

## EMPLOYEE *Spotlight* Rodney



Rodney Lanada is from Manila, Philippines. He moved to Grande Prairie over ten years ago with his brother, two sisters, and father to live with his mother who already lived in Grande Prairie. While most of his time in Canada has been spent in Grande Prairie, Rodney also lived in Edmonton for about a year in 2005. That's when Rodney joined the ICE team.

Rodney worked with ICE in Edmonton until his wife moved to Canada in 2006 and they visited Grande Prairie together. Immediately, Rodney's wife fell in love with Grande Prairie so they moved back. Rodney's favourite things about Canada are its' quiet beauty, and its' health care. His favourite thing about Grande Prairie is that it is a growing community and everything is accessible.

Rodney applied to work for ICE in Grande Prairie and has been a valuable member of the team ever since. He has worked with many different clients with many different challenges and has been very successful in all aspects of his job. Rodney can always be

counted on in times of need and his clients express that they enjoy it when he works with them.

When asked about his long-term plans, Rodney says that he sees himself working for ICE for a long time. The things Rodney likes most about his job is interacting with people and passing on the help that he has received in the past. Rodney says that in a previous time when he was sick, he was helped and he believes his work now enables him to "pay it forward". Rodney especially appreciates that ICE makes sure their employees have the proper training to do their jobs and that there are very supportive staff. Rodney said that the work is challenging but rewarding.

In his spare time Rodney enjoys playing table tennis, chess, and basketball. He spends most of his time with his wife and is planning to have children in the future. Rodney says that maybe in the future he will move to another part of Western Canada with better weather. Grande Prairie is much colder than the Philippines!

### Did you know?

Manila is the capital of the Philippines. The Philippines is an island country in the Pacific Ocean southeast of China and is the 12th most populous country in the world with a population of about 90 million people. The most commonly played sports are basketball and billiards. The Philippines has many common American food chains such as McDonald's, Pizza Hut, Burger King, KFC, and Starbucks but there have been some local fast-food chains that are becoming popular: Goldilocks, Jollibee, and Greenwich Pizza.

Source: [www.wikipedia.org](http://www.wikipedia.org)

## ECAT

Employee &  
Client Assistance Team

**780-461-7236**

after office  
hours



## MEETINGS

Health & Safety  
Meeting

February 4th, 2009,  
1:30 PM – 3:30 PM

### RPAC

February 12th, 2009,  
2:00PM – 5:00PM



## TIME SHEET HAND-IN



Hand-in day will be:

**Mon Feb 16, 2009**

for all shifts worked  
between  
Feb 1st and 15th  
and

**Mon March 2, 2009**

for all shifts worked  
between  
February 16th and 28th

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## Laura “My Very Busy Christmas Season”

My Christmas Season was very busy this year. At the end of November I played the piano for the seniors at the Cottonwood Village Retirement Residence in Claresholm. We had birthday cake and visited afterwards. The residents asked me to come back to play and visit again soon. The ICE Christmas party was lots of fun this year. I really enjoyed playing mini golf because I've liked playing mini golf since I was little. On December 12, 2008 my voice teacher held our Christmas recital at the Auxiliary hospital (AKA Willow Creek Continuing Care Center). I got to sing in front of the residents there. I sang Christmas for Cowboys and Christmas in Killarney. On December 14th my voice teacher held another Christmas Recital at the Cottonwood Residence. All the seniors enjoyed it very much. On Christmas Eve Connie and I took a drive to Stavely to visit a sick friend. I went to the Auxiliary hospital to deliver water and candy canes to the residents and staff there. Afterwards we went to Connie's house for chili dogs and to open presents. Even Jack the dog loved his present from me. Later that afternoon my step sister and her boyfriend visited our family for Christmas Eve. That night my nieces and nephews and former brother in law came over to exchange Christmas presents. That evening I went to church to watch them light the last candle. On Christmas day I got to wake up at 9:00am to open presents. My father



and I stopped by my god parent's house to wish them a merry Christmas and we visited a sick friend at the foothills hospital on our way to my brother's house in Airdrie. I was very excited to hear my brother had gotten engaged. Boxing Day my step mom's family came to visit. I would like to wish all the clients and staff a Happy New Year for 2009.

