

CILT's Volunteer Vibes

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Welcome New Volunteers

Please welcome Maria Sue, Gillian Sumi and Suzanne Curran to CILT. Suzanne volunteered at CILT a few years, and is offering us her support once again. We are very glad to have her with us.

Maria Sue has been involved with CILT for many years, particularly the PDN. We are very happy to have Maria helping us out for a while.

Gillian is newest to our team. She has taken Women's Studies at York University, and has her General Arts and Science Diploma from Seneca College. Gillian will be helping out with clerical tasks once a week.

Volunteering helps improve health: Study

©*Volunteerism Worldwide: [www. Worldvolunteerweb.org](http://www.Worldvolunteerweb.org); May 7, 2007*

Volunteers help themselves to better health while helping others, according to a study released today by the [Corporation for National and Community Service](#) that reviews a compelling collection of recent scientific research.

The [Health Benefits of Volunteering](#): A Review of Recent Research has found a significant connection between volunteering and good health. The report shows that volunteers have greater longevity, higher functional ability, lower rates of depression and less incidence of heart disease.

"Volunteering makes the heart grow stronger," said David Eisner, CEO of the Corporation. "More than 61 million Americans volunteer to improve conditions for people in need and to unselfishly give of themselves. While the motivation is altruistic, it is gratifying to learn that their efforts are returning considerable health benefits."

The Health Benefits of Volunteering documents major findings from more than 30 rigorous and longitudinal studies that reviewed the relationship between health and volunteering, with particular emphasis on studies that seek to determine the

causal connection between the two factors. The studies, which were controlled for other factors, found that volunteering leads to improved physical and mental health."I commend the Corporation for National and Community Service for its timely focus on health and volunteerism. These findings complement the Administration on Aging's ongoing efforts to harness the power of prevention and wellness for all older Americans. Volunteerism is an important tool in our strategy to promote health and prevent disease," said Josefina G. Carbonell, Assistant Secretary for Aging at the U.S. Department of Health and Human Services. Research suggests that volunteering is particularly beneficial to the health of older adults and those serving 100 hours annually. According to the report:

- A study of adults age 65 and older found that the positive effect of volunteering on physical and mental health is due to the personal sense of accomplishment an individual gains from his or her volunteer activities.
- Another study found that volunteering led to lower rates of depression in individuals 65 and older.
- A Duke study found that individuals who volunteered after experiencing heart attacks reported reductions in despair and depression
- Two factors that have been linked to mortality in post-coronary artery disease patients.
- An analysis of longitudinal data found that individuals over 70 who volunteered approximately 100 hours had less of a decline in self-reported health and functioning levels, experienced lower levels of depression, and had more longevity.
- Two studies found that volunteering threshold is about 100 hours per year, or about two hours a week. Individuals who reached the threshold enjoyed significant health benefits, although there were not additional benefits beyond the 100-hour mark.

"This is good news for people who volunteer," said Robert Grimm, Director of the Corporation's Office of Research and Policy Development and Senior Counselor to the CEO. "This research is particularly relevant to Baby Boomers, who are receiving as well as giving when they help others. Just two hours of volunteering a week can bring meaningful benefits to a person's body and mind."

Last month, [the Corporation released Volunteering in America: 2007 State Trends and Rankings in Civic Life](#), a report that includes numerous measures on volunteering and civic engagement. The Health Benefits of Volunteering report builds on that by showing states with higher volunteer rates also have better health and that there is a significant statistical relationship between states with higher volunteer rates and lower incidents of mortality and heart disease.

"There is now a convergence of research leading to the conclusion that helping others makes people happier and healthier. So the word is out -- it's good to be good. Science increasingly says so," said Dr. Stephen Post, a professor at the

Case Western Reserve University School of Medicine and co- author of the forthcoming book "[Why Good Things Happen to Good People](#): The Exciting New Research That Proves the Link Between Doing Good and Living a Longer, Healthier, Happier Life."

