

# New Directions

## Winter 2019

G U E L P H  
Independent **LIVING**

Quarterly Agency Newsletter

[www.guelphindependentliving.org](http://www.guelphindependentliving.org)



## Inside:

- Executive Director's Message
- Hallway Health Care
- GIL Christmas Celebrations
- Falls Preventions
- Information about Hoarding
- What is an Attendant ?
- "Meet a GIL Client"
- 2019 Leisure Events
- Planes, Trains and Wheelchairs

## Mark it in Your Calendar!

**Wednesday March 13**

**Storm vs Knights**

Sleeman Centre, Guelph

**Wednesday June 26**

**Grand River Raceway**

Dinner & Entertainment, Elora

**Thursday July 4**

**Annual Agency Picnic**

Riverside Park Large Shelter, Guelph

## FROM THE EXECUTIVE DIRECTOR'S DESK...

Welcome to 2019!!

Hope everyone had the opportunity to enjoy time with family and friends over the holidays. A huge **'thank-you'** to all GIL employees who worked the holiday season to ensure clients had assistance with their daily routines.

As we begin the fourth quarter of our fiscal year, work is being completed to prepare for our 2019-2022 M-SAA funding agreement with the Waterloo Wellington Local Health Integration Network (WWLHIN). One of the documents required is the 2019-2020 Community Accountability Planning Submission (CAPS). The CAPS involves reporting on the funding allocations per functional centre plus describing each program, the geographical area served, and client population statistics including gender, age, and Francophone and Indigenous background. Approval of the new M-SAA will occur prior to March 31, 2019.

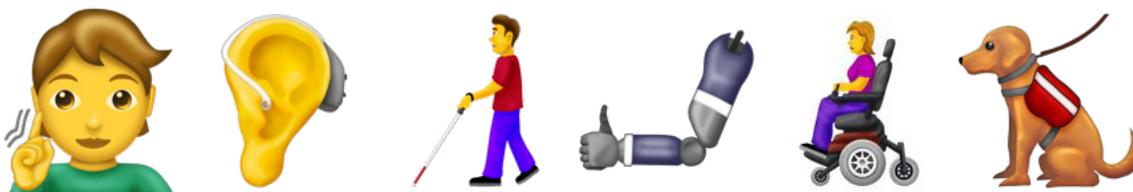
With the new provincial government, change is happening in Ontario. The definition of change is to *'make or become different'* (verb) or *'the act or instance of making or becoming different'* (noun). Change is anticipated within the provincial health care system. Improving Healthcare and ending Hallway Medicine has been established. The goal is to provide strategic advice to the

Premier and Minister of Health and Long-Term Care that will help ensure Ontarians have a health care system with the right mix of health care professionals, the right number of hospital and long-term care beds, and that care is available when and where it's needed. Their first report titled *'Hallway Health Care: A System Under Strain'* highlights the use of innovation and technology as recommendations for future success. Additional details can be found on Page 3. As we all wait to see what the changes will be within health care, GIL continues to work with the Board of Directors, employees and community partners to provide the best services possible to our clients.

As identified in the report, a significant challenge in Ontario's health care system is capacity pressures. At GIL this equates to difficulties in the recruitment of front-line employees; similar to difficulty felt by most/all providers. We continue to problem-solve this challenge and appreciate the patience and understanding of our clients in the interim. If staff shortages are experienced in a program, cancellation of non-essential or low risk services (i.e. housekeeping and additional showers) may be necessary as a last resort. We are hopeful the government will recognize the importance and value of PSWs within the health care system; resulting in positive change.

Janet

## NEW EMOJIS FROM APPLE...



# HALLWAY HEALTH CARE: A SYSTEM UNDER STRAIN

The Premier's Council on Improving Healthcare and Ending Hallway Medicine, led by Dr. Reuben Devlin, is tasked with providing advice on how to make improvements across the entire health care system and improve health outcomes for the residents of Ontario.

