

# CAREWRITE



Stephen Zabarowsky, resident from Carewest Colonel Belcher, goes fishing for rainbow trout in the care centre's outdoor courtyard, thanks to a donation of trout from Smoky Trout Farm. They equipped our staff with all the information needed to make this possible and residents were able to enjoy a little catch-and-release fishing and pie during the lovely fall weather. Also, thanks to Crystal and Nathan for donating the water trough and the Vets' Angels for picking up all other expenses!

*Photo by Samara Sinclair*

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# Year in review –

**Dwight Nelson**  
COO, Carewest

To say this has been a year like no other would be a very polite understatement.

I think many of us would agree this year was unlike anything we could have imagined. However, looking back upon 2020, there are many bright spots during these otherwise dark times.

When the first case of COVID-19 was discovered in Alberta on March 5, we knew Carewest wouldn't be far behind and on March 23rd, Carewest reported its first COVID-positive case in a staff member at Carewest Glenmore Park.

As we moved through the months that followed, we saw, heard and experienced instances around the organization where Carewest staff shone brilliantly, worked long hours, took on extra responsibilities and admirably continued to smile and comfort residents, clients and families who were nervous about what the future might hold.

We experienced regular outbreaks at all our care centres, which required an immediate response to prevent the spread of COVID-19. It took coordinated and combined effort of our staff – both within and outside of the workplace – to ensure a safe environment for those we care for.

We are so appreciative and grateful for those efforts and acknowledge that many of the changes that were made to the working environment, and the public health guidelines that now govern our lives outside the workplace, have been challenging for some. Much has changed and we have responded, adapted and evolved.

**So has Carewest. Looking back over the last 12 months, we have accomplished much:**

- **Response to COVID-19:** Single-site restrictions, continuous masking and eye protection, visitor restrictions, employee and visitor screening and the list goes on.
- **Orientation moved online:** What used to be an in-person Day 1 Orientation for about 50 new Carewest employees every month was built on carewest.ca so that new staff could access all the information they need to be successful in their roles from the comfort and safety of their home.
- **Technology project:** Even though clients in the Comprehensive Community Care (C3) program haven't been able to attend in-person since the start of the pandemic, staff are working hard to support them in other



## Next issue

- Submission deadline: March 20, 2021
- Publishing date: April 1, 2021

Submissions are welcome from everyone.  
See the back cover for details.

New Years Day..... Jan. 1  
Valentine's Day..... Feb. 14  
Family Day ..... Feb. 15  
Passover ..... Mar. 28

# what a remarkable year it has been

creative ways by developing virtual exercise classes for clients, who can all attend safely from their homes. The Operational Stress Injury (OSI) Clinic has also moved many of their services online so that clients can still benefit from the program during the pandemic.

- **OSI COVID Wellness Support Program:** The Carewest OSI Clinic has developed the COVID Wellness Support program – a free online, interactive curriculum designed to educate and support Carewest staff and equip them with information, assessments and tools to help gain resilience and address the impact COVID-19 may have had on them.
- **Program changes at Sarcee:** Meeting the needs of the community has always been an important part of the value Carewest demonstrates to Alberta Health Services and to the residents of Calgary. Carewest expanded sub-acute rehabilitation and alternate-level-of-care programming in response to the community need at Carewest Sarcee. This included the conversion of 15 beds in the Hospice and 45 beds on some of the other units to support this clientele as they transition primarily from an acute care setting into a care environment more appropriate to their needs.
- **Staff Experience Survey results:** For the first time, Carewest had over 1,000 responses to the Staff Experience Survey (1,023), equating to 37.1% of staff. Overall satisfaction increased from 89.5% to 91.5% from last year. 97% are proud of the work they do. 89.8% says their job inspires them. 97.2% believe Carewest has a commitment to client/resident safety. 91.9% would recommend Carewest to others as a place to work.
- **Staff appreciation during COVID:** To show our gratitude to employees for all their hard work during the pandemic, Carewest developed a series of small gifts, including Health Care Heroes posters and pins,

mask extenders, compasses and cupcakes that were distributed to staff throughout the year, with our appreciation.

- **Anniversaries of note:** During 2020, Carewest marked three significant anniversaries – the 20-year anniversary of the opening of Carewest Signal Pointe, the 20-year anniversary of the opening of Carewest Nickle House and the 10-year anniversary of the opening of Carewest Garrison Green.
- **LTC resident survey results:** Results indicated that 92.3% of residents say overall, they are satisfied with the care and services they receive at Carewest, 94.5% say they feel safe at Carewest, 90.2% say they are happy with their room, 93.2% say the people who work at their site treat them with kindness and 90.5% say they are treated with respect here.
- **Home Alone program for kids:** 187 children of Carewest staff enrolled in the Home Alone Safety Plus First Aid course to teach them basic skills for being home alone safely after COVID-19 necessitated the closure of schools this spring. The online course was free for children of Carewest staff and used interactive games and role playing to facilitate learning.

While the pandemic consumed much of our time and energy, we have accomplished much during the past year and we couldn't have done it without the dedication, commitment and hard work of Carewest staff.

For our staff working on Christmas Day, we hope gift bags of sweets and treats from our Executive Leadership Team make your day a little bit brighter.

On behalf of our Board members and the entire Executive Leadership Team, I would like to extend to each of you and your families best wishes for a safe and happy holiday season and hopefully, a peaceful, healthy and happy 2021. Best wishes to all – may you stay safe and well.



# Carewest staff some of the first vaccinated

## Samara Sinclair

Manager, Communications & Marketing

Alberta began receiving doses of COVID-19 vaccine last week with an initial shipment of 3,900 and a follow-up shipment of 25,000 and the province, in partnership with Alberta Health Services, began to plan for their first phase of rollout to health care workers across the province.

On Dec. 17, Carewest was informed that Carewest staff have been selected to receive the vaccine in this first phase of the rollout at several of our higher risk and larger sites: Dr. Vernon Fanning, George Boyack, Sarcee and Rouleau Manor.

Carewest staff who are eligible to receive the vaccination, at those four sites, will be contacted directly by AHS and will travel to designated vaccination sites because the Pfizer vaccine cannot be transported from the site where it is stored.

With numerous Carewest sites currently on COVID outbreak, it's a reminder that as community cases climb, so do exposures within our care centres. Carewest encourages all staff to get their vaccination once they are eligible to receive it.

This is something all staff can do to help protect themselves, their clients, their families and their communities against COVID-19.

Carewest Dr. Vernon Fanning RN Robyn Maerz says she's very thankful the vaccine is being made available to health care workers in the first phase and wants to be the first to roll up her sleeve.

"We have already seen the devastation COVID-19 can wreck among our vulnerable senior population. I am a firm believer in the safety and efficacy of vaccines to nearly eliminate severe disease," says Robyn.