### 3.6.2 EMPLOYEE CONFIDENTIALITY

All ICE policies including those regarding Health and Safety can be found in the ICE Policy Manual. In residential programs the Policy Manual will be located in the home's office. Workers in community programs may access a Policy Manual in the reception area at the ICE office.

1. Independent Counselling Enterprises will hold all personal information regarding individual employees in confidence.
2. Each employee will have a personnel file that will be kept in a secure place. Access to this information is limited to authorized management personnel only. Files must remain in the office at all times and returned to storage when not being reviewed by management. No files, parts of files or contents will be photocopied or reproduced without prior approval of the Personnel Coordinator.
3. Employee files will not be removed from the office.
4. Employment-related information such as wages, personnel evaluations and critical incidents will be shared only with supervisory personnel.
5. Independent Counselling Enterprises will not release any employee information to outside sources other than as outlined in the notice provided to all employees: "Collection, Use and Disclosure of Your Employee Information".
6. Independent Counselling Enterprises will not provide an employment reference on any employee without first receiving written permission from the employee.
7. An Employee may receive a copy or be granted access to their personal employee information in accordance with the Personal Information Protection Act. All requests must be in writing to the Chief Operating Officer. All reasonable requests will be granted within 45 days. A fee will apply to a request for personal information of someone who is not a current employee.
8. Requests for amendment to the content of the file may be made in writing to the supervisor. An employee may request copies of any item in the file but will not be permitted to remove the file or any document in the file.
9. Employee files are the property of Independent Counselling Enterprises. As such when employees are no longer employed by the agency their personnel file is pulled to storage and retained for no less than 7 years.

# Thank You!



**Abiel Kon**  
Prize: 7" Portable DVD Player with LCD screen  
From: Booking Coordinator  
For: For your hard work and always ensuring the health and safety of the individual you support. Your continued care and support is greatly appreciated.



**Irene Nanon**  
Prize: iPod Shuffle 2GB  
From: Quality Assurance Manager  
For: Thank you for being an amazing caring team member of a strong team that kept program up to standards.

## EDMONTON REFERRAL INCENTIVE WINNER

This month we have 2 recipients receiving the ICE referral incentive. These 2 employees will receive and additional \$50.00 on their pay cheques. Congratulations for your wonderful referral!



Nazar Zaida



Siatta Davies

WILL YOU BE ONE OF NEXT MONTH'S FEATURED  
EMPLOYEES RECEIVING A **\$50.00** INCENTIVE PAYMENT?

### Proactive Behavior Intervention

February 5th, 2009 9:00am-5:00pm  
February 12th, 2009 9:00am-5:00pm  
February 26th, 2009 9:00am-5:00pm

### Mission Possible

#### Aggression and Winter Driving

Pt 2 – Education Session

February 24th, 2009, 9:30am-12:30pm

**TRAINING**

Find frequently used forms at  
**[www.icenterprises.com](http://www.icenterprises.com)**

go to the "ICE Staff" section by entering  
User name "iceuser" and password "100smiles"

## HOT WATER TESTING - A SERIOUS MATTER

Hot water testing practices are required by Independent Counselling Enterprises as per Policy 3.5.8, points 11 and 12. People don't normally associate water with burn injuries, but the fact is that contact with hot water may result in scalds. Scalds burn like fire.

### What is a scald?

A scald is a burn caused by hot liquid or steam. Scalds may be caused by hot beverages or foods (coffee, tea, soup etc.), hot tap water (bathing or hand washing), or steam (during cooking).

### Who is at risk?

While all persons using hot water sources are potentially at risk, our ICE clients are especially vulnerable. ICE clients are at risk as their physical condition may be underdeveloped or impaired, and because they may not comprehend the dangers of hot water. Sensory disorders may limit recognition of dangerous temperatures and physical disabilities may prevent these individuals from quick escape from the situation.