This follow-up report issued today brings more evidence that volunteering produces significant health benefits. Those who gave social support to others had lower rates of mortality than those who did not -- even when controlling for socioeconomic status, education, marital status, age, gender, and ethnicity, the report stated.

"Civic Engagement and volunteering is the new hybrid health club for the 21st century that's free to join," added Thomas H. Sander, executive director of the Saguaro Seminar at Harvard University. Social capital research shows it miraculously improves both your health and the community's through the work performed and the social ties built."

Managing Workplace Conflict – Part III continued from December 2006 issue © *Malaspina College*, www.mala.ca

Why We Avoid Dealing with Conflict

*P*eople often have many fears around engaging in direct dialogue with others about conflict. We all have our own history of experience with conflict that was first formed in our family and expanded at school and in the workplace. For some of us conflict may:

- have largely involved displays of anger, with yelling and insults – an experience you want to avoid,
- appear to be an inevitable part of the human condition; that conflict is never productively resolved, or
- involve pursuing what we want as vigorously as possible, as that is the only way to get what you need.

The following fears or responses to conflict are common:

- What if talking about it makes it worse, rather than better?
- What if he doesn't listen to me?
- What if he/she yells at me?
- Why stir up trouble? It will probably resolve itself on its own.

Negotiating openly with others around what we want and need is not modeled or encouraged in our society.

It takes courage to honestly and clearly articulate your needs, and it takes courage to sit down and listen to your adversaries. It takes courage to look at your own role in the dispute, and it takes courage to approach others with a sense of empathy, openness and respect for their perspective.

It is not surprising that direct discussion with the other party is often not considered until other options have proved unsuccessful or the conflict becomes intolerable. So while the avoidance of direct discussion is understandable, the effective management of conflict in the workplace requires us to overcome our discomfort and learn to discuss differences directly.

Are all conflicts the result of personality clashes or poor behavior?

While conflicts are impacted by our personality and ways of approaching work and others, systemic issues often play a large role in creating conflicts. Systemic issues or workplace problems exist when an employee, pursuing a legitimate work related goal or task, bumps up against another employee pursuing a legitimate work related goal or task.

The “bump” can result from:

- ineffective procedures being in place,
- differing or even oppositional institutional roles and goals,
- poorly articulated or conflicting departmental purposes and goals,
- unclear decision-making processes, or
- lack of needed resources.

These are just a few examples of the many ways that working to get our job done can place us in conflict with another worker – trying to get their job done. While the personalities of the employees may impact how the conflict is addressed, the conflict is inherent or predictable in the situation.

Examples of systemic problems include:

- an overloaded support staff member responding to multiple requests from faculty with no clear guidelines for which work is most important,
- timetabling in a department where the process and the priorities are unclear,
- differing perspectives on how to accomplish a joint task with no agreed upon decision-making process,
- interdependent roles with no built-in communication mechanism.

It is always important to separate the person from the problem. Recognizing that the problem is a **work issue**, not a **personal issue**, can be the first step in addressing the conflict in a productive manner. Identifying it as a work issue opens avenues for solving the problem which are not personal, such as:

- placing the issue on a meeting agenda,
- expressing your concerns on the issue to a supervisor, department chair or dean, or
- discussing the issue directly with the individual as a work problem to be solved.

The focus becomes the problem (e.g. lack of procedures or guidelines, needed resources, departmental communication, etc.) and not the individual.

Disability Awareness Corner

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What is Epilepsy?

*E*pilepsy is a brain disorder in which clusters of nerve cells, or neurons, in the brain sometimes signal abnormally. In epilepsy, the normal pattern of neuronal activity becomes disturbed, causing strange sensations, emotions, and behavior or sometimes convulsions, muscle spasms, and loss of consciousness. Epilepsy is a disorder with many possible causes. Anything that disturbs the normal pattern of neuron activity - from illness to brain damage to abnormal brain development - can lead to seizures. Epilepsy may develop because of an abnormality in brain wiring, an imbalance of nerve signaling chemicals called neurotransmitters, or some combination of these factors. Having a seizure does not necessarily mean that a person has epilepsy. Only when a person has had two or more seizures is he or she considered to have epilepsy. EEGs and brain scans are common diagnostic test for epilepsy.