The first report, released in late January, affirms that "*Hallway health care is a significant problem in Ontario*" and further states the entire health care system is too complicated to navigate, people wait too long to receive care and too often receive care in the wrong place; resulting in crowded hospitals.

The report provides an overview of key challenges contributing to hallway health care, and identifies opportunities as well as emerging themes. Opportunities include the potential to integrate and introduce technology solutions to build strong and efficient community and hospital services, and support better outcomes for individuals.

## **Key Findings:**

1. People have difficulty navigating the health care system and wait too long for care which has a negative impact on their health, and on provider and caregiver well-being.
2. The system is facing capacity demands, and does not have the appropriate mix of services, beds or digital tools to be ready for the projected increase in complex care needs and capacity pressures into the future.
3. More effective coordination at both the system level and at point-of-care is needed which could achieve better value (i.e. improved health outcomes) throughout the system. The current design does not always work efficiently.

As the Council works on their second report, slated for release in spring 2019, four key themes have emerged to guide the recommendations and advice on how to remedy the problem of hallway health care in Ontario:

1. Pressing need to integrate care around the person and across providers based on each unique community to improve health outcomes for Ontarians.
2. Growing demand and opportunity to innovate care delivery through the use of virtual care, apps and access to the person's own health information.
3. Greater efficiencies to streamline and align system goals to support high quality care.
4. Critical role for a long-term plan to provide the right mix of health care professionals, services and beds to meet the changing health care needs.

The Council is focusing their attention on how to fix the problem of hallway health care by identifying innovative, affordable and evidence-based solutions for Ontario as well as how to measure improvements.

Engagement sessions will be offered across Ontario to ensure the recommendations developed will work in each community. Residents are encouraged to attend these sessions or provide feedback online at: [hallwayhealthcare@ontario.ca](mailto:hallwayhealthcare@ontario.ca)

## **Have your voice heard!**

The full report can be found at: [http://www.health.gov.on.ca/en/public/publications/premiers\\_council/docs/premiers\\_council\\_report.pdf](http://www.health.gov.on.ca/en/public/publications/premiers_council/docs/premiers_council_report.pdf)

# GIL BOARD MEETING HIGHLIGHTS

The GIL Board of Directors met on November 27, 2018 and January 22, 2019; highlights include:

- Approval of September – December 2018 financial statements for both Health and Housing portfolios;
- Approval of the following for Housing portfolio (238 Willow): contract to upgrade the hallway lighting, 2019-20 DRAFT budget, 2019-2024 5-year Capital Plan, market rent increase of 1.8% effective April 1, 2019 and addition of cannabis use into the Smoke-Free Building policy;
- Review of the Independent Elevator audit, contract quotes for elevator maintenance and boiler/HVAC maintenance, and quotes to replace the generator transfer switch;
- Approval of the 2019-20 Community Accountability Planning Submission (CAPS) as part of Health portfolio funding agreement;
- Discussion about recruitment of new Board members; and
- Executive Director's report which included updates on rollout of Cluster model and new clients, Cybersecurity action plan, hiring challenges for front-line positions, safeTALK employee training and our new LHIN representative, Kathleen Cameron.

# DUBLIN & GRANGE SURVEY RESULTS

Guelph Independent Living (GIL) in partnership with the County of Wellington - Housing Services recently distributed a survey to all tenants at both 229 Dublin and 130 Grange. The survey is designed to evaluate GIL's Supported Living program which is provided in both buildings. We were pleased to receive positive responses from the tenants. Results demonstrated a high satisfaction rate for the services provided by our Senior Support Workers, Bonnie and Kirsten. Everyone described both workers as courteous, respectful and approachable.

The survey results let GIL and Housing Services know that tenants enjoy receiving information

through bulletin boards located in the building and the monthly newsletter. Favourite social activities include arts & crafts, exercises, social events, cards/games and community guest speakers.

GIL will forward the feedback results to Bonnie and Kirsten so they continue to realize the value of this service to the tenants requiring assistance within each building.

