

INFORMATION FOR THE PUBLIC.....

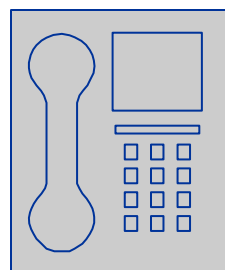
CALL VOLUMES AND OVERHEAD PAGING

Recently at the CRHA, we've noticed increases of calls requesting overhead pages for staff. Everyone understands the need for family, friends, etc to stay in touch. However, overuse of the overhead paging system has negative impacts and consequences on the operation of the Health Centre.

Our goal is to educate staff and the community with regards to necessary and unnecessary overhead paging. Most hospital staff may be reached within their respective departments, by inserting the number "8" in front of the extension number that commences with a "3". For example (Clinic 316, insert 8 for 675-8316).

Listed below are the frequently used extensions at the CRHA that are usually non-emergent calls that can be dialed directly:

- 1). Medical Clinic 675-8316
- 2). Pharmacy 675-8331
- 3). Dental Clinic 675-8302
- 4). Day Care 675-8310
- 5). Housekeeping 675-8314
- 6). Ward 675-8300
- 7). Ambulance 675-8880



Patient ID Steps



The "Two Patient Safety Identifier" policy requires patients and caregivers to confirm patient identity before administering any treatment. The following series of steps is key to keeping patients safe and making sure the right patient receives the right treatment:

- Verify that the name on the patient's ID bracelet matches the name on the medical chart or order.
- If the patient is able to communicate, ask the patient to state his or her name and one additional patient identifier, such as date of birth or address.
- Check these two identifiers with the patient's medical record and identification bracelet.



Specialists Visits

Chiropractor

Dr. Brian Lecker

August 12th—14th

Please call the Medical Clinic 675-8316 for an appointment.

Dietitian

Barbara Sanders

August—TBA

Please call Community Services 675-8322 for an appointment.

Podiatry

TBA

Please call Community Services 675-8322 for an appointment.

Optometry

TBA

Please call Community Services 675-8322 for an appointment.

Dental Clinic

Dr. Andre Vos

Please call 675-8302 or 675-2419 and leave a message.

Physiotherapy Services

By Referral Only

July 23—25, 2008

August 20-22, 2008

September 17-19, 2008

Please call the Medical Clinic at 675-8316 for an appointment

Churchill Regional Health Authority

UPDATE

WELCOME TO THE JULY 2008 ISSUE OF THE UPDATE!

As always, we welcome all kinds of submissions including health related articles, information, announcements, cool pictures and stories.



From the CEO's Desk

The staff of the CRHA sends its warmest congratulations to the grads of 2008.

It's time, once again, to Update you on all the activity at CRHA.

The month of May began with our Strategic Planning day. Holding this exercise annually provides us with the opportunity to review our goals with community stakeholders to ensure we are still on course and that the community is in agreement with the direction we have set. Our thanks go out to all who took the time to assist us through their participation. We are now working on individual department and program objectives to achieve the Strategic Plan goals.

Strategic Planning was followed by our annual financial audit and the Accreditation Survey. Both went well. The Survey Team came from across Canada, literally from Vancouver to Halifax. All the team members were impressed with our facility and the diversity and quality of the programs. In the preliminary report received two weeks ago, the RHA was 93% compliant overall with the standards. We have some work to do in some areas over the next six months and are already planning to get that done. The entire RHA staff deserves a huge pat on the back for the tremendous amount of work that was accomplished to achieve this.

In the midst of all this, work proceeded on the Annual Health Plan submission which went in on time at the beginning of June.

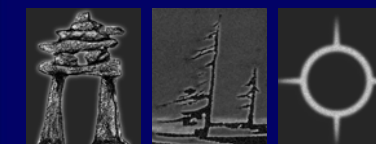
I know we are all looking forward to the warm days of summer and enjoying all the things there are to appreciate in our special place on the planet. Please remember to enjoy your recreation safely. Wear your helmets when you ride your ATVs. We do not need any more head injuries in the Emergency Department.

As always my door is open. You are welcome to drop in.

Derry Martens



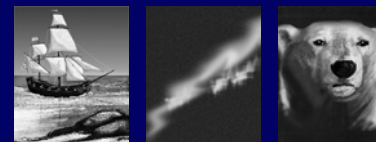
JULY 2008



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Publication Schedule

Future issues of the UPDATE will be published in:

SEPTEMBER 2008

NOVEMBER 2008

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In This Issue

Front Page.....	1
Welcome New Employees.....	2
Employee Recognition.....	2
Green Team.....	3
Tips for Parents.....	4
Various CRHA Events.....	5
Update Features.....	6
Children's Centre.....	7
PCH Calendar.....	8
Pharmacy News.....	9
Dietitian News.....	10
ATV Safety.....	10
24 hr Help Lines.....	11
The Living Will.....	11
Whistleblower Act.....	12
Dental.....	13
Colon Cancer.....	14
Nursing Ward News.....	15
Public Information.....	16

CRHA Vision

To develop the Churchill RHA Inc. as a recognized Centre of Excellence for our model of Northern and Aboriginal Health Care.