Causes

In approximately 60-75% of all cases, there is no known cause. Of the remaining cases, there are a number of frequently identified causes.

Identifiable Causes

- brain injury to the foetus during pregnancy
- birth trauma (lack of oxygen)
- aftermath of infection (meningitis)

- head trauma (car accident, sports injury, shaken baby syndrome)
- alteration in blood sugar (hypoglycemia)
- other metabolic illness (hypocalcemia)
- brain tumour
- stroke

Is there any treatment?

Once epilepsy is diagnosed, it is important to begin treatment as soon as possible. For about 80 percent of those diagnosed with epilepsy, seizures can be controlled with modern medicines and surgical techniques. Some antiepileptic drugs can interfere with the effectiveness of oral contraceptives. In 1997, the FDA approved the vagus nerve stimulator for use in people with seizures that are not well-controlled by medication.

What is the prognosis?

Most people with epilepsy lead outwardly normal lives. While epilepsy cannot currently be cured, for some people it does eventually go away. Most seizures do not cause brain damage. It is not uncommon for people with epilepsy, especially children, to develop behavioral and emotional problems, sometimes the consequence of embarrassment and frustration or bullying, teasing, or avoidance in school and other social setting. For many people with epilepsy, the risk of seizures restricts their independence (some states refuse drivers licenses to people with epilepsy) and recreational activities. People with epilepsy are at special risk for two life-threatening conditions: status epilepticus and sudden unexplained death. Most women with epilepsy can become pregnant, but they should discuss their epilepsy and the medications they are taking with their doctors. Women with epilepsy have a 90 percent or better chance of having a normal, healthy baby.

What research is being done?

Scientists are studying potential antiepileptic drugs with goal of enhancing treatment for epilepsy. Scientists continue to study how neurotransmitters interact with brain cells to control nerve firing and how non-neuronal cells in the brain contribute to seizures. One of the most-studied neurotransmitters is GABA, or gamma-aminobutyric acid. Researchers are working to identify genes that may influence epilepsy. This information may allow doctors to prevent epilepsy or to predict which treatments will be most beneficial. Doctors are now experimenting with several new types of therapies for epilepsy, including transplanting fetal pig neurons into the brains of patients to learn whether cell transplants can help control seizures, transplanting stem cells, and using a device that could predict seizures up to 3 minutes before they begin. Researchers are continually improving MRI and other brain scans. Studies have show that in some case,

children may experience fewer seizures if they maintain a strict diet - called the ketogenic diet - rich in fats and low in carbohydrates.

Seizures

There are many different types of seizures. Most are classified within 2 main categories: **partial seizures** and **generalized seizures**.

Incidence of Seizure Types

Partial Seizures

Partial seizures occur when the excessive electrical activity in the brain is limited to one area. The 2 most common forms are **simple partial seizures** and **complex partial seizures**.

In a **simple partial seizure**, the person may experience a range of strange or unusual sensations, such as sudden jerky movements of one body part, distortions in sight or smell, a sudden sense of fear or anxiety, stomach discomfort, or dizziness. These sensations may also be known as a prodrome or aura. An aura is a simple partial seizure which can occur alone, or can be followed by a generalized seizure.

In a **complex partial seizure**, the person loses awareness as the seizure begins and appears dazed and confused. The person will exhibit meaningless behaviours such as random walking, mumbling, head turning, or pulling at clothing. These behaviours cannot be recalled by the person after the seizure.

Generalized Seizures

Generalized seizures occur when the excessive electrical activity in the brain encompasses the entire brain. The 2 most common forms are generalized absence seizures and tonic-clonic seizures.

During a **generalized absence seizure**, the person appears to be staring into space and his/her eyes may roll upwards. This kind of seizure is characterized by 5 to 15 second lapses of consciousness and, when it has ended, the person will not recall this lapse of consciousness. Generalized absence seizures most often occur in childhood and disappear by adolescence. They are less prevalent in adulthood.