Many thanks to Bonnie and Kirsten for their dedication and hard work!

## GIL CHRISTMAS CELEBRATIONS!

Employees and clients participated in a number of festive celebrations including:

- Agency/Client Christmas party at the Elliott on December 11th complete with a delicious turkey

dinner, penny table of treasures, and entertainment by a men's choir;

- Potluck meals at various program meetings; and,
- Team donations to local charities: Adopt-a-Family and Women in Crisis.



## RECIPE: FRENCH TOAST BAKE

- 7 eggs
- 1 ½ tsp vanilla
- Cinnamon (to taste)
- 2 ½ cups milk
- 1 loaf egg bread, cubed into 1-inch pieces

Mix together the first 4 ingredients; combine with cubed bread into a 9x13" pan. Cover and leave in the fridge overnight.

In the morning, melt together in a small saucepan:

- ½ pound butter (1 cup)
- 1 cup sugar
- 2 tsp brown sugar
- Cinnamon (to taste)

Drizzle over the bread. Bake at 350F for 45-50 minutes until puffed and brown  
ENJOY!



## ASSISTANCE WITH MEDICATION

GIL developed its Medication Policy four years ago with input from clients, employees and the expertise of a colleague from March of Dimes. The goal of the policy is to keep clients in their homes as long as possible by providing assistance with medications if additional support is identified.

GIL tracks all reported incidents of medication errors to see where improvements to procedures and education can be made. Errors are categorized into those made by clients, workers and/or Regulated Health Care Professionals (RHCP) like doctors, Pharmacies and hospitals.

In 2018, there was a **45% reduction in the number of reported errors over 2017**. Of these incidents, it was noted:

1. The root of the errors were related to employees half the time
2. Pharmacies made up 20% of the reported errors
3. Only one incident resulted in the client requiring transport to hospital for observation
4. Incidents occurred across all programs

*Employee errors were related to medication*

- *not assisted with at scheduled time/day;*
- *left behind in blister pack or*

- *given but not signed for.*

*Client errors included not*

- *taking medications set out for later time;*
- *not picking up medications from Pharmacy (blister pack ran out) or*
- *medication dropped on floor and not retrieved.*

*RHCP errors included*

- *medications not successfully delivered by the Pharmacy;*
- *medications not poured correctly in blister pack, or*
- *blister packs arriving from the Pharmacy not intact or damaged.*

GIL ensures employee competency by having all front-line employees complete a training module during the first week of hire, and shadow a senior employee to orientate to the policy details plus any additional training when an employee is involved in more than one incident per year. GIL is confident the frequency of medication errors, especially those resulting from employees, will continue to decrease.

If you have any additional questions or concerns about how GIL assists with your medications, please contact your Program Coordinator.

## COMMUNE CHAIR MAINTENANCE

GIL conducted an audit of its Health and Safety Program in April 2018. The audit revealed one of the highest risks for employee injury is moving a commode chair. The wheels of commode chairs often seize due to frequent use and Guelph's hard water, making them difficult to push. Silver Cross Mobility Equipment recommends these tips for optimal commode chair maintenance:

- Apply warm vinegar and/or Calcium Lime Rust (CLR) once a week to remove calcium and lime build up
- Apply silicone lubricant to brakes, wheels and metal parts of chair frequently to keep moving components working well
- Have a vendor professional clean and lubricate once a year

On behalf of its employees, GIL thanks clients for conducting regular commode maintenance.

# FALLS PREVENTION OVERVIEW

Part of delivering quality support services is to identify risks and provide recommendations and/or implement changes to mitigate those risks. A significant risk to the GIL client population is falls. GIL tracks incidents of client falls to identify root cause, provide support and guidance to reduce the risk, and educational resources to increase awareness.