Employees are also at risk for scalds as they provide supports for cooking, bathing, and cleaning tasks in ICE programs.

### Prevention

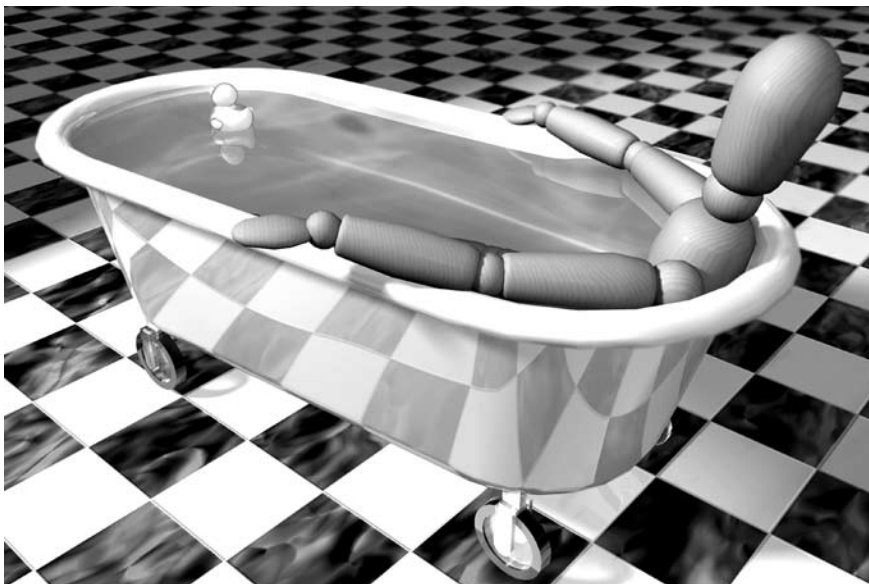
ICE Policy outlines many requirements for preventing potential scalds (**3.5.8 Standard Hazard Controls – refer to the ICE Policy Manual**)

Reduction of the hot-water temperature in all homes to 49 degrees Celsius is recommended and would likely eliminate most tap-water scalds. According to ICE policy hot water tanks must be checked at least once per month to ensure they are at an acceptable (low, medium) water temperature.

### Active measures to prevent scalds include:

- Regularly checking the setting of the home's hot water heater. (Policy 3.5.8)
- Careful, consistent support and monitoring of individuals with cognitive impairments around all taps;
- Fill sinks and bathtubs with cold water first and then bring up the temperature by adding hot water;
- As per policy 3.5.8 # 12. when providing support to a client requiring assistance with bathing employees must check the temperature, before the client gets in the bathtub, by lowering their elbow approximately 5 cm into the water to ensure appropriate water temperature. NB\* Clients pouring their own baths must be assessed to ensure they are capable of following safe practices and determining safe temperatures.
- Turn pan handles towards the back of the stove and away from where an individual who may be unaware of hazards could reach and grab them;
- Keep hot drinks well away from individuals who may be unaware of hazards. Put a tight fitting lid on hot drinks.
- Do not give individuals who may be unaware of hazards hot drinks to consume with a straw;
- Educate and review with staff and clients ongoing about the dangers of hot water. Teach more independent clients home safety skills (bathing, cooking) to assist them to reduce personal risk.

Scalds are one of the most common causes of burns and are painful, the treatment is agonizing and the effects can result in life long scarring.



**NOTE:** Failure to record required water temperatures as per policy 3.5.8 Standard Hazard Controls (either household or bath / shower water) will result in immediate disciplinary action due to the serious risk involved for harm to clients / employees.

## QUESTIONS AND ANSWERS ABOUT HOT WATER TESTING AT ICE

**Question:** Why is it considered so important to test the household water?

**Answer:** Our homes do not have hot water tanks with built in thermometers that can automatically lower water temperatures to safe levels. ICE staff must measure the hot water to determine the temperature of water dispensed daily from the hot water tank in order to ensure the setting is at a safe level. If the level is determined to be at an unsafe level staff must take action to turn down the water heater and later retest the temperature. Testing household water temperatures will prevent scalds that could occur in daily tap use.