CRHA Mission

Working Together for the Better Health of Everyone We Serve.

Editorial Policy:

It is the policy of UPDATE to invite the participation of all readers by your submissions of articles etc. however we reserve the right and the responsibility to exclude or edit prior to publication. Tasteful articles excluded will be reconsidered for later editions and the editing will be for reasons of clarity and/or size, but not to change the content. Where articles are taken from other publications, we may require written permission to use them.

Welcome New Employees



Heidi Giesbrecht, RN
Tara Flett, Housekeeping
Kimberly Kowalchuk, LPN
Lindsay Vandermeer, Childcare Assistant
Amanda Barrett, Clerk Typist
Dolores Spence, Housekeeping
Shannon Anderson, Childcare Assistant
Alison Webster, RN

Current Employment Opportunities

If you are interested in employment at the CRHA, please see the Human Resources bulletin board located outside of the Finance Office or visit:

Mr. Ron Sweeney
Director of Human Resources
Phone: 204-675-8307
Fax: 204-675-2243
humanresources@churchillrha.mb.ca
Website: www.churchillrha.mb.ca

Employee Recognition

Not only does the CRHA acknowledge long-time service employees and new employees, we also recognize all employees by department, **all year long**. Employees receive a certificate and a meal in the cafeteria, compliments of the CRHA during their departmental recognition week. The following departments will be recognized over the next few months.

JULY
Materials Management & CSR 1-5
Maintenance 14th - 18th
IT 21-25

AUGUST
Medical Clinic 4-8
Finance 18-22
Northern Patient Transport 18-22



From the desk of the NURSING WARD

Did you know?

Asthma is present in over 6 % of the population. Children and teens are at slightly greater risk – with about 9-10% of the population having this condition.

1. What is Asthma?

Asthma is a chronic, longterm disease that makes it hard to breathe. Asthma can't be cured but it can be managed. With proper treatment, people with asthma can lead normal, active lives.

2. What are the Signs and Symptoms of Asthma:

Wheezing, chest tightness, coughing, feeling short of breath

3. What are the Signs and Symptoms of an Asthma Emergency:

Struggling for breath, hard to speak, nostrils flaring, pale skin, sweating, or being tired or lethargic.

4. What to do in an asthma attack:

Stop any activity, Take your blue rescue inhaler, Sit up, if the medicine is not working call EMS, if symptoms are not getting better, keep taking your blue rescue inhaler until the ambulance arrives.

5. How to manage your asthma:

- Work with your doctor to get your asthma under control
- make an asthma action plan and follow it
- Avoid your asthma triggers: smoke, cold air, exercise, pollution, hot air, scents, emotional upsets, and anxiety
- Avoid asthma inducers: allergies, cold, flu, pneumonia
- take your asthma medication as prescribed.

If you can prevent viral infections (like colds or the flu), you will have fewer asthma symptoms. Here are some ways to prevent viral infections:

Wash your hands properly and follow other germ fighting tips
Get the flu shot
Get the pneumonia shot

6. If your child has asthma:

Find out what your child's asthma triggers and inducers are and avoid them
Make sure your child gets and follows good asthma treatment
Learn how to use your child's asthma medicines and devices (inhalers and spacers) properly
Keep the blue rescue medicine (blue puffer) with your child at all times

Inform family, caregivers and school about your child's asthma

7. More information is available at this website:

http://www.lung.ca/diseases-maladies/asthma-asthme_e.php



The Hard Facts about Colon Cancer—and a simple home test that could save your life

Quick, raise your hand if you've been tested for colon cancer recently. Is your hand up? Probably not.

That's the problem. Among cancers, Colorectal Cancer or CRC (which combines cancer of the colon or rectum) is one of the top killers in Manitoba. It claimed over 300 lives in 2007. Yet few of us get tested for CRC—until it's too late.

Why? It's embarrassing.

The whole idea of cancer of the colon or rectum—and especially getting tested for it—makes most of us feel very, well, squeamish. We immediately (and wrongly) think of someone "poking around back there."

We say "wrongly" because there is a simple test that many people aren't aware of called a FOBT (more on that later). You do it yourself in the privacy of your own home. Yet some avoid even that. Maybe they don't think I can help. Maybe they don't realize how important it is. As one physician put it, "We order these tests, but not every patient does them." And that's the tragedy, because most colorectal cancers are curable if found early. It is so important, that CancerCare Manitoba, with support from Manitoba Health, created the Manitoba Colorectal Cancer Screening Program (MCRCSPP). We want you to know the risks and get tested.

Who is at risk?

CRC often start out as *polyps*—non-cancerous growths. If not removed they may develop into cancer. So find them early is important. These growths sometimes (but not always) bleed into the colon. It is this blood that the FOBT is designed to detect.

