their affairs or their person or both and does not order an adult's Representation Agreement(s) (including this one) is not terminated. (If a Committeeship application is started in Court, submit a copy of this Agreement and request the judge to make an order that the adult's Representation Agreement(s) not be terminated.) [Sec. 19(b) Patients Property Act].
- The Supreme Court of BC cancels this Agreement.

For further information, go to nidus.ca > click Information (top menu bar)

- Click on Representation Agreements – scroll down to read FAQ. Also read about RA9.
- Click on Why Plan > Health Care Consent.
  (Note: a Do Not Resuscitate/No-CPR form and the Medical Order for Scope of Treatment [MOST] form are not consent forms and should not be treated as such. Like living wills, these forms can be good for discussion but are NOT part of BC law on health care consent. Such documents might have some use on their own ONLY if made by the adult when capable of informed consent, it is an emergency situation as defined in the Health Care Consent and Care Facility Admission Act and there is no existing authority [like a representative].)
- Click on Why Plan > Personal Care/Facility Admission.

To view legislation, go to www.bclaws.gov.bc.ca