**Question:** Who is responsible for taking and recording household water temperatures?

**Answer:** The whole team (each and every member including relief staff) that work in a residence over a specific 24 hour period (midnight to midnight) are accountable for taking required water temperature recordings for that day. If there is a missed daily household water temperature recording each of these persons is responsible. It is the responsibility of each and every person working in that 24 hour period to check that the temperature reading has been taken and recorded for the day. If team members check the household temperature log and the temperature recording has been completed for the day then the employee has fulfilled their responsibilities. If the employee checks the temperature log and the daily check has not been done they must follow through as per policy to take and record it.

**Question:** How can staff measure the temperature of water before a client showers?

**Answer:** To measure the temperature of water for a client shower, turn on the faucet and run the water to the temperature proposed for the client's shower, then collect the running water in a container. While the water continues to run at this setting, take the temperature of the water in the container. Adjust the water temperature if required, retaking the temperature reading after each adjustment by testing a new sample from the container. Record the final water temperature on the temperature log. (Water collection may be simplified by collecting water from the base faucet prior to lifting the valve that sends the water up to the shower head or as per choice from the shower head itself.)

**Question:** What is staff to do if the clients reside in an apartment building and the household water temperature is measured to be higher than designated levels as per policy 3.5.8?

**Answer:** Staff should approach the apartment building management to express concern about the hot water levels in the building. This follow up contact must be documented along with the landlord's response. If staff is unable to get the building management to adjust the temperature, identify water temperature as a Hazard on the Site Specific Hazard ID sheet for the residence and include review of this information in Site Specific Employee Orientations for the program. Inform, teach and monitor clients and other employees about the water temperature hazard ongoing to prevent scalds.

**REMEMBER:** Hot Water Testing is a serious matter necessary to protect both clients and employees from potential serious injury. Employees should expect corrective action to be taken regarding failure to comply with ICE policies in this area.





# Health Corner

## Infectious Diseases

Infectious diseases are caused by very tiny organisms such as bacteria, viruses, fungi and animal parasites. This occurs when these organisms penetrate the body's natural barriers, such as the skin. These organisms can multiply causing symptoms that may be mild to deadly. Over time, these organisms can mutate and evolve and become resistant to conventional treatments

### Types of Infection

Some infections, such as measles, malaria, HIV and yellow fever, affect the entire body. Other infections, however, affect only one organ or system of the body. The most frequent local infections, including the common cold, occur in the upper respiratory tract. A serious and usually local infection of the respiratory tract is tuberculosis, which is a problem worldwide. Other common sites of infection include the digestive tract, the lungs, the reproductive and urinary tracts, the eyes or ears. Local infections can cause serious illnesses if they affect vital organs such as the heart, brain or liver. They also can spread through the blood stream to cause widespread symptoms.

### How is Infection spread?

Common ways in which infectious agents enter the body are through skin contact, inhalation of airborne microbes, ingestion of contaminated food or water, bites from vectors such as ticks or mosquitoes that carry and transmit organisms, sexual contact and transmission from mothers to their unborn children via the birth canal and placenta.

### Prevention and Treatment

Modern vaccines are among our most effective strategies to prevent disease. Many devastating diseases can now be prevented through appropriate immunization

programs. In the United States, it is recommended that all children be vaccinated against diphtheria, pertussis (whooping cough), tetanus, polio, measles, rubella (German measles), mumps, Haemophilus influenzae type B (a common cause of pneumonia and meningitis in infants), hepatitis B, varicella (chickenpox) and influenza.

Travelers to foreign countries may require vaccinations against yellow fever, cholera, typhoid fever or hepatitis A or B.

### Reporting

Our client population is vulnerable to infections and some infectious diseases can leave devastating effects. When infections are left untreated, even a simple

infection can become deadly. For example, a minor cut to a diabetic's foot can lead to leg amputation or even their life if left untreated. When infectious diseases are not reported or treated, they can spread to the next person causing pain and suffering. It is essential that we protect the well being of our staff and clients. Reporting to your supervisor as soon as there are any signs of

an infection or infectious disease and seeking medical treatment immediately can help to prevent infections from worsening and preventing the spread of infections to other people.