"When a person is vaccinated, not only do they not develop the disease, but they also will not pass on the disease to someone else. The greater the proportion of people who receive the vaccine (and are now immune) means the smaller the chance is that a non-immune person will come into contact with a person with the disease. By vaccinating as many people as possible, we can slow down and even stop the spread of COVID-19."

AHS is working closely with Alberta Health to plan out the order of and logistics around vaccinating Albertans.

Frontline health care workers are a priority in the rollout of the vaccine. AHS will continue to advise continuing care operators, including Carewest, when staff at their sites are being scheduled for vaccinations.

The COVID-19 vaccine is voluntary for health care workers in Alberta. If you do not get the COVID-19 vaccine, you will still be allowed to work at Carewest, provided all proper IP&C procedures are followed and proper PPE is worn.

The vaccine that was approved by Health Canada this week does not contain the virus so it cannot give you COVID-19. The approved vaccine is a messenger RNA (mRNA) vaccine. The vaccine contains the genetic instructions for making a protein that is found on the surface of the virus that causes COVID-19. It uses our cells to make this protein and triggers our immune system to make antibodies against it. Then, if the real virus enters our body in the future, these antibodies will help fight the infection.

Health care workers should delay their vaccine appointment if they have had another vaccine in the last two weeks or are currently experiencing a fever. While individuals with mild symptoms are eligible for vaccine, anyone with COVID-19 symptoms or required to isolate/quarantine should rebook their vaccination for a later date.

As with all vaccines, there's a chance that there will be side effects. These effects are usually mild or moderate and resolve within a few days of vaccination. They can include pain at the injection site, fatigue, headache, muscle pain, joint pain, chills, and fever.

"When I was 11, there was a measles outbreak on the military base where I lived. I had received the measles vaccine as a baby in 1964, however, many of my friends had not received this particular vaccine. I was a kid who caught every cold that made the rounds, and so it was not surprising when I developed a mild fever and rash on my arms," says Robyn.

"However, within a day or two, I was as fit as a fiddle, unlike a couple of my unvaccinated friends who were very ill and missed weeks of school. The simple fact that my "measles-vaccine-educated immune system" had no trouble trouncing that virus so rapidly made a deep impression on me. Consequently, I am a life long vaccine adherent."

Make sure you send your proof of immunization to EH&S via fax (403-943-8166), interoffice mail or e-mail at [Cal.carewestemployeehealthandsafety@ahs.ca](mailto:Cal.carewestemployeehealthandsafety@ahs.ca)

# Social and Recreational Engagement Project

## Samara Sinclair

Manager, Communications & Marketing

In an effort to improve the delivery of activities for Carewest residents and clients, a working group was struck to build on the learnings and experiences from the pandemic.

The Social and Engagement Recreation Project working group was comprised of:

- Erin Winkler (Therapy Support Coordinator)
- Sandy Mooney (Activity Convener Beddington C3)
- Charlotte Jordan (RecT Garrison Green)
- Rachelle Forster (RecT Garrison Green)
- Emily Dukeshire (RecT Rouleau Manor)
- Shelley Rutledge (RecT R&R Fanning)
- David Sawatzky (Director of Operations)
- Dwight Nelson (Chief Operating Officer)

Their key deliverables were:

- Sharing of a broad list of ideas from other Recreation Therapists across Carewest and Alberta;

- Sharing of tools that can be used by units to determine what recreation supplies individuals in isolation or quarantine would benefit from;
- Development of a resource that will allow Recreation team members to identify options for virtual services for their clients and residents. This will be a shared resource where all can contribute and share with others across the organization;
- More broad sharing of AHS resources that will support access to virtual recreation and social engagement.

The Aim statement for this working group was, 'To build on the learnings and experiences from the pandemic, to update current processes and practices, to improve activities and well-being of our clients and residents'.

Resources and materials were saved into the Shared drive for all Rec therapy teams to incorporate into their day-to-day practices at: Common --> Shared --> Recreation Therapy --> Social and Recreation Engagement (COVID learning) Project 2020.



Carewest Dr. Vernon Fanning Neuro-Rehab client Mary Sullivan, left, and Recreation Therapy Aide Sarah Murray display some of the bookmarks that Mary had coloured for staff. Mary is such a delight to have on the unit with her positive attitude and her forever smile. Mary has quite the artistic talent, and has really enjoyed colouring to pass her time when she was not in physio or participating in another leisure activity on the unit. Mary worked hard colouring a few pages of various bookmarks, then Sarah colour photocopied them, cut them, and with help of Mary and other clients, mounted them on coloured paper and stamped the back with a "thank you". Mary was delighted to personally hand out the bookmarks to all 2 West staff who were equally delighted to receive them!

*Photo courtesy Shelley Rutledge*

# Diversity and inclusion education

We are continuously striving to improve on creating a healthy work environment and the staff at Carewest Glenmore Park have taken it to the next level, with a focus on Diversity and Inclusion.

“Part of creating a healthy work environment and building relationships is making sure that we all feel valued and accepted for who we are,” says Barbara Trzonkowski, Clinical Support Coordinator at Glenmore Park.

“Being aware of our own diversity is the first step towards valuing the diversity of others. Inclusion is what we do and how we treat each other. It is our flexibility and willingness to listen and collaborate to build safe places for everyone.”

Staff at Glenmore Park created a Diversity and Inclusion Visibility Wall to promote the concepts and raise awareness of their importance in the workplace.

**DIVERSITY** is the range of human differences; diversity is what makes each of us unique.

**INCLUSION** is valuing our differences and supporting each other to feel safe, welcome and a sense of belonging.

Diversity includes race, religious beliefs, colour, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status, sexual orientation, education or diversity of perspective.

- **Personality:** This is the foundation for all other elements of diversity and encompasses characteristics, traits, behaviours, extroversion/introversion, values, communication style, decision-making process and approach to life.
- **Static:** These conditions are not by choice, such as age, generation, race, abled/disabled, gender, sexual orientation, ancestry and gender identity/expression.
- **Dynamic:** These are matters of choices, circumstances and opportunities including family, marital status, education, personal habits, kids/no kids, income, religion, career, union, politics, social habits, military, appearance, places lived and skills/abilities.
- **Organization:** This is with respect to business aspects such as title/role, location, department, tenure and experience.

The journey towards inclusion occurs along a continuum. With any issue, you can identify where you are on the continuum and easily measure your progress.



The continuum follows these steps:

1. **Unacceptance.** Disagreeing with an issue you do not understand. You are unmoving and will not accept or allow for this issue.
2. **Tolerance.** You've learned more about the issue you disagree with and you've decided you will allow for its existence while maintaining your discomfort with the issue.
3. **Acceptance.** You may still not understand or agree, but you know enough to give credence or respect to the issue.
4. **Appreciation.** You begin to understand, and you extend recognition and value to the issue.
5. **Inclusion.** You allow yourself to become involved and empower discussion and resolution of the issue.