GIL is pleased to report a **decrease in reported client falls by almost 50%** in 2018 compared to 2017. Falls reported occurred across all programs, and involved 15 different individuals (there was 26 clients in 2017). GIL is also relieved that less than 25% of these falls resulted in clients requiring medical attention; with only two involving a broken bone and/or hospitalization. The root causes continue to be identified as unsuccessful independent/unsupervised transfers, loss of balance, tripping hazards and the outside environment.

While GIL recognizes our clients' right to live with risk; we wish everyone to remain healthy and safe in their homes.

Safety recommendations to include:

- Contact employees for assistance with transfers if possible or wait until an employee is present;
- Use accessibility equipment as required or work with your Occupational Therapist when changes to equipment is identified;
- Remove tripping hazards and clutter within your home;
- Always move in a forward direction to ensure good sightlines;
- Use a personal alarm device (e.g. Lifeline) to summon help quickly should an accident occur; and,
- Scan the environment when you are moving about in your home or the community.

GIL will continue to track incidents to determine when additional supports or strategies can be implemented to keep everyone safe!



# INFORMATION ABOUT HOARDING

Hoarding can be described as the build-up of items and failure to throw away items to the point that the house can no longer handle the number of possessions and active living areas or rooms cannot be used for their intended purpose. Hoarding is a diagnosis on the Mental Health Capacity scale and is often made more complex by other issues such as dementia, depression, anxiety and impulse control.

A diagnosis of hoarding has many social implications for an individual including the risk of having a child removed from their home, risk of eviction, lost time from work and increased rate of other mental health disorders. Hoarding affects 2-6% of the general population, men and women equally and most cultures around the world. Onset tendencies are seen in childhood through early 20s, which become more chronic and aggressive as the individual ages. The progression is often triggered or exacerbated by a traumatic or stressful event.

The top five safety concerns involved with hoarding are: limited access to exits and windows, clutter around heat sources, no pathways in rooms or on stairs, open and spoiled food and flammable objects on or near the stovetop.

Treatment options include modified Cognitive Behavioural Therapy, medications for co-occurring or other conditions and Harm Reduction.

A Harm Reduction Approach to Hoarding uses a holistic approach to guide a support person/ team for the individual struggling with hoarding. It is respectful, sensitive, and focuses on reducing risks related to hoarding. Harm Reduction involves:

- Keeping the person safe, healthy, and comfortable
- Identifying and addressing high risk areas
- Setting up a system to maintain safety, organization and minimize accumulation

The Home Environment Safety checklist on the adjacent page is a useful tool in the Harm Reduction process as well as to use in ensuring one's home environment is safe and to reduce risk of falls. It was developed in conjunction with fire officials, medical personnel and SPCA (Society for the Prevention of Cruelty to Animals).

Locally, the Wellington Guelph Hoarding Response provides community resources through education, flex funding for cleaning assistance, home visits, and a response team comprised of service providers and emergency response personnel who discuss and problem-solve local situations.

Additional information can be found at: [www.wghoardingresponse.ca](http://www.wghoardingresponse.ca)

“Imagine yourself living in a space that only contains things that spark joy,” -Marie Kondo

---

Home Environment Safety Checklist

# 10 STEPS

TO A SAFER, HEALTHIER AND MORE COMFORTABLE

# HOME

1

## Keep your bathroom clean and working

- Plumbing checked for leaks and repaired.
- Toilets, tubs, showers, and sinks cleared and ready to use.
- Expired medications, make-up, creams, lotions, and sunscreen thrown out.



2

## Clear your stove

- Paper, cloth, and other fire hazards cleared from cooking area.
- Stove checked for electrical faults or gas leaks.



3

## Keep food safe

- Refrigerator and freezer in proper working order.
- Outdated and spoiled food discarded.
- Counters and dishes cleaned.
- Proper bins for food waste disposal.