All ICE offices will be closed for Family Day

**Monday Feb 16**

Please direct all  
calls to the Employee Client  
Assistance Team for these days.

# Health and Safety Minutes

## 2.0 Review the Previous Minutes / Business Arising from Minutes

- Current member attendance: looking for field staff to join the Health and Safety Committee. Ursula joined the meeting and expressed interest in rejoining the committee. Members in attendance were asked to sign media consent forms for a new committee picture to place in the ICE Page.

- Member ID Cards: pictures for new I.D. cards will be taken at a later date (when all members are in attendance)

- Membership Incentive: Jody was presented with a mug for attendance at 3 meetings

- Inserts needed for: N/A

Review of previous minutes and assigned follow up:

- Team Leader Meeting: These meetings will no longer be held as separate meetings. Team Leaders will attend CR Unit Meetings instead. The Health and Safety Committee will continue to provide agenda items/topics for discussion at Unit meetings.

- Identification of Health and Safety 'agenda items' for the January / February unit and team meetings.

- New field staff members are needed for the Health and Safety Committee. Members are paid for their time to attend meetings. The committee meets monthly, usually the first Wednesday afternoon of the month 1:30 – 3:30 pm.

- Feedback on the project being piloted for Site Specific Hazard Orientations.. Remind TL's and TC's that these must be updated as hazards or support requirements change. If there are changes to Site Specific Hazard ID documents OR Site Specific Orientation documents a copy of the revised documents must be submitted to the program manager for review and approval. After approval then 2 copies should be provided to the Health and Safety Specialist who will forward one copy on to ECAT.

- Regular staff need to be taught to give effective orientations to relief staff and visitors using the Site Specific Orientations and the Site Specific Hazard ID documents.

- Fire Safety DVD's – important that teams are viewing the DVD's and completing the package. Units need to keep circulating the DVD's so all teams and clients have the opportunity to view and learn. Teams that have not reviewed this material should contact the Health and Safety Specialist to access it. Please return training material packages promptly

(within one week of borrowing) as other teams are waiting for their opportunity.

- Review of Policy for Working Alone.

- Indoor footwear must be worn CORRECTLY to comply with policy. Example – Staff must wear their shoes / runners with the heel up protecting their feet. Workers are not to wear indoor shoes incorrectly (with heels bent in under the foot like a slip on shoe.) Supervisors are required to monitor that shoes are worn properly and give staff feedback if not in compliance.

- Health and Safety information and important policies as per the ICE Page Newsletter are to be regularly reviewed at all Team Meetings and the review specifics to be recorded in the meeting minutes.

- Reminder and review of water temperature charts and the requirements for completion. Water Temperatures are required as per policy to be taken daily. It is the responsibility of all team members on shift each day to check to ensure this has been completed and if not, then to complete the water temperature check. If it is found that the temperature has not been taken and recorded as per policy, disciplinary actions will be taken with all members on shift on the date missed (date from midnight to midnight).

- Sidewalks must be cleared/salted at the very least once per shift.

- Windows – ensure that windows are checked for frost / ice build up by manually opening them and completely removing any moisture from the track at least once per shift.

## 3.1 Review of Regional Health and Safety Minutes

Northwest Region – November 18th meeting minutes

Re: Near Miss Oct 17/08: Client's leg slipped out of the sling during a transfer. This is a potential hazard to staff as well. More training occurred on October 20/08

Recommendation: Ensure that staff receive refresher training for lifts and transfers a minimum of annually.

Re: Near Miss Oct 26/08: client scratched arm on a new brass protection plate on the wall. This could be a hazard to both staff and clients: duct tape has been applied to plate for now to prevent further injuries. Other prevention alternatives are being reviewed.

Recommendation: clarification as to what type of protective covering is being referred to. The team may want to review installation and ensure that the device is the proper fit.