Remember it is not your job to speak for others but instead to open the door to opportunities and empower people to speak for themselves. A diverse and inclusive work environment includes one where:

- Every employee is respected and empowered;
- Everyone contributes equally;
- Every team member is supported with access to the same resources and opportunities.

You can create an inclusive workplace where diversity is celebrated by being kind and considerate, inviting a new person to the “lunch table”, asking people about their day-to-day, their personal life, their future aspirations and past experiences; and by making connections through your similarities and learning from your differences.

“Our goal is to assist with creating a diverse and inclusive, healthy workplace environment in which each of us can feel comfortable, valued, heard and accepted for who we are and allow us to work together to serve those who need us the most – our clients,” says Barbara.

# Staff fit-for-work screening goes digital

## Samara Sinclair

Manager, Communications & Marketing

Staff and physicians at Carewest Rouleau Manor and Carewest Dr. Vernon Fanning were among the first to pilot a digital version of the fit-for-work screening process to improve efficiency and reduce the spread of COVID-19 by reducing contact.

This new process utilized digital devices to complete the fit-for-work screening form, prior to entering the site. The fit-for-work screening questionnaire can be answered from personal devices like cell phones or home computers up to two hours before the starting the shift.

Sites offered tablets at the entryways for staff who didn't have access to a computer at home or cell phone.

Carewest staff, physicians and any visiting AHS staff log in to the online questionnaire tool – available at [ahs.ca/fitfor-work](https://ahs.ca/fitfor-work) using their network credentials.

Once staff complete the online questionnaire, they will be presented with a status of “Fit for Work”, “Not Fit for Work – Reporting Symptoms”, “Not Fit for Work – Travel Risk”, or “Not Fit for Work – Close Contact Risk”.

If the status is “Fit for Work” (green screen), staff show their device to the screener at the screening station to confirm they are fit for work that day.

If it is Not Fit for Work, for whatever reason, staff should stay home and contact their manager.

After showing their green screen at the screening station, the screener will take their temperature to ensure they don't have a temperature over 38°C and ask some additional questions to aid in the facility's risk assessment and contact tracing.

All staff must complete the online fit-for-work screening process in order to attend work.

Paper versions of the screening questionnaire will not be available to staff, however, will be used for contractors, volunteers, students and visitors.

“It's going well. Rouleau has adopted it and Signal Pointe to start in a week or so. OSI has done it since the summer. Feedback from staff had been very positive, from screeners and admin who have less paperwork to deal with,” says Yaro Kiselev, Director of Operations for Rouleau Manor, Signal Pointe and the OSI Clinic.

## There is still time to get your flu shot

| Site          | Immunized by Carewest | Immunized by Shoppers | Immunized outside Carewest | Total staff (as of Nov. 30) | %   |
|---------------|-----------------------|-----------------------|----------------------------|-----------------------------|-----|
| Admin         | 27                    | 3                     | 12                         | 54                          | 78% |
| Belcher       | 140                   | 4                     | 21                         | 291                         | 57% |
| Boyack        | 162                   | 0                     | 22                         | 283                         | 65% |
| Fanning       | 280                   | 154                   | 20                         | 707                         | 64% |
| Garrison      | 112                   | 61                    | 24                         | 295                         | 67% |
| Glenmore      | 97                    | 133                   | 21                         | 402                         | 62% |
| Nickle House  | 18                    | 0                     | 1                          | 29                          | 66% |
| OSI Clinic    | 23                    | 0                     | 6                          | 34                          | 85% |
| Royal Park    | 29                    | 28                    | 5                          | 102                         | 61% |
| Rouleau       | 38                    | 35                    | 26                         | 144                         | 69% |
| Sarcee        | 185                   | 3                     | 13                         | 342                         | 59% |
| Signal Pointe | 40                    | 38                    | 17                         | 116                         | 82% |
| C3 Bed        | 33                    | 0                     | 5                          | 56                          | 68% |
| Total staff   | 1184                  | 459                   | 193                        | 2855                        | 64% |



EH&S Nurse Laura Kilbreath prepares to administer the influenza vaccine into an awaiting arm. Photo by Samara Sinclair

# Resilience: Pause, Reset, Nourish

## Samara Sinclair

Manager, Communications & Marketing

At the Management Forum in September, Carewest managers were treated to an informative session on resiliency, courtesy of Dr. Kaitlin Chivers Wilson, Medical Director at the Carewest Operational Stress Injury Clinic.

Carewest Dr. Vernon Fanning Social Worker Julia Marsh (pictured, right), thought she would bring the learnings to her team with a Visibility Wall about pausing, resetting and nourishing.

According to Hamilton Health Science's COVID-19 Resilience Support Toolkit, during times of crisis, our resiliency is tested. Because resiliency is like a muscle, it requires practice and the ability to pause, reset and nourish at regular intervals to help build and maintain resiliency.

**Pause:** Take a full, deep breath allowing your attention to focus inward. Noticing your thoughts, emotions and body sensations. Are you noticing signs of anxiety, anger, restlessness, apathy, detachment, numbing? If you are familiar with the Mental Health Continuum, is your internal experience reflective of the green, yellow, orange, or red zone?

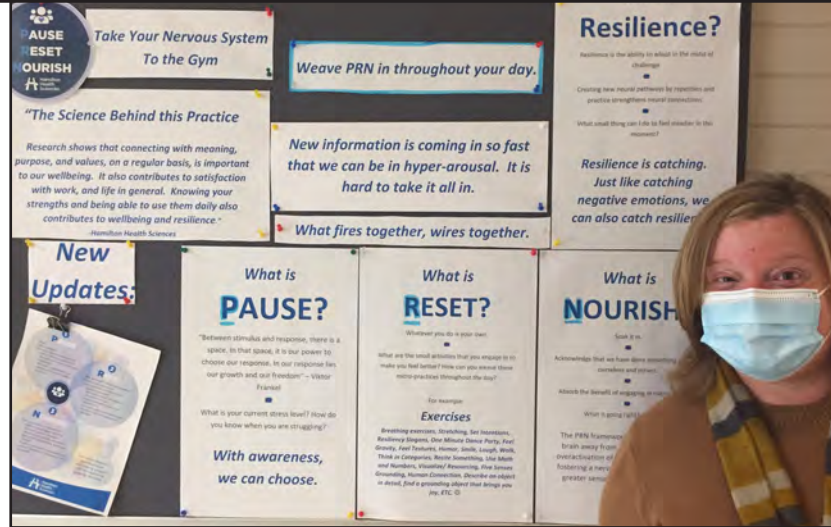


Photo courtesy Elizabeth Reimer

**Reset:** Do any activity you find helpful to steady your mind, emotions or body. These might be activities that are breath/body based, grounding, connected to meaning/purpose, focused on connecting to others, or expand gratitude, compassion and hope.

