

APRIL 2018

CALGARY

ECAT

Employee and Client Assistance Team

403-819-0583

Phones do not accept text messages— staff need to call ECAT.

INSIDE:

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TIME SHEET HAND-IN

- **April 16th, 2018 –**
For all shifts worked between April 1st and April 15th.
- **April 30th, 2018 –**
For all shifts worked between April 16th and April 30th.

UPCOMING:

- **HEALTH AND SAFETY MEETING**
– April 19th, 2018 at 10:00 AM
- **RPAC MEETING–**
April 10th, 2018 at 10:30 AM

ICE PAGE

Making it Happen!- Supporting Social Inclusion

Boyd

Boyd is a kind, outgoing man with a wonderful sense of humor. He is very active in the Lethbridge community. Boyd participates in two different Special Olympics Bowling Leagues. He goes to the YMCA regularly for swimming, to work out or play basketball. Boyd also has a creative and artistic side and he attends art classes; he especially likes his clay class. Boyd is always open to trying new things. Since a recent move of his residence to a location close to a pool hall, Boyd has started playing pool. This is a new activity which he is finding he really enjoys.

One thing that Boyd has done throughout his life is participate in cultural activities. It is important



to Boyd to maintain close ties to his cultural heritage. Boyd was born on the Blood Reserve and has lived most of his life in Lethbridge. He is a member of the Blood Tribe of the Blackfoot Nation. He takes great pride in his Aboriginal Heritage. He takes Blackfoot Language classes and practices his language skills

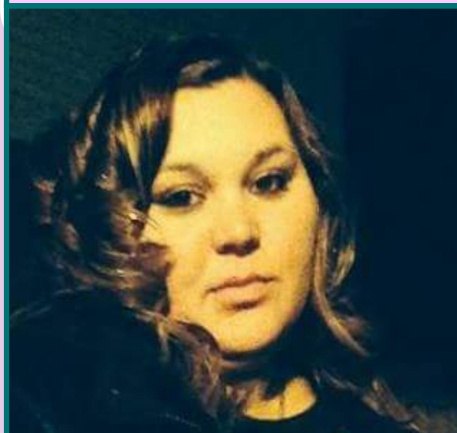
as much as possible with others in the community. He is also a member of a drumming group. Boyd really enjoys this group and he is quite good.

Boyd is pleased with his new residence and the positive changes he is making in his life. A recent challenge Boyd chose, was to quit smoking. The achievement of this goal is not an easy one so his efforts are a success that Boyd is justly proud of. Well done!



Above, a sample of Boyd's beautiful art work.

Employee Spotlight



Carissa Trotchie

Carissa is the Team Leader at Boyd's home. She has been with ICE since 2015. Carissa supports Boyd and his roommate with a multitude of activities in the community including swimming, bowling, drumming and playing pool. She also assists them in their residence with cooking and developing home living skills. The men say they are very happy to have the support that Carissa provides and both have a great working relationship with her. Boyd is also grateful for her support with his efforts to quit smoking. Carissa's done wonderful things since starting at ICE and we are happy to have her on board!

**(Selected sections of ICE policy 2.7.3 are reproduced here, please refer to the ICE Policy manual for the complete policy).*

Policy 2.7.3. CRITICAL and GENERAL REPORTING INCIDENTS

1. A reporting incident is considered to be any event or series of events, real or alleged, that is or could potentially be life threatening/cause injury. The incident may result in criminal charges, police involvement, legal action and/or further investigation by outside authorities. As a result the circumstances must be formally documented to ensure the situation is addressed properly. The agency has two types of reporting incidents: **Critical and General**. Both types require documentation and internal (i.e. I.C.E.) follow up. A **Critical Incident** in addition to the former follow up must be reported to outside sources such as the funding source for client care, police, Protection for Persons in Care, for external review and/or further investigation. Note all abuse allegations must follow I.C.E. policy (refer to policy 2.6.3 Client Abuse)

2. Examples of **Critical Incidents (CI)** include but are not limited to: client death/suicide, employee death, client seeking medical attention as a result of injury or poor health outside the normal experience of the client, client hospitalized as a result of injury or poor health outside the normal experience of the client, employee physical injury, client AWOL, allegations of client abuse, disclosure of criminal activity by a client, illegal activity by client, police involvement/criminal charges against client, loss of confidential client/employee information, serious emergency situation or dangerous situation such as fire or break-in, or physical restraint outside of the client restrictive procedures.