During a **tonic-clonic seizure**, the person will usually emit a short cry and fall to the floor. (This cry does not indicate pain.) The muscles will stiffen and the body extremities will jerk and twitch (convulse). Bladder control may be lost.

Consciousness is lost and may be regained slowly.

Some medical conditions may cause seizures. These include: febrile seizures (caused by high fever in children), withdrawal seizures, and seizures caused by poisoning, allergic reaction, infection, or an imbalance of body fluids or chemicals (low blood sugar). These are not considered to be forms of epilepsy.

Persons who have lived with epilepsy for much of their lives may find that their seizures change as they age. The duration of their seizures may become longer or shorter; the intensity of their seizures may worsen or improve; seizure episodes may occur more or less frequently. Seniors also demonstrate a high rate for newly-diagnosed cases of epilepsy.

While there is a 10% chance that a person will experience a seizure at some time during their lifetime, a single seizure is not considered to be epilepsy.

Treating Epilepsy - Drug Therapy

Many seizure disorders are controlled by various types of anti-seizure medications (sometimes called anti-convulsants or anti-epileptic drugs [AEDs]). Monotherapy (using 1 drug), or polytherapy (using a combination of drugs) may be prescribed by your doctor. Different types of seizures require different medications. Many drugs may produce numerous and unwanted side effects.

Resistance to Medication

Approximately

- 50% of seizures are eliminated by medication,
- 30% of seizures are reduced in intensity and frequency by medication
- 20% of seizures are resistant to medication.

Support Services

A broad range of support services is available through Epilepsy Ontario and our network of affiliated local epilepsy associations.

Some of the many programs and services which improve the quality of life for people living with epilepsy include:

- information and education services
- toll free information phone line
- literature/videos/multimedia

- Resource Centre and lending library
- Kids on the Block™ puppet troupes for children in kindergarten through Grade 7
- speakers bureau
- provincial and local newsletters
- medical forums and conferences
- workshops about employment, etc.
- children's camp and youth weekends
- counseling and referral services
- advocacy and human rights support
- support groups
- prevention programs
- tips about living with epilepsy
- service dogs, trained to assist those with severe seizure disorders
- chapter/contact development

* **Please note:** Services vary from region to region. Not all of these programs and services are available in every region of Ontario.

Summer Safety Tips to Beat the Heat

by John Mossa

The following information is from Toronto Public Health and the Emergency Medical Services (EMS): In the summer, the combination of high heat and humidity can be very dangerous.

People at risk during these weather conditions include:

- People with disabilities and/or people who have diabetes, heart and respiratory conditions
- The elderly
- Infants and preschool children
- People taking certain medications, for example, mental health conditions. For partial list of medications that may cause higher risk for heat-related illness please see www.toronto.ca/ems/safety_tips/hot_1.htm

Tips on how to avoid heat-related illness:

- Drinks lots of water and natural fruit juices even if you don't feel very thirsty.

- If you don't have air conditioning, keep drapes drawn and blinds closed on the sunny side of your home, but keep windows slightly open.
- Fans alone may not provide enough cooling when the temperature is high.
- Go to air conditioned or cool places such as shopping malls, libraries, community centres or a friend's place.
- Spend some time near the lake or waterfront where it is cooler.
- Wear loose fitting, light clothing.
- Keep lights off or turned down low.
- Take cool bath or shower periodically or cool down with cool, wet towels.
- Avoid alcoholic beverages, coffee and cola.
- Avoid going out in the blazing sun or heat when possible. If you must go outside, stay in the shade as much as possible and plan to go out early in the morning or evening when it is cooler & smog levels may not be as high in the afternoon. Wear a hat.
- Avoid heavy meals and using your oven.
- Avoid intense or moderately intense physical activity.
- Never leave a child in a parked car or asleep in direct sunlight.
- Consult your doctor or pharmacist regarding the side effects of your medications.

Summer Safety: Fan Facts

DO...