**Nourish:** Notice once again your thoughts with curiosity and without judgment. Take time to acknowledge the important work that you are doing and that you took a moment to reset and replenish yourself.

## Staff Experience Survey coming mid-January

### Jeanine Kimura

Director of Operations, Quality & Performance

It's that time of the year again to give us your feedback about work life at Carewest.

#### Last year:

- 34% of staff took the time to tell us about their work experience at Carewest by taking the survey.
- 92% of the staff would recommend Carewest as a good place to work.
- 91.5% are overall satisfied with their job at Carewest.

These are results that most employers would be proud of but we know there are always opportunities for improvement in some areas.

This has been a challenging year for all of us and many of those plans for further actions have been adjusted to allow us all to respond to the pandemic.

We still need your input and we are keeping our regular survey schedule to allow for that feedback.

Once again, this year's survey will be online only and takes five minutes of your time to complete.

The survey will be open on January 17th and remain open for responses until mid-February.

You can respond on any computer, tablet or smart phone using a link that will be e-mailed to all staff and available on Careweb.

As with past surveys, your individual responses are always anonymous and data is only reported in summary (e.g. by site or program).

Your voice is then added to others to help us prioritize where we might need to learn more about a particular issue, or drive improvements at Carewest.

For those of you who have continued to participate in these surveys, thank you so much!

If you are new or haven't participated in the past, please consider being part of the process.

# Leadership champions during the pandemic

**Tawnee VandenBroek**

**Education Services Assistant**

As I left for my maternity leave in November 2019 with my first baby, I jokingly said to my team, “Don’t change too much while I’m gone”.

Little did I know the Carewest work world I once knew was about to take on a big change that no one saw coming.

Upon departing for my leave, Carewest was operating in a regular routine which we all knew as “normal”.

We came to work as per usual, completed our daily duties, interacted with residents and colleagues, and went home for the evening to come back the next day and do it again.

All resident group activities, employee education courses, and site functions such as the Calgary Stampede were attended by both residents and employees and enjoyed as anticipated.

Returning to work a few months after the COVID pandemic was declared, I knew I would be coming back to a different work environment, but I didn’t realize just how different it would be.

There are of course the obvious changes of employees wearing face masks, hand sanitizer stations and PPE available all around the sites and in each unit, and discussions around maintaining a safe social distance within the work space or even working remotely.

But the finer changes I noticed amongst the organization immediately was the employees’ diligence to face this pandemic head on and the amount of resilience displayed by never giving up even in the more challenging times.

In education terms, sometimes employees who show this type of drive and commitment are referred to as “the champions” of the content, however, to me I see this as leadership.

Each employee has assumed a role of leadership whether it was intended or not.

I see leaders who are taking action to restock supplies frequently used, who have stepped up to assist when staffing is minimal, and who simply wear the required PPE on a daily basis to help minimize the spread amongst the organization and community with no questions asked.

We are all leaders in our actions to help keep our residents, colleagues, and our families safe during these uncertain times. It is because of leaders like us who make these choices every day that prove we are helping to address this pandemic from a work and personal perspective.

Aside from the obvious provincial regulations executed by the MOH and government, Carewest has also shown to be a leader as an organization.

Thorough communication, collaboration between departments, and implementation of new practices has encouraged Carewest management to expand their levels of leadership as a whole.

Our Carewest management has always been a strong component of the organization, but this pandemic has also challenged them to grow in ways they may have not imagined they could.

“I need to be prepared to make decisions more rapidly and more often without all of the information but the best information that I have on hand”, “I need to make sure staff have the right information to deal with the pandemic but also resources to support their own wellbeing”, and “I need to be able to adapt new processes even faster as information changes often and quickly”, are some examples of the new skills management expressed they learned during these times.

It goes to show even our Carewest management leaders are continuously learning and growing through the pandemic as well. Although a pandemic is not what anyone would have wished for, the leadership momentum it has brought out in each of us is truly the silver lining.

My challenge to you as a leader is to keep making the choices you are, putting yourself out there and contributing to beating this pandemic.

We are all in this together and can only overcome this as a unit by our individual contributions we make.

And here I thought my personal world was the only thing changing in the last year.



# Employee profile

## Caralee Kurio

Staff Nurse

Carewest Sarcee

“ I was shocked at how hard it hit me. At the time, I never told my friends or family how sick I was because I didn’t want to worry them. I also didn’t even tell a lot of my friends that I had it. ”

### Samara Sinclair

Manager, Communications & Marketing

When staff nurse Caralee Kurio first heard that the COVID-19 virus had entered Carewest Sarcee, she wasn’t concerned about her own safety – only that of the vulnerable residents and clients who live and stay at the care centre.

At 32 years old, Caralee was young, fit and healthy. She had no underlying health conditions and exercised often, didn’t smoke and took care of herself.

It was April 1 when the outbreak was announced on the Rehabilitation and Community Transition Program, on Unit 2 at Sarcee and due to contact tracing, many of the staff were sent home to self-quarantine for two weeks. Caralee had been working a different unit and was called in on Unit 2 to assist in supporting those staff who remained.

“They were struggling to fill shifts, so I agreed to switch my regular shifts in long-term care to go to RCTP to work evening shifts as a floor nurse that week,” says Caralee. COVID-19 had only been present in Alberta for about a month and health officials were rushing to implement public health orders as they learned more and more about the virus.

During that first week, all the clients on the RCTP unit were put on contact/droplet precautions, which meant staff had to wear full Personal Protective Equipment (PPE), including masks, eye protection, gloves and gowns when entering their rooms and caring for them.

But when Caralee arrived on the evening of April 6, she noticed all the PPE carts that had been set up were being removed in response to new Medical Officer of Health (MOH) advice to take all asymptomatic residents off contact/droplet precautions and simply keep them isolated to their rooms.

This was before continuous masking in the workplace came into effect and Caralee continued caring for clients who were seemingly asymptomatic, without any PPE. “Several other clients who were not on contact/droplet isolation started presenting with COVID-like symptoms on my first and second shifts,” she says.

“I ended up re-swabbing several of them anyways and putting them back on contact/droplet, after I had already been in contact with them without PPE. Later, I found out at least five of the clients who I swabbed were COVID positive. More were confirmed over the next few days.”



Photo by Samara Sinclair

The next day, new MOH orders dictated that Caralee and anyone else who had been exposed, should self-isolate and monitor for symptoms, so Caralee stayed home.

“That day I was exhausted, I couldn’t keep my eyes open but I contributed that to working late hours that I’m not used to, so I didn’t worry about it too much. The next day, I woke up with a sore throat, which was now five days after my first exposure,” she says, adding she got tested and 18 hours later, received a phone call saying she was positive for COVID-19.