Now some of you are thinking, I feel fine, so there's no need for me to get tested—right? Wrong. There's usually no symptoms in the early stages of CRC. Some are more at risk than others. Over 93% of people diagnosed with CRC are aged 50 or older. But, there are other risk factors, including:

- ★ A history of CRC in your immediate family
- ★ Being overweight and rarely exercising
- ★ A diet high in red meat and low in fiber
- ★ Having inflammatory bowel disease

And even without these risk factors, you can still get colon cancer. One in every fifteen Manitobans is diagnosed with CRC; there are close to 800 cases every year. That's why we are encouraging adults, especially those 50 or older, to get tested.

Getting Tested

Okay, so what's this FOBT? It's short for *Fecal Occult (hidden) Blood Test*. It's a fairly simple way to see if, medically speaking, there is blood in your stools. Basically, it's a kit: three sticks and a card with three sections, two flaps per section. After a bowel movement, use one of the sticks, take two scrapings for the *stool*, and place them under the two flaps of the first section. The next two bowel movements, repeat the process: six samples from three days. Sure, it's a little *icky*, but consider the upside—you may save your life.

You can get a FOBT by talking to your doctor or nurse, or by calling Manitoba Colorectal Cancer Screening Program (MCRCSPP) toll free at 1-866-744-8961. Once completed, your FOBT will be analyzed by a lab or clinic.

If your FOBT is positive (meaning blood is found) that doesn't mean you have CRC. But you will be referred for a follow-up test called a *colonoscopy*. It's a procedure where a thin, flexible tube allows a specialist to see inside your colon. If polyps are found, they are usually removed. Samples are sent to a lab to check for cancer.

Remember, the FOBT only looks for hidden blood. If you've already noticed blood during bowel movements or any other symptoms of CRC, such as prolonged change in bowel habits, call your doctor or nurse practitioner. To learn more about colorectal cancer and screening, contact or visit the CRC website. Close to 800 Manitobans get colorectal cancer each year. And that number is rising. Ask today for an FOBT kit and take the test. It won't kill you. Not getting tested just might.

Information provided by
The Manitoba Colorectal Cancer Screening Program
788-8635 in Winnipeg, or toll free: 1-866-744-8961
Email: crc.screening@cancerca.mb.ca
Website: www.cancerca.mb.ca/CCSP



GO GREEN

THINK GREEN - GO GREEN - STAY GREEN



GO GREEN

Environmentally Friendly Office Practices

How can we reduce our environmental impact on the planet at the office?

General Office Practices for All Employees

Edit documents on screen rather than printing unnecessary draft copies.

Produce double-sided documents, thereby cutting paper consumption by up to 50%.

Reduce fax-related paper waste at both ends by using a fax cover sheet that is: (a laminated sheet, with a dry ink pen that can be easily erased) and design it with a space to list multiple recipients and a space for short messages is usually all that is required.

Print on a paper previously used on one side.

Follow letter & memo formats that minimize unused space on the page (for example, narrow margins).

Add a tag to your outgoing emails (auto signature) that states for example "With respect to the environment, please print as needed."

Use only 100% recycled paper products in the office.

Reducing energy consumption will also help the environment

Turn off lights when not needed and make sure to turn off at the end of the day.

Turn off computer equipment (even just the monitor & speakers) when leaving your work station for more than an hour, such as on your lunch.

Check that all computers/monitors are set to their most energy efficient settings.

Monitors can be set to shut off after 15 minutes of no use.

Another way to reduce the environmental impact of heating is by lowering the temperature a few degrees during the day and turning it down several degrees overnight.

A lot of things seem minor, but if everyone does just a bit it can have a big impact on our environment.

New Bike Stand

The Churchill RHA has purchased a bike stand to encourage staff and visitors to ride their bikes and reduce the need to drive their vehicles. The stand will hold up to nine bikes.

THE BENEFITS OF BIKE RIDING

- ★ Is a good cardiovascular exercise - increases your heart rate and boost your energy level
 - ★ Bicycling is better to your joints. Less strain on joints compared to jogging, running or aerobics
 - ★ Increases balance - maintains balance, strengthens the core muscles of your abdomen region
 - ★ Releases the stress of daily work
 - ★ Weight loss - helps weight loss by burning calories
 - ★ Safe on the environment
- REMEMBER:** When riding your bike, think safety, use your hand signals and wear a helmet.

Reduce Your Waste
Choose reusable bags



Take Ticks, Winnipeg! in partnership with Green Manitoba
For more information on how to reduce your waste visit Green Manitoba's website at: www.greenmanitoba.ca

Which country is the Greenest?