3. Examples of **General Incident (GI)** include but are not limited to: Change in overall client health that does not require medical intervention, client aggression, client behavior escalation, planned restrictive procedure performed, client self injury, property damage by client, verbal threats made by client, medication error, medical procedures that require training not performed in accordance with care plan, weather problems, disruption to client living situation such as bed bugs or a near miss.

4. When a reporting incident occurs, these steps are to be followed:

- To the best of your ability, ensure the immediate safety of the client and yourself;
- If necessary, immediately contact the appropriate emergency authorities: (911, poison centre, pharmacy, etc.);
- Contact your supervisor or the ECAT supervisor immediately by phone;
- The supervisor will provide the employee with direction and contact the appropriate I.C.E. personnel to facilitate follow-up;
- Depending on the severity of the incident (i.e. criminal activity, assault / severe escalation of behavior that is

outside the normal realm of the client's behavioral pattern) appropriate ICE personnel will contact the guardian to apprise them of the situation and/or arrange a meeting to discuss the incident and plan follow-up. This will ensure informed consent should further interventions be required.

- The employee is to document the incident on the correct reporting incident form. This will either be a critical incident reporting form or a general incident reporting form (see definitions point #2 and point #3);
- Should the incident involve an employee injury or near miss the employee will be required to complete further documentation as per **Policy 3.5.5 Employee Work Related Injury, Illness, and Near Misses**.

5. Documentation of a reporting incident includes:

- Completing the correct reporting incident form as soon as possible, preferably within 30-60 minutes of the incident;
- Provide a clear, brief account of what happened leading up to the incident and the action you took as a result. Use the guidelines for routine recording on Contact Notes.

6. The completed Reporting Incident Report will be submitted to the office within 24 hours. If faxing the form ensure it is stipulated on the fax as to who the fax is to be directed to.

7. If another agency is involved, you may need to complete documentation specific to that agency. Do so using the guidelines outlined above.

8. The I.C.E. personnel/ECAT supervisor who directly receives the information concerning the reporting incident must ensure documentation systems, such as C-Views and pager notes, are immediately updated to facilitate completing part two of the reporting incident form. Part two of the reporting incident form is generally completed by the appropriate supervisor of client care. The supervisor of client care will then ensure that follow up is completed and documented in consultation with their Manager. Please note that at times the supervisor may be the Manager.

9. The follow up is dependent on the type of reporting incident and is to include but is not limited to :

- Action plan is to be devised and implemented as required.
- CI /GI sent to C.O.O. and President.
- Complete any necessary documentation required by the funding source (region specific).
- Unit Manager has assigned an investigator if an employee injury or near miss occurred. Page one of the CI/GI goes to investigator.

- If WCB involved employee provided with a confidential copy of CI and appropriate ICE personnel informed and process commenced.
- If Abuse investigation a copy of CI made available for that report and investigation process has commenced.
- Unit Manager has sent copy of CI/GI to RPAC as required.
- Unit Manager has provided confidential copy of CI/GI to Health and Safety Chair as required.
- Copy of **CI** is only sent to Disability Services or other funding bodies as required and in consultation with the President. Contacting funding agencies will be completed as per contractual agreements
- Guardian contact is required and is dependent on the nature of the incident. It is preferred a meeting be arranged with the guardian to discuss the circumstances of the incident and to develop a plan for intervention. If direct contact is not viable, telephone conversations and emails will be sufficient until a meeting can be arranged. It is imperative that all contact be documented in c-views and hard copies be printed for the client file.
- Complete any necessary documentation required from funding source (region specific).
- Copy of CI sent to Program/residence for follow up.

- Original client CI/GI is to be filed in the client file at the main office.
- Original CI/GI involving an employee is to be filed in the employee's file.

..... *Please see the ICE policy manual for the full 2.7.3 policy.*

ICE HAS A TD GROUP RSP PLAN!