“On day four, it hit me. I was shocked at how hard it hit me. At the time I never told my friends or family how sick I was because I didn’t want to worry them. I also didn’t even tell a lot of my friends that I had it.”

Continued on Page 11

## Employee profile: Caralee Kurio

Continued from Page 10

### Read on for a first-hand account of Caralee's experience:

*"I was shocked at how bad the shortness of breath was considering I don't have asthma.*

*Walking from my bed to the bathroom felt like I had run a marathon. It was hard to take in a full breath, it felt so restricted. I didn't find that much helped. I tried sitting in different positions. I would sleep sitting up, doing deep breathing, taking Ventolin. I did actually contemplate going to the hospital partly because I was so scared to be alone when I was feeling this way.*

*On day five, the fever pain was like nothing I have ever experienced before. I would be drenched in sweat. My skin literally felt like it was on fire, it was so painful. I also had the chills, but I couldn't handle having anything touching my skin because it hurt so much. It hurt so much to move, I was so uncomfortable and had no energy to get out of bed. It took everything out of me to go to the bathroom.*

*Even though my family and a few friends were so great and dropped off food, I was just in so much pain and I didn't have energy to even heat it up. I filled up several water bottles and Tylenol and kept them at my bedside, so I wouldn't have to move.*

*My other major symptom was a pressure headache; it was so intense. It was continuous and felt like the pressure was so built up that it hurt to even open my eyes. It lasted for six weeks and now it is just on and off.*

*I was taking Tylenol around the clock every four hours, with little relief. Even though I felt exhausted all the time, it was really hard to sleep because of how I was feeling and I was actually afraid to fall asleep. I have issues sleeping now because of how scared I was to go to sleep.*

*Day five, I completely lost my sense of taste in the morning and sense of smell that night: lasted just over a week. I still don't think my taste is totally back because I have to use a ton of hot sauce on almost every single thing I eat.*

*Other symptoms I had but weren't as extreme: sore throat, cough, sneezing, mild congestion, nausea. I don't know if this was a symptom but it was strange and I never had it before, but the inside of my palms started peeling."*

Five weeks after her first symptoms, Caralee was cleared by AHS to leave her house but despite the fact she was now COVID negative, many of her symptoms persisted.

"I was very confused as to why it had hit me so hard and why I wasn't getting better like people thought I should be. I started getting new, unusual symptoms. Near the end of May, I started getting this terrible lower back pain, it was very tight and I physically could not bend forward or backward," says Caralee.

"Most people said it was probably because I hadn't done anything physical in so long, but it still seemed really unusual because I actually still continue to have that pain. I've heard recently that people are getting arthritis post COVID."

Caralee went back to work, seven weeks after catching COVID and even six months later, has not been able to return to her full duties.

She continues to suffer from debilitating headaches, back pain, shortness of breath, inability to sleep and anxiety.

She found a support group called the Long-Haulers – people from around the world who have contracted COVID-19 and struggle with long-term effects of the virus.

She also took advantage of a Carewest program, offered through the Operational Stress Injury Clinic, for staff who were affected by the outbreak at Carewest Sarcee and who wanted some additional support and education to overcome increased anxiety, uncertainty and stress.

"It has been really difficult coming back to work and not being able to do what I was used to doing. It has also been hard for my co-workers because they don't understand why I'm not the way I used to be," says Caralee.

She is slowly learning to adapt to the changes that have happened in her body. Caralee is on a few medications now, including inhalers, pain medication, antidepressant/sleeping pills.

She now goes to physio twice a week and gets dry needling in her back and hips.

She is unable to participate in the activities she used to do, like going to pilates, to the gym, hiking, running, etc. Today, she can only walk for short amounts and only if it is on completely flat surfaces.

Despite all this, Caralee realizes she should be grateful that the virus hasn't impacted her life further, as it has for many around the world.

"I just have to be patient and know my limits for now – if anything, I think this whole experience will also make me a better nurse, be more empathetic and understanding towards my clients. It has also made me appreciate the small things in life that you forget about. Like being able to take in a full breath or being able to taste your food," she says.

"I'm also so appreciative of all the support I have received from everyone at Carewest and I'm very proud to be a member of Carewest. I know everyone has worked so hard, and I know it has impacted everyone's life in some way."

# Resident profile

## Hans Jakubczyk

Carewest Royal Park

“ When the Americans advanced through Italy and Germany, we tried to run away from them but four friends and I were caught. ”

### Samara Sinclair

Manager, Communications & Marketing

The prisoner-of-war camp Hans Jakubczyk was taken to in Germany in April 1945, “wasn’t exactly the Ritz”, he says, but fortunately, the 92-year-old Carewest Royal Park resident only had to spend 3.5 months there.

Hans endured the American camp alongside 150,000 other prisoners-of-war, reminiscing about the days just prior to his capture, when he served as an anti-aircraft gunner for the German army, protecting the skies near the industrial area, near the Alps.

Hans was born in Hindenburg, Germany, on the border of Poland.

He was drafted into service near the end of World War II, at the tender age of 16.

“When the Americans advanced through Italy and Germany, we tried to run away from them but four friends and I were caught,” says Hans.

“In camp, they fed us once a day and clearly wanted to get rid of us as soon as possible. Near the very end of the war, they released us to the French.”

Hans’ parents were not thrilled with his choice of vocation (his father was a teacher and school principal) but Hans had always wanted to learn how to farm and found a large farm to take him on as an apprentice – working with horses and his hands instead of the large, modern machinery of today.

Specializing in crop farming, Hans had been farming for a few years when he heard on the radio that Canada was accepting people from Germany to farm in their country.

He applied immediately and worked construction as he waited for acceptance.

Still in Germany, someone from Canada interviewed Hans. “Can you plough? Can you milk?”

“Yes, yes,” replied Hans.

That’s all he wanted to know and Hans was accepted.

On April 30, 1953, he left Germany by boat and arrived 10 days later in Quebec.



*Photo taken from Zoom Screenshot*

Slated to go to Terrace B.C., an immigration Canada agent intercepted Hans and sent him to Stettler, Alta., where they supposedly had “wonderful apple orchards”.

Three-and-a-half days later, while still looking for apple trees, Hans was hired by a farmer just north of Coronation, and instead of picking apples, he spent the summer picking rocks from the fields, so not to damage the farm equipment.

In November, the farmer introduced Hans to his brother-in-law, who owned a welding shop in Calgary. There, he learned how to weld.

After 2.5 years of welding tanks for trucks, the fumes began to bother Hans and he decided it was time for a career change.

## Resident profile: Hans Jakubczyk

Continued from Page 12

Together with a friend, Hans founded and operated a trucking business, transporting oil between the oilfield and the pipeline.