4

## Reduce the clutter

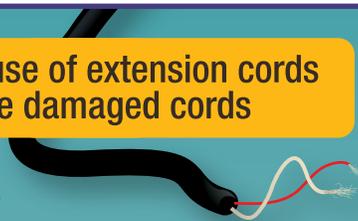
- Stacks of boxes lowered and safely stored.
- Weight of items in boxes reduced.
- Clutter removed from doorways, stairways, windows, and main living areas.



5

## Avoid the use of extension cords and replace damaged cords

- Electrical cords checked for damages.
- Refrigerators, stoves, toasters, microwaves, and space heaters plugged directly into wall outlets.



6

## Remove your garbage regularly

- Proper bins for food waste disposal.
- Clear sink for dish washing or dishwasher in working order.
- Furniture, carpet, and other sensitive areas checked for pests.



7

## Clear your heater by at least one metre

- One metre (3 ft) distance between all heat sources and anything that can burn.



8

## Clear hallways and exits

- Stairs and railings cleared of all items.
- Two exits into your home are clear and accessible.
- One metre (3 ft) pathway cleared throughout your home, including hallways.

9

## Care for your pets

- Clear access for pets to litter box or outdoor area.
- Proper bins for pet waste disposal.



10

## Make sure you have working smoke alarms

- Alarms tested.
- Batteries replaced.

An Initiative of the Wellington Guelph Hoarding Network  
[www.wghoardingresponse.ca](http://www.wghoardingresponse.ca)

Funded by:



Ontario

## WHAT IS AN ATTENDANT?

Front-line employees at GIL are hired as ‘Attendant Service Workers’ or ‘Attendants’. Although an Attendant is similar to a Personal Support Worker, it actually provides more flexibility and expanded scope to GIL services and our client population. An Attendant is guided by the Philosophy of Independent Living (IL) and certain exemptions under the Regulated Health Professions Act, 1991.

Wording from the Act states a non-regulated health professional can “assist a person (client) with his or her routine activities of living, where the activity involves administering a substance by injection or inhalation, or putting an instrument, hand or finger beyond the external ear canal, nasal passages where they normally narrow, larynx, opening of the urethra, labia majora, beyond the anal verge, and/or into an artificial opening into the body”.

For GIL, this exemption means our Attendants can assist with catheterizations, tracheostomy care, feeding tubes, bowel routines, etc where those tasks have been established as a routine, ongoing activity for a client. GIL will need to confirm with the client’s health provider (i.e. doctor, nurse, PT, OT)

to determine the permanency of an activity and if training is required.

In addition, Independent Living (IL) is defined by website of Centre of Independent Living in Toronto (CILT) as “a vision, a philosophy and a movement of persons with disabilities. Born on California university campuses in the 1970s, the movement spread to Canada in the 1980s, and has since reached around the globe and changed the way people view and respond to disability.” Independent Living provides people with disabilities with the rights to live with dignity in their chosen community, participate in all aspects of their life; and to control and make decisions about their own lives.

GIL Program Coordinators engage with each client to determine what activities are considered ‘routine’ and how assistance will be provided by Attendants. Details for each client’s service are then outlined in their Individual Service Plan (ISP).

If you have questions about your services or the need for an additional task, please contact your Program Coordinator to discuss.



## “MEET A GIL CLIENT”

This is a new section to our newsletter where we highlight accomplishments of our great clients. Thank you to Frank for being our first participant.

Frank became a GIL client just over a year ago when he moved into the Seniors Assisted Living Program at 85 Neeve. Frank was not aware of community resources like GIL until he encountered the WWLHIN and his Care Coordinator referred him to GIL and conversations began with the Program Coordinator, Stacey Jayne.

When asked “*What does GIL mean to you*”, his response was simply one word – “*life*”. Frank elaborated by clarifying that before GIL, he merely existed and now he is able to live life again. He no longer has to struggle with simple day-to-day tasks and the assistance GIL provides allows him to embrace life to the fullest.