- A) FINLAND
- B) GERMANY
- C) JAPAN
- D) SPAIN

Answer: A

CRHA GREEN TEAM CONTEST - BEST 'GREEN' INITIATIVE IDEA

WINNERS

Congratulations to the following winners:

1st - Gift Basket valued at \$150 - Rhonda Manezuk
(collection of aluminum cans & ship out. Money can be used for CRHA donations & initiatives)

2nd - Gift Basket valued at \$100- HIS Staff
(use bio degradable plastic cutlery)

Congratulations to the Winners and thank you to everyone for all the great ideas!



EVERYDAY ESSENTIALS: TOP TEN TIPS FOR PARENTS AND CARE PROVIDERS

Basic parenting principles that can make your day a little easier

1 - Be a good role model

Children do as you do. You can model respect (and self-respect), politeness, honesty, good choices, compassion, healthy expression of emotions, non-sexist points of view, or any behaviour or attitude you want to see in them.

2 - Be clear on what you want them to do

Life with young children can be an endless string of "no" and "don't" and "stop that". It is important to teach children what not to do, but also show which behaviours are valued. Instead of: "Don't hit the kitty!" Try: "Pat the kitty nicely" In other words, when you ask for one behaviour to stop, say which behaviour should replace it. This doesn't work in every situation. For example, "Don't play with matches: is still good advice.

3 - Praise good behaviour

Misbehaviour sometimes gets more of our attention than good behaviour. Praising good behaviour encourages more good behaviour. "Good job putting your toys away!" Parenting experts say to use 5 "praise statements" for every 1 time you correct misbehaviour.

4 - Focus on the behaviour

You love your children but you don't always love their behaviour. When you praise them (or correct misbehaviour) focus on the behaviour rather than the qualities of the child. When there has been violence in the family, don't assume boys will grow up to be abusers and girls will be victims. If you catch yourself wanting to say "you are just like your father!" **STOP.**

5 - Give the reason behind the request

Knowing the reason, they may comply quicker, or maybe not. But over time they learn that behaviour has effects and consequences. They also learn to see the view points of other people.

6 - Keep emotion out of discipline..

All mothers get tired, frustrated, and irritable sometimes. When children misbehave at the same time, that can be a bad combination. Before you react, count to three, take a deep breath, and think out your next words. Discipline should be a well thought out strategy to teach children, not an emotional reaction.

7 - Give chances to choose, but not wide-open choice

Going to bed is a given. There is no choice so don't give a choice. Getting a child to bed may be easier when they know it is not negotiable and is a predictable part of the day. Giving a choice between two options (red or blue pajamas) may distract them from the impulse to resist.

8 - Expect what is reasonable

Take a young child shopping during nap time and expect he will be cranky. Expecting a teenager to obey an 8 p.m. curfew may not be realistic. Set your expectations at a level consistent with age.

9 - Keep adult matters among adults

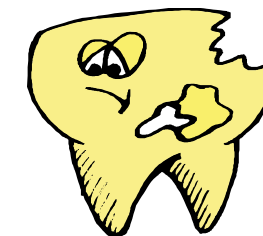
Children too young to understand adult issues can be upset to hear about them. Keep a clear line between what you tell children and what you might tell a family member or friend. Likewise, it is not fair to expect a child to be your friend or someone to confide in. They need you to be in charge.

10 - Make the time to spend some time playing or talking

Children may act out to get your attention: if misbehaviour is the only way to get your attention, expect the misbehaviour to continue. Life is busy with many demands, so you need to make time to play, talk or just hang out. If you have more than one child, try to find some one-on-one time with each.



Tooth 911



Knowing how to handle a dental emergency can make a lifelong difference between saving or losing a tooth!

Minor falls, scrapes, bumps and bruises are all part of life. Often these accidents involve baby and adult teeth. Dental injuries can occur at any age – as early as when your baby first starts to crawl! Teeth are most likely to be knocked out during falls, car or bicycle accidents and while playing sports.

How to help PREVENT TOOTH INJURY...

For toddlers, childproof your home with safety devices like corner protectors, socket covers, and cupboard locks. Don't use walkers or let young children walk around with things in their mouth like a sucker, a toothbrush, or cutlery. Use weight-appropriate, safety-approved car seats for infants, toddlers, and young children. Buckle up – use your seat belt!

At school, teach children that water fountains are a prime place for accidents to the mouth – they are for drinking, not horsing around. Wear a custom-made mouthguard for contact sports; for team play or when just playing for fun. For hockey, partner your mouthguard with an approved helmet and cage – together all of these will help to prevent tooth injury, cuts to lips/tongue/cheeks, and concussion. Don't use your teeth for jobs like opening bottles/bags, cutting thread, or holding things like needles.

What to do for a KNOCKED OUT TOOTH...

If a baby tooth is knocked out, do not try to put it back in. This can damage the adult tooth growing underneath. Apply pressure to control bleeding. Try to find the tooth and go see your dentist. If you can't find the tooth, an X-ray may be needed. If an adult tooth is knocked out and is still in one piece, replacement within 20-30 minutes will give it a better chance of permanently reattaching.