- Use your fan in or next to a window. Box fans are best.
- Use a fan to bring in the cooler air from outside.
- Use your fan by plugging it directly into the wall outlet. If you need an extension cord, it should be Canadian Standards Association approved.

DON'T...

- Use a fan in a closed room without windows or doors open to the outside.
- Believe that fans cool air. They don't. They just move the air around. Fans keep you cool by evaporating your sweat.
- Use a fan to blow extremely hot air on yourself. This can cause heat exhaustion to happen faster.

If you're afraid to open your window to use a fan, choose other ways to keep cool. See the other tips listed above.

Get help from a friend, relative or doctor if you have these symptoms of heat illness:

- Rapid breathing or difficulty breathing
- Weakness, dizziness or fainting
- More tiredness than usual
- Headache
- Confusion
- Nausea

Friends and relatives can help someone with heat illness by doing the following:

- Call for help
- Remove extra clothing from the person
- Cool the person with lukewarm water, by sponging or bathing
- Move the person to a cooler location
- Give the person sips of cool water not ice cold water

Even a few hours in cooler environment during extremely hot weather lowers the core body temperature and helps save lives.

Hot Weather Warnings for Toronto

Toronto's hot weather response plan coordinates the efforts of City of Toronto and community agencies to prevent illness during periods of extreme hot weather.

When hot weather becomes oppressive due to high temperatures and other factors, the Medical Officer of Health issues a **heat alert**. It may be upgraded to an **extreme heat alert**.

A **Heat Alert** means that the conditions brought on by a hot air mass are such that the likelihood of additional deaths, above those that are typical for the same time of year, is more than 65 percent. In an **Extreme Heat Alert**, the figure is more than 90 percent.

Help for you when you need it

When a Heat Alert or Extreme Heat Alert is issued by the City's Medical Officer of Health, the Toronto EMS Community Medicine Program has specially trained paramedics available to visit you in your home on a non-emergency basis to:

- Provide you with a personal medical assessment to identify any risk(s) to your health caused by extremely hot weather.

- Use specialized equipment to determine if the temperature or temperature-related conditions inside your home cause risk to your health.
- Provide you with personal instruction on how you can cool down yourself and your home in a safe, effective manner.
- When necessary, provide you with transportation to a location where you can cool down for a couple of hours and give your body some relief from the effects of extremely hot weather.

If you feel ill, faint, have difficulty breathing or feel disoriented visit your doctor or nearest hospital.

In an emergency call 911

For more information about the health effects of extreme heat call **Canadian Red Cross Heat Info Hotline 416-480-2615**. During heat alert and extreme heat periods ask for a free heat-health risk evaluation of your home by the EMS Community Medicine Team.

For more information on how to prepare for summer call **Toronto Health Connection 416-338-7600** or visit www.toronto.ca/health.

Volunteers Needed to Deliver Meals on Wheels

Meals on Wheels urgently needs volunteer drivers and runners to deliver meals to seniors this summer. Volunteers are required to deliver meals to new clients in mid-Toronto and to fill in for regular volunteers while they are on vacation.

Please tell your family, friends and neighbours about this rewarding volunteer opportunity. High school students can volunteer as “runners” to fulfill their community service requirement for graduation. For more information or to volunteer, call Alisha at (416) 481-0669, extension 252.

CILT's Annual General Meeting

CILT's Annual General Meeting has been scheduled for Thursday September 20, 2007 5:00-8:00 PM at 39 Parliament Street (Front & Parliament) on the 11th floor. Notices will be posted in the lobby to show people where to go. Volunteers are welcome and encouraged to attend. The AGM is a good opportunity to meet the Board of Directors and members of CILT, and to learn more about what CILT

has accomplished over the past year. We are looking forward to seeing you there!

PDN at the Nordic Network on Disability Research Conference

By Kimberly McKennitt, PDN Coordinator

In May, PDN member, Rabia Khedr, and PDN coordinator, Kimberly McKennitt, traveled to Goteborg, Sweden to attend the 9th annual Nordic Network on Disability Research Conference, where Rabia delivered a participatory research paper entitled “Parenting with a Disability: Diversity, Barriers & Requirements.”