Hans was married in 1958, and he and Elisabeth raised three children – two boys and a girl – in Drumheller.

In 1965, while still driving trucks, Hans hurt his back and once again, he heard the call of the farm.

The family sold their Drumheller home and bought a farm in Enchant, Alta.

“We didn’t have much money for machinery but my crops were rich enough to feed cattle with what we couldn’t sell. I began feeding cattle and because we were in an irrigation district with easy access to water, we had a good thing going,” says Hans.

“I bought irrigation equipment and made the farm even more productive. In fact, I kept building one thing after another and in 1982, added onto the house, turning it into a 2,000 sq. ft. home.”

In 1987, Elisabeth, a diabetic, passed away from a heart attack. In 1989, Hans sold the farm and moved to Lethbridge.

In 1993, he married Marlis, a longtime friend who had become widowed in 1991. Since Marlis lived in Calgary and still worked as a principal and teacher at a language school, Hans picked himself up again, sold his property in Lethbridge and moved to the big city.

Hans and Marlis enjoyed travelling, visiting Hawaii, Mexico, Spain, Italy, Germany, Austria, Hungary and much of North America.

They enjoyed classical music and held season’s tickets to the Opera and the Calgary Philharmonic Orchestra. They enjoyed entertaining and often had people over to their house in Silver Springs.

They are looking forward to celebrating their 28th wedding anniversary in February, hopeful their large family of children, grandchildren and great-grandchildren will be able to join them.

In April 2020, Hans slipped and fell in the bathroom, hitting his knee and breaking his left femur.

He spent seven weeks in the Foothills Medical Centre and came to Carewest Royal Park via the Bethany Care Centre. Today, Hans enjoys reading and doing physiotherapy.

He has regular visits with his daughter, who comes to see him from Lethbridge, and his wife, who visits several times a week.

## Belcher aids in AHS’ COVID-19 response

### Samara Sinclair

Manager, Communications & Marketing

The COVID-19 pandemic has necessitated a health care response like no other – from the provincial level, right down to local health care operators, like Carewest.

As the number of positive COVID-19 cases have steadily increased, the demand on health care in Calgary has been particularly high. Alberta Health Services is increasing capacity across the health system to provide care spaces for patients with COVID-19 in acute care hospitals.

In order to ensure adequate acute and ICU beds are available for COVID-19 patients, AHS will be working with partners to transition additional continuing care beds to allow for safe transfer of patients out of acute care.

Carewest has been asked to partner with AHS to transition currently vacant long-term care beds to assist with creating space for Complex Mental Health residents as that is a critical pressure currently in Calgary.

Given the risk assessment, facility evaluation and capacity, it was determined that the most appropriate placement would be at Carewest Colonel Belcher.

Due to restrictions on admissions during the current COVID-19 outbreak at the Belcher, the care centre has 30 vacant beds appropriate for this transition.

Carewest has engaged with Veterans Affairs to ensure they understand the need to convert a number of contracted beds for veterans. Any veterans awaiting placement in LTC will still be prioritized for admission in remaining LTC beds within the care centre.

Carewest will be creating two cohorts of beds, one secured and one non-secured, for adults with complex mental illness, or neurocognitive disorders such as dementia or brain injury.

Staff will receive any additional specialized training they may require to work with this population. We will also be redeploying staff with expertise in caring for clients in our mental health programs, including leaders from the Carewest Operational Stress Injury Clinic and Carewest Rouleau Manor.

Because of the pressure on the acute care system in Alberta due to COVID-19, the timeline to operationalize this response plan is tight, with plans to begin admitting shortly in the New Year.

# Calgary Health Trust NOW Calgary Health Foundation

## Grace Fullerton

Community Engagement and Marketing Advisor

There are brighter days ahead for our loved ones!

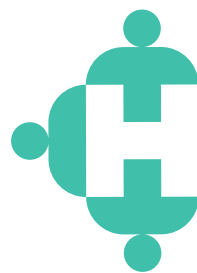
Based on feedback from our community, Calgary Health Trust has recently made some big changes and adopted the name Calgary Health Foundation to make a bigger impact for people in Southern Alberta.

This change goes beyond our change in name; we are relentlessly pursuing our goal of making our healthcare system among the most progressive in the world. We have renewed our focus, and are eager to advance care, wellness and research to deliver the best possible health outcomes for our community.

Why did we adopt this change? We listened to our donors, and to our community at large. We have served the community for over 25 years, and, thanks to the generosity of our donors and the hard work of our staff and partners, Calgary Health Foundation has raised over \$506 million for health care.

It was time to make a change, and re-articulate our position and value in the community. Due to our interconnected and collaborative nature, Calgary Health Foundation has the unique opportunity to bring partners and donors together to impact changes to healthcare at a system-wide level.

Did you know that 80% of Albertans will rely on our healthcare system at some point each year?



# Calgary Health Foundation™

*Relentlessly advancing care, wellness & research*

Thanks to the support of our donors, we strive to make targeted investments and transform health care for a better Alberta.

Calgary Health Foundation is eager to bring our focus from a system-wide lens, to continue to support programs and initiatives within Carewest that will enhance the quality of life for Carewest residents. Carewest is an indisputable pillar in our community, with facilities and programs tenaciously supporting a dynamic range of Calgarians and residents.

Calgary Health Foundation continues to proudly stand by and support our partners in Carewest, where we look forward to supporting breakthrough investments in care, wellness, and research.

Please visit [www.calgaryhealthfoundation.ca](http://www.calgaryhealthfoundation.ca) to learn more.

## Benefits plan premium changes for 2021

### Ruth Zwolinski

Manager, Compensation & Benefits

Carewest maintains nine different benefit plans depending on employee group and union as part of our overall compensation program for eligible employees. These plans support the Health and Wellness for our employees and their dependents. All our plans are managed by The Health Benefits Trust of Alberta (HBTA), our Benefit provider.

Annually all plans are reviewed by the HBTA. During this review, HBTA examines Carewest staff usage, benefit cost increases or decreases and benefit vendor and insurance rates. While Carewest staff gain a significant advantage by being in a large group for health and wellness benefits vs. what an individual would pay purchasing these coverages on their own, when staff usage rises or when drug and treatment costs rise, so do our premium costs. HBTA works with us to keep the necessary increases as low as possible through active plan management.

Based on the above factors, effective January 1, 2021, premiums for benefits are increasing or decreasing as noted below:

- **Short Term Disability (STD):** All plans premiums are reduced -6.6%, and move from a two-week wait period for benefits to a one-week wait period
- **Long Term Disability (LTD):** Increased premiums of 3.8%
- **Basic Life/ Additional Basic Life:** Increase premiums of 2.9%
- **Basic AD&D/ Additional AD&D:** No change
- **Healthcare:** Increase premiums of 22.4%
- **Dentalcare:** Increase premiums of 9.9%
- **Visioncare:** No change
- **Out of Country (as applicable):** No change

Please note that the payment ratio for premiums that are cost-split between Carewest and the employee will remain the same, usually 75% employer and 25% employee paid. All updated Benefits Handbooks and Rates are posted on Careweb for your reference.