**Refer to Policy 3.4.18
FUTUREBUILDER RSP**
If you are eligible, ICE will
match your
contributions!

To sign up, please contact:
780-453-9664

OTHER INCENTIVE CARDS

RECEIVED FOR MARCH

Richard S. received a thank you card from his CRM for reporting a Health and Safety concern.

Lindsey R. received a thank you card from her CSC for noticing a full bio-hazard bin and reporting it to the facility and the office.

Joyce D. received a thank you card from her CRM for reporting slippery sidewalks and roadways while in the community with her client.

Louise B. received a thank you card from her CSC for assisting her client to try new foods, activities and social situations in the community.

Stephanie M. received a thank you card from the Personnel Coordinator for going above and beyond ensuring her client went to a medical appointment by Access during poor weather conditions.

Robins G. received a thank you card from the receptionist/booking coordinator for or his patience dealing with locked buildings, changing shifts and for assisting with training.

Melanie S. received a thank you card from her CSC for reporting a safety hazard.

Bill D. received a thank you card from his CSC for reporting faulty wheelchair straps on a city transit bus to the office and to city transit.

Valerie R. received a thank you card from her CSC for reporting a safety concern in regards to a bag her client was carrying.

Shaista N. received a thank you card from a CSC for covering extra shifts.



MARCH INCENTIVE PRIZE WINNER

Janet Zhang

Janet received thank you cards from her supervisor for reporting slippery conditions on sidewalks and roadways while in the community with her client. Janet won a T-Fal Acti-Fry. Thank you for your efforts for client and staff safety!

Health and Safety Committee Meeting Minutes March 15th, Calgary

STANDING ITEMS

3.1 A) Review of Regional Health and Safety Meeting Minutes - Section 3.2 Internal Incidents (Injury, Health, Property Damage)

Edmonton- February 9, 2018 Meeting Minutes

Jan 2nd, 2018. A client was excited to be leaving for a day outing with staff and rushed out of the apartment and down the stairs from the 3rd floor. The staff grabbed their purse and a bag of garbage, which was waiting to be taken out, and hurried to follow after the client down the stairs. The staff did not use the hand rail on the stairs as both hands were full. On their way down the stairs, they missed a step and fell causing injury.

Recommendations: Planning to be completed and expectations shared in advance with clients for safely exiting the building on day outings for the safety of all involved. Staff to prioritize client and their own staff safety ahead of household chores such as garbage removal. Complete such chores later using the elevator. Staff are expected to avoid rushing and consistently use the hand rail while descending stairs.

Incident Investigation completed.

Jan 19, 2018. Staff was driving on the Anthony Henday freeway during icy winter weather conditions. Another vehicle slid out of their lane and struck staff's vehicle on the front passenger side.

Recommendations: Staff to limit driving when there are snowy/hazardous conditions. Mission Possible Driver Awareness training will be offered in Edmonton in March, this course is recommended for staff using their vehicle during work hours.

Incident Investigation to be completed.

Jan 26, 2018. Staff was crossing the parking lot at a residential condominium during slippery winter weather and fell.

Recommendations: It is recommended that both staff and clients have and wear ice grips during slippery conditions. It is also recommended that staff notify (and document) the condominium board regarding hazardous parking lot/ walkway conditions to prevent falls as well as notify them after any falls that occur.

Incident Investigation to be completed.

January 26, 2018. Staff walked with client to A&W for an outing during winter conditions. On the way back to the program the staff slipped on ice and fell injuring their ankle. Assistance was provided by ICE to get staff to a medical facility.

Recommendations: Poor winter weather conditions are hazardous. It is recommended that both staff and clients have and wear ice grips during such slippery conditions. Programs with ICE day programming would benefit from purchasing one pair of ice grips to be kept at the residence for staff to share.

Incident Investigation to be completed.

January 29, 2018. Staff was supporting a client with mental health challenges who had been cycling in and out of aggressive behavioral patterns. Staff was seated with their shoes off completing paperwork at the end of their shift when the client suddenly became aggressive again. Staff also turned their back to the client. Staff was struck and kicked.

