

## Case Studies – Summary of Actions

You have now completed the Housing Health Hazards course. The final module presented six cases and potential *initial approaches* that were either correct or incorrect. The table below is a summary of correct actions for each case.

<b>Case 1: <i>It is Cold in Here</i></b>	
<b>The Problem</b>	<b>Summary of Actions</b>
<p>On visiting a client in their rented apartment on a January afternoon:</p> <ul style="list-style-type: none"> <li>• the client tells you “It is cold in here”</li> <li>• The thermometer reads 15°C (59°F).</li> <li>• There is a large gap between the door to the outside and the frame and you can feel cold air blowing in.</li> </ul> <p>What should you do?</p> 	<ul style="list-style-type: none"> <li>• Discuss the minimum heat requirements of the <i>Neighbourhood Livability By-law</i> with the client to raise awareness.</li> <li>• Encourage the client to contact the landlord to fix the temperature problem. Its best if the tenant submits the repair request to their landlord in writing (this can be a text message or email). This will help if the client needs to contact the RTB to get the issue resolved.</li> <li>• If the landlord doesn’t resolve the problem, the client can call the Residential Tenancies Branch (phone: 204-945-2476 or email: <a href="mailto:rtb@gov.mb.ca">rtb@gov.mb.ca</a>) or call 311 to report a possible Neighbourhood Livability By-law breach.</li> <li>• If the client does not want to or is unable to report the issue themselves, then the CHS provider may offer to report on the client’s behalf. The client must provide informed and written consent. CHS provider must note the client’s informed consent in the file and should consult with their supervisor.</li> <li>• The CHS provider making the call on behalf of the client should continue to stay involved as the investigation continues. For example, the CHS provider should arrange to be present with the client for any on-site inspection. This continuity will ensure the client gets the assistance and support they need.</li> </ul>

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<b>Case 2: Sewage Backup</b>	
<b>The Problem</b>	<b>Summary of Actions</b>
<p>You walk into a Winnipeg basement suite for a visit with a mother and her 3-year-old child.</p> <p>There is thin layer of backed up sewage throughout the suite.</p> <p>The client contacted the landlord 3 days ago who advised that someone will deal with the issue in about 10 days from now. The client is unhappy with the landlord's response but says she has gotten used to the smell.</p> <p>She wishes to stay in the suite despite your warnings that this situation is a risk for her and her child.</p> <p>What should you do?</p> 	<ul style="list-style-type: none"> <li>• Encourage the client to contact the landlord again to request an immediate response. Its best if the tenant submits the request to their landlord in writing (this can be a text message or email). This will help if the client needs to contact the RTB to get the issue resolved.</li> <li>• If the landlord does not respond immediately, advise the client to contact the Residential Tenancies Branch by calling 204-945-2476 or emailing <a href="mailto:rtb@gov.mb.ca">rtb@gov.mb.ca</a>. The RTB will investigate complaints and mediate disputes. Because the health of the two tenants is at risk due to the delayed action of the landlord, it is a public health hazard, so they could also contact the Health Protection Unit to reach a Public Health Inspector <a href="https://www.gov.mb.ca/health/publichealth/environmental/health/protection/contact.html">https://www.gov.mb.ca/health/publichealth/environmental/health/protection/contact.html</a>.</li> <li>• If the client does not want to or is unable to report the issue themselves, then the CHS provider may offer to report on the client's behalf. The client must provide informed and written consent. CHS provider must note the client's informed consent in the file and should consult with their supervisor.</li> <li>• The CHS provider making the call on behalf of the client should continue to stay involved as the investigation continues. For example, the CHS provider should arrange to be present with the client for any on-site inspection. This continuity will ensure the client gets the assistance and support they need.</li> <li>• Although this situation may create the risk of transmission of a communicable disease for the child, you would endeavour to work with the mother, providing information regarding the risk to her and the child, and support, problem solve and advocate for the family as indicated. It is not necessary to report this family to Child and Family Services as this child is not in imminent risk of harm.</li> <li>• Follow the WRHA SAFT processes to ensure safety for health care service providers. Use the Safety Assessment Form to document the risk to a health care provider. Complete the Safe Visit Plan to document what steps workers must take to protect themselves.</li> </ul>

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<b>Case 3: Landlord not shoveling snow</b>	
<b>The Problem</b>	<b>Summary of Actions</b>
<p>You receive a phone call from a client about the landlord not removing the ice in front of the main entrance of their apartment building.</p> <p>What should you do?</p> 	<ul style="list-style-type: none"> <li>• In most cases it is best for the client to contact the landlord to shovel the snow. Advise client to put their communication with the landlord in writing, even text messages are fine.</li> <li>• If the landlord does not respond, encourage the client to call 311 or the Residential Tenancies Branch.</li> <li>• If the client does not want to or is unable to report the issue themselves, then the CHS provider may offer to report on the client's behalf. The client must provide informed and written consent. CHS provider must note the client's informed consent in the file and should consult with their supervisor.</li> <li>• The CHS provider making the call on behalf of the client should continue to stay involved as the investigation continues. For example, the CHS provider should arrange to be present with the client for any on-site inspection. This continuity will ensure the client gets the assistance and support they need.</li> <li>• Follow the WRHA SAFT processes to ensure safety for health care service providers. Use the Safety Assessment Form to document the risk to a health care provider. Complete the Safe Visit Plan to document what steps workers must take to protect themselves.</li> </ul>