Re: Near Miss Nov 3/08: staff strained left hamstring while pushing a client in wheelchair. The staff may not have been wearing the appropriate footwear

Re: Near Miss Nov 3/08: staff strained left hamstring while pushing a client in wheelchair. The staff may not have been wearing the appropriate footwear

Recommendation: conditions for staff pushing manual chair should be discussed. Alternative routes could be planned as well as alternative activities during poor weather conditions. Footwear should be assessed as per specific weather conditions i.e. what may be considered appropriate footwear under general conditions may not be sufficient in very poor or slippery conditions. Staff to look into "traction grips" for boots in the winter.

Calgary – October 16th, meeting minutes

Re: Near Miss: a small fire occurred at a residential home. Likely cause was unsafe disposal of cigarette materials. A dead flower in a flower pot caught fire and smoldered (likely overnight). Result was scorch marks to the outside cement of home. Resulting fire could have been severe.

Recommendations: As per Health and Safety memo, staff to check ongoing that appropriate smoking disposal containers are available, clean and in good condition. These need to be an appropriate distance from building (while smoking) as per legislated requirements

Calgary – November 20th, meeting minutes

Re: Staff injury: Staff received a small cut to finger while preparing dinner in a residential program. Staff became distracted from task with conversation with client and knife slipped.

Recommendations: Was a first aid report completed? It should be clarified when the staff last received a tetanus shot as a metal implement broke the skin.

Re: Near Miss: Staff had worked with a client for entire program shift at the end of the day while staff was driving client home, the client relayed that she had a rash/spots on body and that it may be chicken pox

Recommendation: (Non Residential situation). Review with clients and support networks the need to report all client health and safety concerns to the agency as soon as they arise.

Re: Near Miss: staff was assisting client (with mobility concerns) to return home. Client slipped on ice and fell, staff fell with client but was unhurt.

Recommendation: For clients and Staff –

## Health and Safety Minutes, con't

Traction Aids (that slip onto shoes) can be purchased at stores such as Walmart and London Drugs.

South – December 1st, meeting minutes

Re: Near Miss: Existing near miss on Oct 3rd, toxic spill at client's work site. Chemical reaction when 2 chemicals mixed (toilet bowl cleaner)

Recommendation: both client and staff receive WHMIS training prior to returning to clients worksite after winter. This could be requested from the employer for the client.

### 3.2 Evaluation of current Injury

Clients were packing/preparing items for an outing at Christmas. Staff was helping one client, the other wanted assistance and became upset that staff was not as prompt as client would have liked. Client punched staff in the forehead above left eye. Staff redirected the client and gave client space

Recommendations: Staff attend a refresher PBI / CPI course. Team to review the existing behavioral plan for client.

Staff was completing paperwork and was approached from behind by a client who tried to kiss staff. Staff maneuvered out of the way of client but injured shoulder

Recommendation: ensure environmental controls are in place (i.e. desk/workspace arranged so staff do not have their back to the doorway). If this behavior is a pattern it needs to be added to the Site Specific Hazard Documents, and also notes placed in C-Views so staff can be informed of behavior hazard prior when being booked for shifts) Female staff should not be working alone in program i.e. overnight. Development of Positive approaches plan to teach personal boundaries for client.

A residential program was fumigated for bed bugs. A staff member worked a shift 6 days after the spraying and noticed the development of a rash

Recommendations: if staff is aware of any sensitivity/possible allergies the issue should be brought to the attention of the supervisor.

A dispute between two clients occurred. While staff was trying to redirect clients one of the clients became physically aggressive and threw a bottle at staff. Staff deflected the bottle with their hand but as a result the staff finger was injured. Client remained aggravated staff and other client left the house and went to staffs' car to give the upset client some space. Positive approaches are being developed for this client.

Recommendations: Agree with the outlined plan of action. Staff was provided support and chose to transfer from this program. Refresh

PBI training with the team.

### 3.3 Evaluation of Near Miss Investigations

A health concern occurred at a home with only one bathroom. One client was occupying the bathroom of the home when another client soiled their incontinence garment. The client removed the soiled garment then proceeded through the home and waste matter contaminated the carpets. The program is looking into the possibility of a commode for the interim, and is looking for a new residence to house the clients that has a second bathroom.