A multidisciplinary network of disability researchers interested in cultural, societal and environmental dimensions of disability and marginalization, the purpose of the Nordic Network on Disability Research (NNDR) is to advance research and development in the field of disability and to provide a forum for researchers, particularly from Nordic countries, to meet, present and discuss their research. This year’s NNDR theme was “Participation for all – the front line of disability research.”

Over three days, speakers from Sweden, Denmark, Norway, Finland, Iceland, Austria, Italy, the U.S. and U.K. delivered papers and presentations on a variety of disability-related topics that included technology in the lives of people with disabilities, education, institutional environments, women’s human rights, sexual abuse, the law, employment and education.

One of 290 participants, Rabia’s presence at the conference was a resounding success, not only because of her presentation’s focus on the stories of parents with disabilities from diverse backgrounds and the barriers they face, but also because of Rabia herself. A Muslim-Pakistani-Canadian woman who is blind, Rabia was one of the more significant voices at the NNDR conference, speaking not just about the cultural dimensions of disability and marginalization, but from within the cultural dimension of disability and marginalization itself. Addressing the fact that while information and research does exist on parenting children with disabilities and parents who have disabilities, she pointed out that there is no literature on what she terms the ‘intersectionalities’ of culture, class, faith, gender and parental disability in the child rearing process. As the only non-white speaker at the conference wearing a hijab, the reasons for that academic deficit were more than obvious.

In addition to a number of other speakers with disabilities, including Rosemarie Garland-Thomas from Emory University in Atlanta, who delivered an excellent paper on the concept of ‘misfit’ to explain disability identity, there was also a diversity of research perspectives at the NNDR. One of the more inspiring came

from Kristina Sahlqvist, a professor of Spatial Design and Sustainable Development in the School of Design and Crafts at Goteborg University, spoke on the idea of Design for All.

A program of the Swedish government, Design for All is a guiding, national principle which has mandated that the planning and design of all products, buildings, environments and IT services must take into consideration the issues of accessibility and useability for all individuals. As part of its plan of action to make society accessible and open for everyone to participate in by 2010, Professor Sahlqvist described how designers, service providers, manufacturers and others in Sweden are both ethically responsible to the project as well as politically and economically compelled to pursue its high standards. For those of us in Canada who have noticed the recent decline in political will and initiative over barrier-free initiatives, it should come as no surprise that those Nordic people are, once again, setting the standard in quality-of-life for all. Ironically, however, in traveling around Goteborg and at the conference itself, it was apparent that Sweden is a long way from actually meeting the barrier-free standards that we currently enjoy in Canada. Yes, believe it or not, we are a lot more accessible, at least here in Toronto, than they are in Sweden.

Peer Support & Networking Group

Are you a parent with a disability? Thinking about becoming a parent? Adults with disabilities are invited to discuss parenting issues in a supportive environment. New participants are welcome!

Date: **Saturday July 28, 2007**

Time: 2:00p.m. – 4:00p.m.

Place: Anne Johnston Health Station, 2398 Yonge Street, Toronto (at Montgomery). Registration is required.

To register, contact Kimberly at 416-599-2458 ext.34 or by e-mail at pdn@cilt.ca by **July 24, 2007**. Attendant services will be provided. Childcare is available but must be requested by registration deadline. This peer support initiative is sponsored in partnership by the Anne Johnston Health Station and the Centre for Independent Living in Toronto (CILT).

CILT's Pandemic Influenza Planning Initiative

By John Mossa, Independent Living Skills Trainer

CILT is continuing to work on developing a pandemic flu preparedness plan to ensure that our essential services continue with as little interruption to our consumers as possible.