# Clinical section on Careweb

## Jeanine Kimura

Director, Quality and Performance

If you are looking for information about client safety beyond the policies, check out the Careweb clinical section.

This section contains information that has been developed by Quality Councils to ensure Carewest is meeting best practice standards.

**In addition to links to related policies, forms and education, you can learn about:**

- Approaches to our overall safety framework and more specific information about Falls Reduction, Medication Management, Responsive Behaviours and Skin and Wound strategies.
- How to contact a health ethicist when you have an ethical issue related to care.
- Information for the interdisciplinary team (safety alerts and notices, shift report standards, SBAR tool).
- Clinical equipment - home to the Clinical Equipment catalogue that provides information about preferred models of equipment and specifications.

Looking for something on Careweb?  
Don't know where to find it?

Did you know you can find Carewest's Falls Strategy under the Clinical tab? There, you can find out about the five standard equipment options to help reduce risk of falls injury and the risk assessments that help identify care planning strategies for falls, responsive behaviours and pressure injuries.

Click to enter

There are links in this section to more information about how to request and evaluate trials of new equipment. This section is a work in progress and changes with new learning.

If you see something you think should be added or have questions, please contact Coleen Manning, Manager, Clinical Standards and Nursing Practice or Erin Winkler, Therapy Support Coordinator.



## CAREWEST WELLNESS RESOURCE CORNER

Care about YOUR health



We all feel nervous or worried at times. This anxiety can be a helpful feeling when it warns us of danger.

An anxiety disorder, on the other hand, causes unexpected or unhelpful anxiety that seriously impacts our lives. Some different types of anxiety disorder include:

**Phobias:** An intense fear about an object, animal or situation that cause sufferers to change the way they live to avoid the feared object or situation.

**Panic disorder:** Involving unexpected panic attacks that can cause racing heart, shortness of breath or nausea. Attacks seem to happen for no reason.

**Social Anxiety disorder:** Intense fear of being embarrassed or evaluated negatively by others, prompting sufferers to avoid social situations.

**Generalized anxiety disorder:** Excessive worry about a number of everyday problems for more than six months, causing sleep problems or muscle tension.

Anxiety disorders can affect anybody and are the most common mental health problem. Sometimes they are triggered by a specific event or stressful experience.

There are a number of treatments available for anxiety disorders including some of these strategies:

**Counselling:** Cognitive behavioural therapy is a helpful form of counseling for anxiety.

**Medication:** Some people find anti-anxiety or antidepressant medication helpful.

**Support groups:** Support groups are a good way to share your experiences and connect with others.

**Self-help strategies:** Stress-management, problem-solving and relaxation are proven strategies.

When supporting someone with an anxiety disorder, be patient, offer to help your loved one practice new skills, listen and offer support but avoid pushing unwanted advice.

# What's happening

## Remembrance Day re-imagined

Remembrance Day is an event very important at Carewest Colonel Belcher. It has been a long-standing tradition to host a ceremony for residents, family and friends, at which veterans take part to commemorate this significant occasion and the contributions that they have made to the privileges and freedoms many enjoy today. But the COVID-19 pandemic has forced a re-imagining of how we come together to commemorate this important national holiday. On Nov. 11, 2020, Carewest celebrated its veterans by streaming a pre-recorded video, produced onsite with our own veterans and local dignitaries. The video was made available on carewest.ca on Nov. 11 and included speeches, the ceremonial wreath laying and the moment of silence. Resident Stephen Zabarowsky lays the wreath on behalf of the Air Force, in this photo. Carewest partnered with a local production company to create the video as a way to say "Thank you for your sacrifices, all those years ago". After the video was shown, a small, intimate pub was organized in each of the care centre's neighbourhoods for residents as well as a special roast beef dinner.

*Photo by Samara Sinclair*



Cards courtesy of Fluffy and Spike's Small Dog Daycare are dropped off for residents at Carewest Dr. Vernon Fanning by owner Sheena Wallace (pictured) and Ashley Jackson. *Photo courtesy Sheena Wallace*



Residents on fourth floor at Carewest George Boyack enjoy some handmade cards delivered by community members for the residents.

*Photo courtesy Nazila Ghasemi*

# around Carewest

## Pumpkin Patch conjures up Halloween spirit



Thanks to the generosity of Calgarians, over 100 pumpkins were donated to Carewest Colonel Belcher to create an outdoor Pumpkin Patch for residents to tour during Halloween. Carewest put a call out over social media and radio for donated carved pumpkins before Halloween and Calgarians responded. Residents were toured through the “Pumpkin patch”. Thank you to everyone who contributed to helping bring the Halloween spirit to our residents!

*Photo courtesy Jennifer Craddock*

## Halloween and wacky hair day at Fanning



Annual “Halloween Pumpkin Carving/Decorating Contest 2020 & Wacky Hair Day” brought out the best and most imaginative creations – even a pumpkin that symbolized Compassion, Kindness, Diversity & Inclusion.

*Photos courtesy Kristina McGowan*

# Service Awards

November, December and January's Service Award winners have provided kind and compassionate care and service to Carewest residents and clients for 5, 10 and even up to 35 years.

Thank you for your service, commitment and dedication!

## 5 Years

|                     |                           |
|---------------------|---------------------------|
| Katrina Cinco       | Chinonso Darlington Obasi |
| Nesrin Koybasi      | Nahla Qalo                |
| Pei Shannon Li      | Genalyn Savard            |
| Guizhu Ashley Mu    | Andrea Simioni            |
| Jacqueline Sazon    | Karen Fossati             |
| Hadijar Sewalu      | Debbie Galarse            |
| Bo Tang             | Darrell Lang              |
| Christa Todd-Savoia | Zaneta Lipshitz           |
| Heather Akins       | Lesley Myles              |
| Rebekah Dirk        | Carrie O'Toole            |
| Gina Ferrer         | Catherine Renkas          |
| Cheryl Garcia       | Amanda Skidmore           |
| Hiddecel Medrano    | Jacqueline Tomandl        |
| Darci Nelson        |                           |

## 10 Years

|                        |                    |
|------------------------|--------------------|
| Angelita Almario       | Doris Martinez     |
| Comfort Boadu          | Palaza Ndlovu      |
| Angelita Garcia        | Leena Simon        |
| Alpha Kargbo           | Shyni Sismon       |
| Shaima Khidri          | Alif Ali           |
| Seung Hee Kim          | Ming Li Carol Fung |
| Beenish Sarfraz        | Amie Humphrey      |
| Trudy Taylor           | Mercedes Lichty    |
| Eduardo Timbreza       | Cristina Lim       |
| Maria Lourdes Vicedo   | Raychelle Mariano  |
| Songmi Ahn             | Pamela Mitchell    |
| Valerie Bruneau-Stones | Modupeola Ogundana |
| Abtesam Dakhil         | Chandrika Patel    |
| Luz Klaassen           | Donna Yuen         |