- Apply pressure to control bleeding.
- If the tooth is dirty, hold it by the top or crown of the tooth, not the root, and rinse it gently with water. Do not try to scrub the tooth or remove any tissue pieces.
- If you are able, gently put the tooth back in the hole, checking to be sure it is facing the right way.
- Holding it in position, go immediately to a dentist. Dental treatment often involves splinting the tooth in place so it will not move easily and can become reattached.
- If the person is unconscious, wait for the dentist to insert the tooth to avoid choking.
- If you are not able to put the tooth in, do not clean it or wrap it in anything. It must be kept wet by putting it in a cup of cold milk. If you don't have milk and the person is conscious, keep it wet with saliva by placing the tooth under his/her tongue. Never store the tooth in water as this can prevent reattachment.
- Attention coaches: Stock "Hank's Balanced Salt Solution" in your emergency kit as it is the best tooth storage solution.

What to do for a BROKEN TOOTH...

The top front teeth are the most commonly affected. The seriousness of the injury will depend on how much of the tooth has broken off. If the nerve of the tooth is exposed, this can be painful and may require root canal therapy. Even if you are not in pain, see the dentist as soon as possible.

What to do for a BUMPED or MOVED TOOTH...

As a result of an accident, a tooth may become loose and the gums may bleed. See your dentist as soon as possible as the tooth may need to be splinted. The good news is, these teeth often tighten up and are just fine within 1-2 weeks. The bad news is, some of these teeth can become darkened and may require root canal therapy if the nerve is injured. Be alert for any signs of infection, like an abscess on the gum near the tooth.

Note: If there is no dentist available, go to Emergency or see another available health professional.

Churchill Dental Clinic
675-8302



Public Interest Disclosure Act – Bill 34 (Whistleblower Protection)

Why was this Act Developed:

This act was developed to facilitate disclosure and investigation of significant and serious matters in or relating to the public service, that are potentially unlawful, dangerous to the public or injurious to the public interest; and, to protect persons who make those disclosures. It does not affect protection offered by existing statutes (e.g. The Child and Family Services Act, The Workplace Safety and Health Act).

What does the Act provide:

- ◆ Protection for employees and officers in departments, offices and government bodies.
- ◆ Government bodies include Regional Health Authorities, Child and Family Services Authorities
- ◆ Confidential disclosure by employees to supervisor, designated officer (Bobbi Sigurdson) or Ombudsman
- ◆ Employees may file a complaint with the Labour Board regarding reprisals.
- ◆ Bill establishes protection for contractors and private sector employees who provide information to the Ombudsman
- ◆ Information regarding disclosures to be reported annually

What is considered an offence under the Act:

- ◆ Act or omission that is an offence under an Act or Regulation
- ◆ Act or omission that creates substantial and specific danger to life, health or safety of persons or the environment
- ◆ Gross mismanagement, including of public funds or a public asset
- ◆ Knowingly directing or counseling a person to commit any of the above

How do you make a disclosure:

- ◆ Employees may request advice from designated officer (Bobbi Sigurdson) or the Ombudsman
- ◆ Disclosures (supervisor, designated officer or Ombudsman) must be in writing and include specific information if known
- ◆ Public disclosure if situation is urgent and constitutes imminent risk; following disclosure to law enforcement agency or chief medical officer; disclosure to supervisor or designated officer to follow immediately

How will you be protected if you make a disclosure:

- ◆ There can be no reprisals for employees – seeking advice, making disclosures, or cooperating.
- ◆ There can be no reprisals for private sector employees providing information to the Ombudsman
- ◆ There is protection for persons contracting with the government, offices and government bodies who provide information to the Ombudsman
- ◆ A designated officer or Ombudsman may arrange for legal advice; and protection from liability

*For more information call
Ombudsman Winnipeg Office -1 800 253 8231
Bobbi Sigurdson Churchill RHA - 204 675-8305*

Various Churchill RHA Events!

Accreditation 2008 Surveyors



On May 25th to May 29th, the Churchill RHA was accredited by five surveyors from Accreditation Canada. Visiting our facility were (from left-right) Charmaine Jones, Georgiana Beal, Barbara McGill, Barbara Hall, and Peter Quick.

Farewell Tea!

A farewell tea was held to say good-bye to Amy Munro, RN. After 8 years of service Amy, her husband Locki and their two beautiful little girls are returning to Nova Scotia. They will be missed!



Farewell

Ryan Schenk, EMS Supervisor tried to do a quick exit on his last day of work at the Churchill RHA, but wasn't able to escape from some of the staff members that were itching to cream him...and they did. You're a good sport Ryan, Good Luck !



Volunteer Tea Recognition 2008

The Churchill RHA held a Volunteer Tea to honour volunteers. Many hours are dedicated throughout the year by these very special people in a variety of ways. On June 6th, the Churchill RHA showed their gratitude by honouring them with a tea and a small gift of appreciation. Thank you to Mary Whitmore, Edna McGillivray, Reverend Hannah Bazlik, Diane Erickson, Father Albert Laisnez, Reverend David Caskey & Mrs. Caskey, Lorraine Branson, Diane Howell, Lenore Johnson and Jeff Asmundson.