Frank, originally from England, moved to Guelph in 1998 when his company gained a multi-million dollar contract with Linamar for computer controlled ma-

chinery, which Frank installed and serviced. He takes great pride in his professional work, which included many different disciplines over his career. Linamar was fortunate to have Frank who retired as a Maintenance Engineer in 2009 after a serious work accident.



Frank’s smile extends from ear-to-ear when he talks about his family. He states his two children (and four grandchildren) are his greatest accomplishment in life. Lovingly saying “*grandchildren fill a hole in your heart that you never knew you had.*” Frank has spent 40 years coaching all ages and levels of soccer as well as playing rugby for

England, New Zealand and Canada. Now his spare time is filled with reading and listening to music (but not country).

If you would like to be interviewed for a future edition, please contact Rowena at 519-836-1812 ext 249.



### GUELPH STORM 50/50 FUNDRAISER

LOOKING FOR VOLUNTEERS!

**WEDNESDAY MARCH 13, 2019  
VS LONDON KNIGHTS**

PUCK DROPS AT 7PM

(VOLUNTEERS TO ARRIVE AT 5:30PM)

If you would like to volunteer selling 50/50 tickets for GIL’s fundraiser please contact Rowena at (519) 836-1812 x249 or [rowena@guelphindependentliving.org](mailto:rowena@guelphindependentliving.org) by March 1, 2019.

**There are tickets available for this game at a discounted price of \$15 each**

## DOPEY CHALLENGE 2019

Congratulations to Mike Greer, GIL Board member, who successfully completed the 2019 *Dopey Challenge* at Walt Disney World in Florida.

Starting on January 10, 2019, Mike successfully completed four races in four days: 5 km, 10 km, a half marathon (26 km) and finally a full marathon (52 km).

At the Board meeting on January 22, Mike shared the highlights of his journey which involved many emotions, from fear and uncertainty, to anger and determination, and ultimately ending in joy.

The *Road To Dopey*, was long and full of many days on the road, track, and in the gym completing over 780km of wheelchair roadwork, and 1,400km on the recumbent bike, plus countless strength, and core exercises. The journey was not without setbacks. He sprained his thumb and faced mechanical issues with equipment that had him doubt if he could complete the *Dopey Challenge*. He didn't let those things stop him, continuing to stay focused with a positive frame of mind.

In the background was his support group. He couldn't say enough about this amazing group of family, friends, and followers who sent words of support or provided tips and tricks to help with his training. He has gained some great friends in the Adaptive Sports community and learned so much from them.

Now it's time for a well-deserved break to let his body recover and to work on sorting out the mechanical equipment issues. Although his *Road To Dopey* is

now over, the journey isn't. He has more races to do, places to go, and people to meet.

Since completing the *Dopey Challenge*, Mike has been asked to be a race ambassador for the Ed Whitlock half marathon in Waterloo on April 28, 2019. He will be their first wheelchair racer for this marathon. This is a great opportunity to help share his experiences and guide events to be better prepared to accommodate adaptive athletes.

GIL wishes Mike continued success.



Mike Greer with his-5km medal



Dopey Challenge t-shirt and all the medals

# UPCOMING 2019 LEISURE EVENTS

Date	Event
Date to be determined (Wednesday May 29 or Thursday May 30)	<b>Niagara Falls</b> Site seeing & Dinner at Fallsview Casino
Wednesday June 26	<b>Grand River Raceway</b> Dinner & Entertainment, Elora
Thursday July 4	<b>Agency Picnic</b> Riverside Park Large Shelter
Wednesday August 14	<b>Toronto Blue Jays vs Texas Rangers</b> Roger's Centre Toronto
Thursday September 12	<b>St. Jacob's Market</b> Shopping for local foods
Thursday October 24	<b>Annie</b> "The beloved Family Musical" Hamilton Family Theatre Cambridge
Thursday November 28	<b>Conestoga Mall Shopping &amp; Gift of Lights Holiday Light Display</b> Bingemans Kitchener

Additional details, including times and pricing, will be available soon. Please watch for details. Contact **Kathleen** at **519-836-1812 x220** with any questions or to pre-register for an event.