Recommendations: Staff to implement a tracking system of bowel movement for clients as daily bowel routines may help staff to plan for avoiding such incidents in the future. Proper handling / cleaning techniques for bodily fluids / waste to be reviewed with all staff. Manager / Team to look at obtaining/purchasing a carpet cleaning machine (Lil' Green Machine) for this program.

Regular staff was unable to pick up client from day program. CSC went to pick up the client. Client is non verbal and hearing impaired, client became upset while going to the car and laid down on the ground in the parking lot. CSC and day program staff tried to encourage client to get up and move to safety. Day program staff went to the store in the parking lot and purchased a beverage for the client, client then got into the car. CSC was not made aware that client likes to have a beverage while in the car as a routine.

Recommendations: inform staff of any routines that may be out of the ordinary. Positive Approaches to be developed for this client to enhance their safety in the community.

An employee was getting out of their car near their residential program and was approached by a stranger who demanded the employee hand over their car keys. Luckily the employee was expected on shift, and the TL was keeping watch for them. When the TL spotted the employee outside being approached they opened the door to the residence and offered the employee assistance. The stranger left when the other staff came out to help.

Recommendations: All staff to review the Working Alone Policy (which offers information beneficial to such situations) and discuss at team meetings. Watch out for one another when shift change is approaching and ensure the outside lights on. Review the Safe Commuting handout (located in the H&S binder) at meetings. It is a good idea for all staff with electronic key- buttons to hold these ready for use in their hands when leaving or walking to their cars so that they may activate the "panic button" on them if required.

### 3.4 Review of 2008 COR Audit Action Plan.

1.2 Is the policy signed by the current senior

operating officer?

Recommendation: consider printing the name of the President on the policy statement under his signature so that staff are aware of who has signed the policy. (Page 22)

1.3 Is the policy readily available to employees?

Comment – 2/3 points awarded for 66% positive observations that the policy is available

Recommendation: consider posting the health and safety policy in the reception areas of offices (Page 23)

1.4 Are employees aware of the policy's content?

Comment: 80% positive interview responses.

Recommendation: Consider reviewing the health and safety policy at set intervals to increase staff awareness of health and safety policy and it's contents. (Page 23) Executive summary comment: "review the health and safety policy with employees to reinforce the full content of the policy and to emphasize the contributions individuals may make to achieve the policy. (Page 6)

1.8 Does the senior operating officer communicate to employees, at least annually, the organization's commitment to health & safety?

Recommendation: Consider having senior management tour to the other sites (Lethbridge and Nanton) to communicate their commitment to health & safety (Page 26)

### 3.5 Review of hazard assessment and control document

Tabled, an updated document has been drafted, COR audit feedback in consultation with other regions will be reviewed prior to implementing an updated version.

### 4.6 Warning issued by Health Canada re: smoking cessation program

Health Canada issued a warning to Canadians who are taking or considering taking the smoking cessation aid called Champix, saying the drug has a risk of 'serious psychiatric adverse effects,' including depression. (article handed out)

### 4.7 Eco Friendly Lightbulbs

There was a report on Global 16:9 addressing some health concerns re: Eco Friendly Light bulbs (curly lights). People have brought forth concerns regarding skin irritation/rash, migraine headaches, light sensitivity and high levels of UV have been reported.



## *Team Coordinator Graduation*

Independent Counselling Enterprises Inc. is pleased to announce the successful completion of Team Coordinator Training which ran from July 2008 – October 2008.

A graduation celebration was held at the ICE offices on Wednesday January 28<sup>th</sup>, 2009 where 7 staff members who successfully completed the program received certificates.



Back Row: (left to right) Saidu Conteh, Pelita Licalalde, Jackie Wells, Vesna Vila, Beyene Atara, Leonce Ruishubirwa  
Front Row (left to right): Qamar Khalaf, Renee Katongabo

### *Congratulations All!*