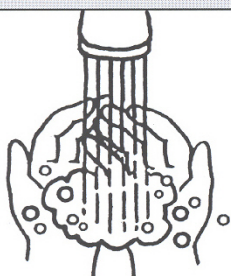
Pandemic flu planning and preparedness activities are important for everyone. We all have roles and responsibilities to help reduce the risk of spreading viruses like colds, flu, and other infections. Here are some of the things you can do to protect yourself and your family from infections:

- **Hand Washing:** Wash your hands with soap thoroughly and often – good hand hygiene is the best way to prevent the spread of all viruses.
- **Respiratory Etiquette:** Cover your mouth and nose with a tissue when you cough or sneeze. Place used tissues in the garbage, never on any surfaces, and wash your hands well and often whenever you or someone you are close to is sick.
- **60% Alcohol-Based Sanitizers:** Gels, rubs, rinses or wipes should be kept handy at work, at home, and in the car.
- **Create your own Emergency Preparedness Plan:** Make a contact list of important phone numbers and 6-week emergency supplies checklists. If you require daily personal support services, consider making a back-up plan for support by talking to family, friends, and/or neighbors about their willingness to assist you in the event of an emergency. For more information, visit the Toronto Public Health website at http://www.toronto.ca/health/pandemicflu/pdf/appx_23.pdf
- **Stay home when you are sick**
- During a pandemic flu, **avoid large crowds of people** and other close contact with strangers (while traveling for example).
- During a pandemic flu, **follow any instructions given by public health officials.**
- **Get your flu shot every year** – the flu shot will not protect you from a pandemic flu virus, but it will protect you from getting seasonal flu, which could weaken your immune system or resistance to the pandemic flu. Toronto Public Health's flu vaccination clinics for the 2007-08 influenza

season will open usually in late October or early November. For further information, visit the Toronto Public Health website at http://www.toronto.ca/health/flu_facts.htm

In the months ahead, CILT will continue to provide you with up-to-date information about our pandemic plan and other important details.

Hand Washing



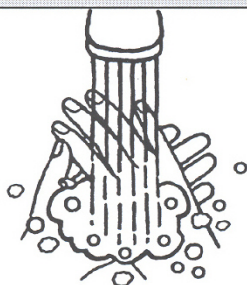
1. Wet hands.



2. Apply soap.



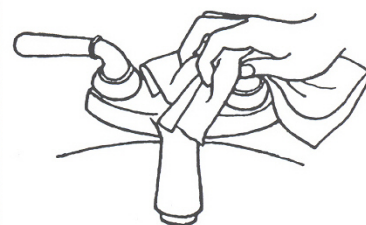
3. Lather for 15 seconds. Rub between fingers, back of hands, fingertips, under nails.



4. Rinse well under running water.



5. Dry hands well with paper towel or hot air blower.



6. Turn taps off with paper towel, if available.

Stop the Spread of Germs

Always Wash Your Hands

After you:

- Sneeze, cough or blow your nose
- Use the washroom or change diapers
- Handle garbage

Before and after you:

- Prepare or eat food
- Touch a cut or open sore

Hand Sanitizing



1. Apply sanitizer (minimum 60% alcohol-based).



2. Rub hands together.



3. Work sanitizer between fingers, back of hands, fingertips, under nails.



4. Rub hands until dry.

Stop the Spread of Germs

Always Sanitize Your Hands

After you:

- Sneeze, cough or blow your nose
- Use the washroom or change diapers
- Handle garbage

Before and after you:

- Prepare or eat food
- Touch a cut or open sore

If hands are visibly dirty use soap and water

Cover Your Cough



1. Cover your mouth and nose when you cough, sneeze or blow your nose.



2. Put used tissue in the garbage.



3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.



4. Wash hands with soap and water or hand sanitizer (minimum 60% alcohol-based).

Stop the Spread of Germs

Always Cover Your Cough

- Covering your cough or sneeze can stop the spread of germs
- If you don't have a tissue, cough or sneeze into your sleeve
- Keep your distance (more than 1 metre/3 feet) from people who are coughing or sneezing

CILT's Volunteer Vibes is a quarterly publication of the **Peer Support Program**. If you are interested in volunteering at C.I.L.T. please call Nancy to request a Volunteer Application Package.

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Volunteer Vibes is also available on audiotape.

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