Thank You Volunteers!



UPDATE FEATURES

Getting to Know You.....

I asked the Staff at the Churchill Regional Health Authority
What are your summer plans?
 Here's what they said.....



Dave Merry - Will be visiting his daughter Jannah in Ottawa and will be at Parliament Hill on July 1st celebrating Canada Day.



Annabelle Anderson—Is staying in Churchill, going for walks on the beach, having picnics and bonfires and catching up with family & friends.



Elizabeth Marusic—Enjoying the Churchill summer, puttering around the house and watching her flowers grow.



Mrs. Michele Petit—Is driving to BC. Stopping at the Kootneys, Okanogan and visiting friends on the main land.



Derry Martens—Has no summer plans and will be staying in Churchill and enjoying the summer here.



Lisa Whitmore—Will be hanging out at Goose Creek, fishing, helping her dad clean up around the cabin. Just relaxing and enjoying Churchill.

Where Am I?



The CRHA UPDATE is asking our readers "Where Am I?" If you can identify where the picture on the left was taken, send your answer to:

Email: vbrew@churchillrha.mb.ca

or

Phone: 204-675-8374

Be as specific as you can. The first person to contact us with the correct answer will have their name published in the September 2008 issue.

Do you have a unique photo that you would like featured in "Where Am I?"
 Email your digital picture to vbrew@churchillrha.mb.ca



Congratulations to Ashley Park who was the first to call in on the "Where Am I" May 2008 photo.
Photo taken at the Cubs/Scout Camp at Camp Nanuk

Manitoba Health (Suicide/Crisis)	Sexual Assault/Past Abuse Issues	Domestic Violence	Adolescents/Teens Crisis/Help
Manitoba Farm & Rural Stress 1-866-367-3276	Klinik Sexual Assault Line 1-888-292-7565	Thompson Crisis Line 24 hours 1-877-977-0007	Kids Help Phone 1-800-668-6868
Manitoba Suicide Prevention Line 1-877-435-7170		R.C.M.P. 204-675-8821	Teen Touch 1-800-563-8336
Canadian Mental Health Association, Thompson 1-866-677-6057			Youth Emergency Crisis Stabilization Services 204-949-4777
Mental Health Education Resource Centre 1-866-977-9918			Parent Help Phone 1-888-603-9100
Klinik Crisis Line 1-888-322-3019			Resource Assistance for Youth 1-800-668-4663
Workers Compensation Stress 1-800-362-3344			Youth Addictions Centralized Intake 1-877-710-3999
Ikwe Crisis Line—on stress 1-800-362-3344			
First nation Healing Centre 1-800-692-6270			

Health Care Directive also known as "The Living Will"
What is the purpose of a Health Care Directive?
 As a Manitoba citizen you have the right to accept or refuse medical treatment at any time.

The Health Care Directives Act allows you to express your wishes about the amount and type of health care and treatment you want to receive should you become unable to speak or otherwise communicate this yourself. It also allows you to give another person the power to make medical decisions for you should you ever be unable to make them yourself.

Why should I fill out a form? Due to accident or illness, you may become unable to say or show what treatment you would like, and under what conditions. If you have signed a directive, those close to you and the health care professionals treating you are relieved of the burden of guessing what your wishes might be.

How do I make a Health Care Directive? The Manitoba government has prepared a form for your convenience. The form serves as a guide for providing the appropriate information. However, any paper that is signed, dated and provides the same information may be used. A directive may be made by anyone capable of making a health care decision and understanding the consequences of that decision.

Who do I talk to about these decisions? It is strongly recommended you talk to your doctor before completing the directive. This will ensure your instructions are clear and easily understood by those who provide treatment. Your choices should then be clearly typed or printed.

What is a proxy? A proxy is someone you choose and name in your directive to act for you in the event you are not able to make such judgments and speak on your own behalf. Because it is not possible to anticipate every set of circumstances, your proxy has the power to make health care decisions for you based on what you have told your proxy about your wishes and the information in your directive.

Who do I choose as my proxy? The choices you make in a directive are very personal. The person (s) you choose to represent you should be close friends or relatives who are willing to accept this responsibility. You should discuss your wishes openly and in detail with them. It is wise to name more than one proxy in case one is not available when needed. If you designate two proxies, you must decide how you want them to work, either independently or together as a team. If you decide the two proxies should act jointly, they will act together on your behalf. If you decide they should work consecutively, the second proxy will be contacted if the first is not available or is unwilling to make the required decision at the required time. It is important to make sure that your proxy (or proxies) understand (s) what is expected and is willing to speak and act for you.

Can I change my mind about my directive? A Health Care Directive should be a record of your current wishes. If at any time you wish to change the content or the proxies you have listed, all copies of your old directive should be destroyed and a new directive written.