## 15 Years

|                    |                 |
|--------------------|-----------------|
| Judith Ellis       | Shamim Sultana  |
| Diane Fjaagesund   | Jane Swaren     |
| Lorie Frigillana   | Truman Tong     |
| Scott Gelfand      | Nanette Bamfo   |
| Neil Graham        | Terry Chan      |
| Vilma Juarez       | Maria Chavez    |
| Eleonor Manabat    | Lorelie Lagao   |
| Meera Manak        | Arcy Pietrowski |
| Yvonne Mills       | Yasmin Ratanshi |
| Vanessa Santos     | Gemma Rovelo    |
| Nola Bennett-Laird | Julie Stewart   |
| Jacinta Paccalagan | Arlene Tan      |
| Xue Mei Qiu        | Isabelle Tshiya |

## 20 Years

|                            |                    |
|----------------------------|--------------------|
| Luz Adriano                | Fabiana Giuricich  |
| Novellette Barrett-Johnson | Sharon Speers      |
| Yan Liu                    | Laura Boutin       |
| Linda Steinke              | Normarie De Castro |
| Cheriana Winkle            | Michele Livingston |
| Nadine Anderson            | Betty Norman Bray  |
| Ravneet Baidwan            | Sharon Smith       |
| Nancy Blain                | Carolyn Spotowski  |
| Amy Button                 |                    |

## 25 Years

|                   |             |
|-------------------|-------------|
| Vinnett Harding   | Edith Derry |
| Apolonia Cudiamat | Maria Hum   |

## 30 Years

|             |               |
|-------------|---------------|
| Wendy Beggs | Farida Bhanji |
|-------------|---------------|

## 35 Years

Grace Dayrit

# Coffee break

Samara Sinclair, Manager, Communications & Marketing

Sources: [www.armoredpenguin.com](http://www.armoredpenguin.com) & [www.sudokuessentials.com](http://www.sudokuessentials.com)

## Word Search

Happy Holidays



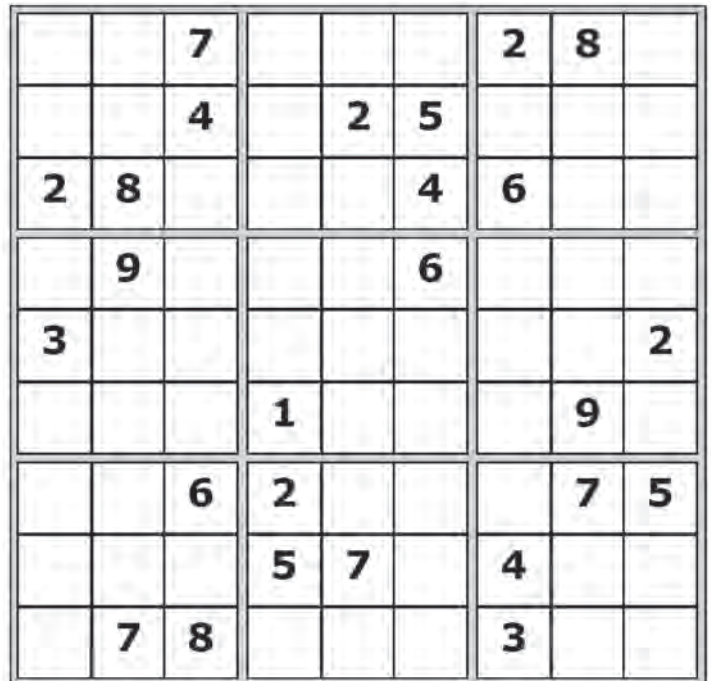
Family  
Fireplace  
Friends  
Holidays  
Home  
Merry

Outdoors  
Peace  
Quiet  
Recharge  
Relax  
Snowy

Virtual  
Walks  
Warm  
Wellness  
Winter  
Wonderland

## Sudoku

Level: Very Hard



### How to play Sudoku

Fill in the game board so that every row and column of numbers contains all digits 1 through 9 in any order. Every 3 x 3 square of the puzzle must also include all digits 1 through 9.

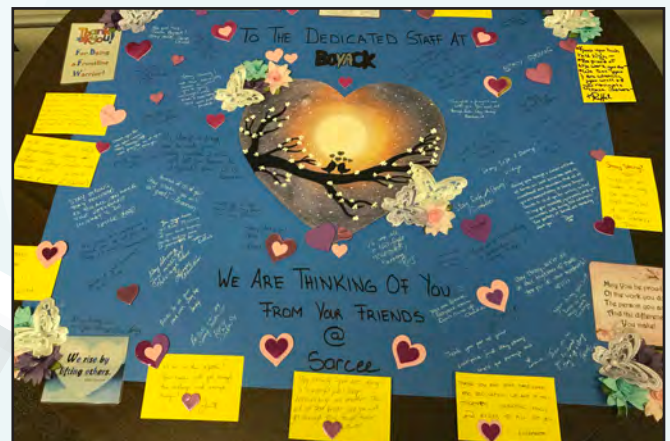
## Christmas Shortbread Cookie Recipe

### Ingredients

2 cups butter, softened  
1 cup white sugar  
2 tsp vanilla extract  
4 cups all-purpose flour

### Directions

Preheat oven to 350°F (180°C). Cream butter and sugar until fluffy. Stir in vanilla, add flour and mix well. Put through cookie press and form cookies on baking sheets. Bake 10-12 minutes.



Thank you to the staff at Carewest Sarcee who, in a show of support, created this poster for staff at Carewest George Boyack, who worked many weeks to manage a COVID outbreak. Boyack staff were touched to see such an outpouring of love and support.

*Photo courtesy Irene Houghton*



Carewest Dr. Vernon Fanning resident Tania Hodges shows off her new “do” after shaving her head in support of those going through cancer. Wayne Wagner, Carewest Garrison Green hair stylist, graciously offered to shave their heads for free. Not pictured is resident Sallie Greenway, who also shaved her head. *Photo courtesy Judy Dravucz*

# Carewrite

Carewrite is produced quarterly. We welcome your submissions. Please contact Samara Sinclair, Manager, Communications & Marketing  
E-mail: [samara.sinclair@ahs.ca](mailto:samara.sinclair@ahs.ca) Tel: 403-943-8158  
Fax: 403-943-8122 Attention Samara Sinclair  
Special thanks to Freepik.com, which supplied all illustrations unless otherwise noted