## DAVID ONLEY'S LONG ROAD TO ACCESSIBILITY

Excerpt of Feb 8, 2019 column by Martin Regg Cohn, Toronto Star

David Onley, former Ontario Lieutenant-Governor, had obstacles magically cleared away. He no longer speaks for the crown but still has a voice.

Onley is using his voice to describe what he sees at ground level and be heard by the powers above. Appointed last year by Queen's Park to conduct a formal review of accessibility in Ontario, he has just submitted his findings to the Progressive Conservative government. Although Onley has not revealed the details of his report, which will be shared with the public later, he did not disguise his disappointment.

*"We still have a very inaccessible society, a built environment that is very inaccessible. The people who believe it's accessible are members of the able-bodied population."*

A longtime believer in the original legislation, he now fears the 2025 target for full accessibility will go unfulfilled. Onley points a finger not only at politicians but bureaucrats, architects, developers, administrators and inspectors who fail to do their duty to the disabled and all of us. For the disabled are us, sooner or later. The older we get, and our population is aging fast, the more likely everyone may require aids like canes, walkers and wheelchairs.

A current example of parking permits that advise of eligibility for reserved spots may have helped to distort the reality of disability today in Ontario. The signs are universal, serving as a symbol of access and open doors. But the typical reserved parking spot may be a dead end leading to barriers which leave people out in the cold at most malls and public buildings.

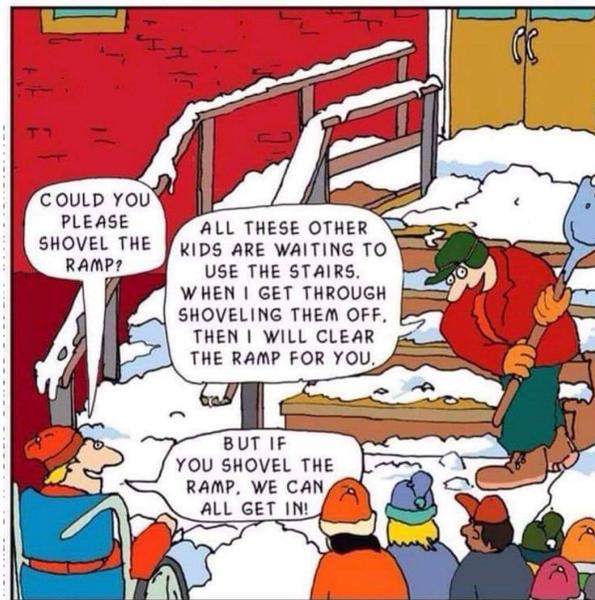
*"It's shocking the number of places that are fully inaccessible and yet out front, you'll see a wheelchair sign,"* Onley said.

The problem is not just the false signal it sends to the disabled but the facade it conveys to society at large that access is everywhere.

Onley is especially vexed by the lack of foresight from

visionaries in the architectural community. New buildings may win awards but get a failing grade for accessibility, which should disqualify them from recognition. Features like ramps, parking spaces and passageways may be present but not adequate. Are ramps wide enough and available at all entrances? Is parking near the entrance, underground or at least sheltered? Are passageways underground or cleared of snow and ice?

Presciently, as it turns out, Onley reminds of the perils of ice and snow for someone in a scooter where even a few cms can gum up wheels and a serious snow bank is a dead end.



**CLEARING A PATH FOR PEOPLE WITH SPECIAL NEEDS CLEARS THE PATH FOR EVERYONE!**

# PLANES, TRAINS AND WHEELCHAIRS



Drew Cumpson was one of the featured speakers at the TEDxGuelphU event on January 19, 2019. Drew has a goal to make travel more accessible for those with disabilities.

Drew was a second-year University of Guelph student spending a summer in Peru in 2011 when his world changed forever. A spinal injury suffered while body surfing left him a quadriplegic, paralyzed from the shoulders down and dependent on a ventilator.