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<b>Case 4: Missing Air Vent Floor Cover</b>	
<b>The Problem</b>	<b>Summary of Actions</b>
<p>On visiting a client in their home that they own, you notice that an air vent cover on the floor of the hallway is missing. The hole is easily big enough for an adult to accidentally step into and injure themselves.</p> <p>What should you do?</p> 	<ul style="list-style-type: none"><li>• This client owns their own home. Discuss the risk the missing vent cover is to them and to workers visiting their home. Find out if the client has the means to fix the problem. There may be some resources you can suggest to the client.</li><li>• Follow the WRHA's SAFT processes to ensure safety for health care service providers. Use the Safety Assessment Form to document the risk to a health care provider. Complete the Safe Visit Plan to document what steps workers must take to protect themselves.</li></ul>

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<b>Case 5: Bedbugs</b>	
<b>The Problem</b>	<b>Summary of Actions</b>
<p>During a home visit, you learn that there are bedbugs in the home.</p> <p>The client is renting the home.</p> <p>What should you do?</p> 	<ul style="list-style-type: none"><li>• Try to meet the client outside of the infested area.</li><li>• Do not move items from the room with bedbugs to other rooms to avoid transferring bedbugs.</li><li>• In most cases it is best for the client to contact the landlord. Advise client to put their communication with the landlord in writing, even text messages or email are fine.</li><li>• Bedbugs are a dual responsibility: the landlord is responsible for arranging for the pest management and the tenant is responsible for preparing house for the pest management.</li><li>• If the landlord does not respond the client can contact The Winnipeg Rental Network's Bedbug Hotline (1-855-362-2847) or the City of Winnipeg (311).</li><li>• If the client does not want to or is unable to report the issue themselves, then the CHS provider may offer to report on the client's behalf. The client must provide informed and written consent. CHS provider must note the client's informed consent in the file and should consult with their supervisor.</li><li>• The CHS provider making the call on behalf of the client should continue to stay involved as the investigation continues. For example, the CHS provider should arrange to be present with the client for any on-site inspection. This continuity will ensure the client gets the assistance and support they need.</li><li>• Advise your supervisor and Occupational and Environmental Safety and Health (OESH) of the bedbugs immediately.</li><li>• Follow the WRHA SAFT processes to ensure safety for health care service providers with regards to bed bugs. Use the Safety Assessment Form to document the risk to a health care provider.</li><li>• Refer to Protocol for <a href="#">Bed Bugs in Client's and Staff Homes</a>.</li></ul>

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<b>Case 6: Hoarding</b>	
<b>The Problem</b>	<b>Summary of Actions</b>
<p>On visiting a homeowner, you find that the house has so much clutter it is difficult to easily get into and out of the home. This could be a problem if this client were to need emergency services such as paramedics or fire rescue.</p> <p>You can see a pile of old newspapers on the stove. There are bags of garbage in the kitchen and rotting food in the refrigerator. The client informs you the toilet is not working and that they do not have hot water. When you see they are using electric heaters to stay warm the client explains that the furnace is not working.</p> <p>What should you do?</p> 	<ul style="list-style-type: none"> <li>• Talk to the client about the risk their home situation creates for them and for others.</li> <li>• Your client may also have been neglecting their own health issues and may need primary care.</li> <li>• Complex housing situation such as this one likely require many different agencies to participate. Engaging homeowners is often the hardest step. Public health inspectors or Winnipeg By-law may or may not be involved depending on the situation. Community agencies like Age &amp; Opportunity can offer programs to help older adults with clutter issues.</li> <li>• Your manager can initiate discussion with the WRHA Community Services to look how best to address this client's situation.</li> <li>• Follow the WRHA SAFT processes to ensure safety for health care service providers. Use the Safety Assessment Form to document the risk to a health care provider. Complete the Safe Visit Plan to document what steps workers must take to protect themselves.</li> </ul>

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<b>Case 7: Poor street lighting</b>	
<b>The Problem</b>	<b>Summary of Actions</b>
<p>At a late evening visit you have difficulty finding a client's home because the street is very poorly lit.</p> <p>Two street lights on either side of the house are not working. The client is the home owner.</p> <p>What should you do?</p> 	<ul style="list-style-type: none"><li>• Follow the WRHA SAFT processes to ensure safety for health care service providers with regards to the poorly lit area. Use the Safety Assessment Form to document the risk to a health care provider. Complete the Safe Visit Plan to document what steps workers must take to protect themselves.</li><li>• You can contact Manitoba Hydro (204-480-5900) to inform them that the street lights on a public street are not working. You cannot share that you are visiting the particular client without the client's consent.</li></ul>