What is the effect of a Health Care Directive? The wishes you express in your directive are binding on your friends, relatives and health care professionals (unless they are not consistent with accepted health care practices) and will be honoured by the courts. However, health care professionals treating you are not obliged to search for or ask about a signed directive. It is important to be sure that family, friends, your doctor and your proxy know you have a directive and know where it can be found.

For more information, please contact our Community Services Department at 675-8322

Dietitian News.... with Barbara Sanders, RD

Summer has arrived and it's time to fire up the barbecue. Every year many people become sick due to improper cooking or handling of foods. Often they blame it on the flu when it is more likely to be caused by food poisoning. Here are some safety tips to help reduce your risk of food borne illness.

Getting ready for the sizzle

At the grocery store, pack raw meat separately from other food products in your cart and grocery bags. Wash your hands with hot, soapy water for at least 20 seconds before and after handling any raw food – especially meat, poultry and seafood. Use hot, soapy water to clean all surfaces (refrigerators, counters, dishes, utensils, thermometers, etc.) that come in contact with raw meat. Make burgers thin so that they cook all the way through. Keep raw foods separate from cooked foods to avoid cross-contamination. Wash all plates, utensils and cutting boards that touched or held raw meat or poultry before using them again for cooked foods. If possible, use one cutting board only for meats and another one only for ready-to-eat foods such as lettuce, tomatoes, cheese, etc. Pre-heat the barbecue to the proper temperature before starting to cook.



Are your burgers ready yet?

Your burgers are done at 71° C (160° F).
Cooking temperatures for other meats are:



Pork, veal, lamb	71° C	160° F
Whole chicken/turkey	85° C	185° F
Chicken/turkey pieces	77° C	170° F
Ground poultry	80° C	175° F
Beef steaks/roasts	63° C	145° F

Color is not a reliable indicator that a burger is safe to eat – burgers can turn brown before all the disease-causing bacteria are killed. Probe-type food thermometers with digital read-outs work best for determining if your burger is done. Oven-safe meat thermometers designed for testing whole roasts during cooking are not suitable for measuring the temperature of burgers, chicken pieces and steaks. Make sure all patties are ready. Take the temperature in several of the thickest patties. Remove the patty from the grill and insert the thermometer at least an inch through the side as close to the middle as possible. Continue cooking your burgers if the reading is less than 71° C. Remember to wash the thermometer in between temperature checks. Use clean utensils and plates when removing cooked meats from the barbecue.

If there are leftovers

Cover and refrigerate leftovers promptly.
Do not leave foods in the danger zone (between 4° C and 60° C) for more than 2 hours.
Cold foods should be kept cold at 4° C (40° F) or lower.
Hot foods should be kept hot at 60° C (140° F) or higher

Most Injuries are Predictable and Preventable - ATV Safety



Many injuries are predictable and can be prevented by following these clear and simple safety messages:

Look First

- Ride in designated areas only and be respectful of the environment and landowners.
- Be courteous to other trail users and yield appropriately.
- Take extra care on rough terrain. Be aware of rollover hazards.
- Be cautious at all railway crossings.

Wear the Gear

- Always wear an approved government helmet, eye protection (goggles or face shield) and protective clothing (boots, gloves, pants, long-sleeves)
- Follow the manufacturer's recommendations for passengers. They can affect stability and control of the ATV.

Get Trained

- Take an approved ATV training course.
- Be familiar with [MB Legislation and Regulations](#).
- Keep your ATV well maintained and conduct pre-ride inspections to check oil and gas levels, brakes, lights and winch.
- Drive responsibly and follow the area bylaws and speed limits.

Drive Sober

- Alcohol, drugs, medications, fatigue and distractions can all impair your judgment, coordination, and reaction time. Be fully attentive to the demands of ATV driving.

Children's Centre News

The Children's Centre has been very busy in the last couple of months! We have had some new staff members join us since the last Update and would like to welcome Shannon Anderson, Lindsay Vandermeer and welcome back Jemima Spence. All of their unique talents are a welcome addition to our already wonderful staff.

We can't decide who is more excited that the ice and snow are melting away, the children or the staff! We are planning to be outdoors a lot more soaking up the sunshine. We are using the old school playground when we are outside, and any help cleaning up the trash around the playground would be greatly appreciated.

We would like to extend a HUGE thank you to Liza Spence, Melanie Stangeland and Shea Lagimodiere for their generous donation of toys and books. The children are enjoying them and teachers appreciate them.

Also keep an eye out for us, as we'll be popping up all over town in the coming months! Don't forget to watch the Bay dip as some of the staff will be participating.

The Busy Bees of the Children's Centre.



Counting Fingers

Fingers, fingers
Come and play
I am going to count in Anishinabe.
Bezhih, Niizh, Niswi, Niiwin, Naanan.

Fingers, fingers,
Come and see,
I am going to count in Cree.
Peyak, Niso, Nisto, Neyo, Niyaanan.