*“This is now my life. I can’t change it. I can learn and make something of my life or be depressed and not do anything.”*

Cumpson has become an advocate and ambassador for accessibility and change. He realized all the barriers involved in travel on a trip to Mexico, particularly when moving from his wheelchair into an airplane seat as there are no accommodations for a wheelchair.

*“It was a big learning experience. Travelling with a disability is not easy. It takes a lot of planning.”*

He now has a consulting company and is in the process of creating a documentary called *Planes, Trains and Wheelchairs* which focuses on the issues people

with disabilities face when travelling and the need for changes in the travel, tourism and hospitality industry.

He is also part of an organization called *All Wheels Up to Change Air Travel* that is advocating for removable seats to allow a wheelchair to be secured on a plane.

*“You can still do anything you want to in life with a disability; you just have to do it in a different way,”* Cumpson said.

The complete article is at: [https://www.guelph-today.com/local-news/plains-trains-and-wheelchairs-u-of-g-grad-drew-cumpson-advocates-for-the-disabled-1203636?utm\\_source=Email&utm\\_medium=Email&utm\\_campaign=Email](https://www.guelph-today.com/local-news/plains-trains-and-wheelchairs-u-of-g-grad-drew-cumpson-advocates-for-the-disabled-1203636?utm_source=Email&utm_medium=Email&utm_campaign=Email)



# TECH TALK: HOW SAFE IS YOUR PIN?

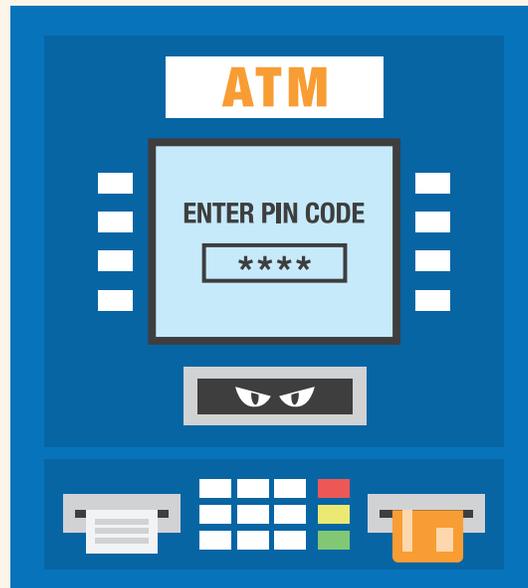
POWERED BY SYSTEMS24-7

The man who invented the ATM is also the man who invented the PIN. He wanted six digits, but his wife thought 4 were easier to remember.

## XXXXXX VS XXXX

It's recommended PINs don't exceed six digits for usability reasons.

**P I N** stands for:  
Personal Identification Number



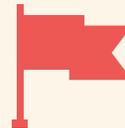
AVOID SOME OF THESE COMMONLY USED PINs!

1234	4444	6666
1111	2222	1122
0000	6969	1313
1212	9999	8888
7777	3333	4321
1004	5555	2001
2000		1010

The most popular password?



Although a 4-digit PIN can seem like a little detail, it can play a huge role in your financial security. Why do we use PINs and could someone guess yours?



Oh no! 26% of all PINs can be guessed by using any of these 20 combinations. Change your PIN if you are using one of these.

## THE BASICS

6 2 5 1

A PIN is a secret numeric password shared between a user and a system that can authenticate the user to the system.

3 1 9 2

Did you know a 4-digit pin can create **10,000 POSSIBLE COMBINATIONS?**

Nearly **50%** of people admit to sharing their PIN with others. Are you a culprit?

The best type of PIN to use is one that is **not memorable** in any way.

## HOW TO KEEP YOUR IN SAFE



Don't use an easy to guess PIN.



Do not write the PIN on your card or keep it written down in your wallet.



Have different PINs for different cards.



Shield your PIN as you type it into an ATM.