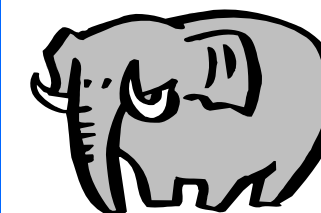
Fingers, fingers
We're almost done.
Counting to you in English now.
One, Two, Three, Four, Five.

SHE FELL INTO THE BATHTUB

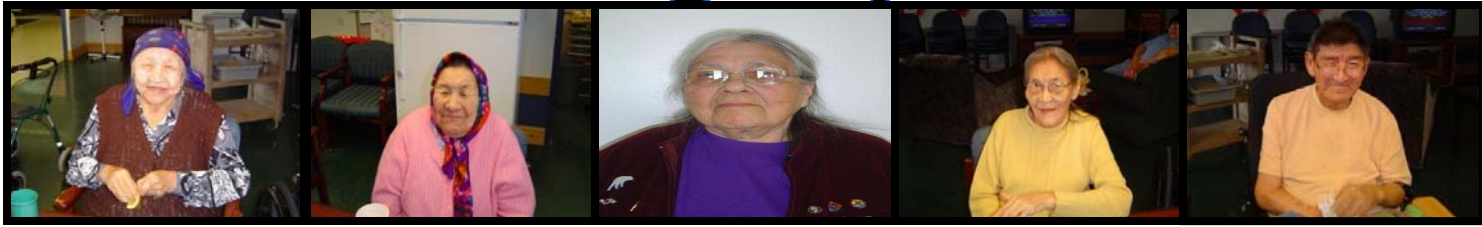
She fell into the bathtub
She fell into the sink
Lean child to one side and then the other
She fell into the raspberry Jam
Let her fall between your knees
And came out pink!
Lift her up again
We put her in the backyard
And left her in the rain
Make rain with your fingers
By half past supertime
Rock side to side
It washed her clean again!
Wide open arms and a hug.

An Elephant

An elephant goes like this and that
He's terrible big and he's terrible fat
He's got no fingers and he's got no toes
But goodness, gracious, What a Nose!



---Dancing Sky PCH---



JULY 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7 Sharing Circle	8 Baking	9 Bingo	10 Walk	11 Shopping	12
12	13 Sharing Circle	14 Effie Lavallee B-Day	15 Bingo	16 Craft	17 Shopping	18
19	20 Sharing Circle	21 Baking	22 Bingo	23 Walk	24 Shopping	25
26	27 Sharing Circle	28 Baking	29 Bingo	30 Craft	31 Shopping	

"Indian" Taco Sale

On Friday June 13th, 2008 our Long Term Care Residents held an "Indian" Taco Sale. They made a profit of \$213. It was delicious and Thank you to everyone who attended!



CRHA Pharmacy Team: Medications Return Program

The Medication Return program allows for the return of no-longer used or expired pre-prescription medications, non-prescription medication, herbal products, mineral supplements, vitamin supplements, and throat lozenges. It's time to spring clean your medicine chest.

Although there is no financial incentive for returning these medicines the practice is environmentally responsible, and a safeguard against mistakenly taking medications that should no longer be used. Proper disposal of medicine, whether they are prescription or over-the-counter medications is very important. Never throw away unused medicines in the trash, even if it is in a "child-proof" container. Children or pets may find them and can get sick. Medicines should not be flushed down the toilet or thrown down the sink.

You can now return these outdated, unused or left over medicines to the Churchill Pharmacy.

Why not just flush them? Flushing has many potential harmful effects on the environment. Flushing takes the drugs to our local sewage system and most water treatment plants are not designed to deal with medication disposal.

Why not throw them in the trash? Trash will eventually make it to a landfill site where medications have the potential to leach out, effecting our environment.

Why not keep them around, you might be able to use them later? Keeping expired or discontinued medication that you did not use all of, (such as changed Blood Pressure medication, cold medication, antibiotics etc) has the potential to cause many ill effects. They could be accidentally taken by someone else or by you.

PHARMACY OPERATION INFORMATION

By Section 51 of the Manitoba Pharmaceutical Act, it states "The holder of a pharmacy licence shall ensure that a licensed pharmacist is present in the pharmacy at all times that the practice of pharmacy is being engaged in."

According to Dexter Boyd, Assistant Registrar of the Manitoba Pharmaceutical Association, a further interpretation is permissible, by which as long as the Pharmacist is "on the job and supervising the pharmacy", even if the Pharmacist is briefly away from the pharmacy but still in the building, then it is allowable to leave the Pharmacy doors open, as the pharmacy staff have been trained to know what they can and cannot do in these circumstances.

Therefore, for example, the pharmacy is not allowed to be open during the staff lunch hour. However, if the pharmacist walks down the hall to deliver a letter to the mail room and then returns, then he can leave the pharmacy doors open, with the pharmacy staff fully knowledgeable concerning their limitations of activity during this brief absence.