Recommendations: Client orientation and Risk Assessment training are provided by ICE to inform employees of potential hazards of working with individual clients. Employees must follow recommended control procedures and ICE Proactive Behavior Intervention training carefully to avoid injury. Stand and take an active position when clients are agitated, wear shoes for safety for the full time on-site, never turn your back to an agitated client and always keep a clear path to the exit for safe egress. Additional training is recommended for this employee.

Incident Investigation to be completed.

Additional recommendations: Staff to complete PBI refresher and CPI.

South- February 14, 2018 Meeting Minutes

January 17, 2018 – Staff arriving to an overnight shift slipped on ice while getting out of the vehicle. Staff hit their elbow on the vehicle causing an injury.

Recommendations: Staff at the program had used salt and sand on the outside areas but recommend using gravel or something with more grit on very slippery surfaces. Staff was wearing winter boots with good grip but suggest using ice grips when conditions are very icy.

Incident Investigation to be completed

Northwest-February 9, 2018 Meeting Minutes

No Incidents to report

3.1B) Review of Regional Health and Safety Meeting Minutes - Section 3.3 (Near Miss Incidents)

Edmonton- February 9, 2018 Meeting Minutes

December 31, 2017. A client with limited impulse control had been showing signs of agitation earlier in the day. When the client was sitting on the couch staff approached him and asked him to arise so they could place a couch cover over the furniture where he was sitting. The client became upset and began yelling and threw a cup of coffee at the staff. Staff gave him space and he calmed and he later apologized.

Recommendations: Purchase and keep enough furniture covers on hand so these may be exchanged without bothering the clients during their use of the sofa. As this represents more than one incident of coffee throwing by this client consultation with RPAC is recommended. Perhaps consider having the client choose a coffee cup with a lid to reduce the potential for harm to staff.

Incident investigation to be completed.

January 14, 2018. Staff was supporting a client at the client's home. The two roommates became involved in an agitated dispute with the two shouting at each other. The staff tried to redirect their client but the client ignored them. The staff stepped between the two roommates as they did not want the situation to escalate further. Once staff was between the two individuals, one client left the bathroom and the home.

Recommendations: Redirection from a safe distance is appropriate but stepping between two angry and aggressive clients is not recommended. If a physical confrontation is evolving and staff do not feel safe, they should call 911 and remove themselves from the situation. A review of Pro Active Behavior Intervention training is recommended for the staff.

Incident Investigation completed.

South- February 14, 2018 Meeting Minutes

No Near Miss Incidents to report

Northwest-February 9, 2018 Meeting Minutes

No Near Miss Incidents to report

3.2 Evaluation of current Internal Incident Investigations for Injury, Health, Property Damage (Incidents, Recommendations):

February 1, 2018. Staff was swimming in the swimming pool with his client. While swimming fast in the deep end, staff was no longer able to swim causing him to submerge for 15-20 seconds. Pool lifeguard intervened and pulled staff out of pool using a pole that staff was able to grab. Staff informed that he was not a strong swimmer when reporting incident.

Recommendations: Inform staff to swim in shallow water (up to the waist) when in the pool. Staff to wear a life jacket or floatation devices when swimming in the deep end. Staff to take frequent breaks in the shallow end to reduce fatigue. Staff was informed that he does not need to swim in pool if he does not have the skills.

Internal Investigation completed.

February 12, 2018. SHO's husband (driver), SHO and both clients were leaving the Costco parking lot. SHO's husband turned onto a sin-

gle lane road to return home (still in the parking lot area) and while nearing the first intersection by the Walmart, a community driver was not looking and merged into SHO's truck on the front right passenger side. There was little damage and a police responded to the scene.

Recommendations: SHO was not at fault; the motor vehicle accident was beyond their control.

Internal Investigation completed.

February 28, 2018. Staff and client were driving home from library. While driving on Country Hills Blvd, staff stopped at red traffic light, turned green and staff proceed to drive. Community vehicle coming Sarcee Trail attempted to merge right on the Country Hills Blvd. and failed to follow street signs which informed them to yield. This caused staff trying to break to avoid collision, staff unable to break fully in time and community car hit right front bumper of staff's vehicle causing some damage.

Recommendations: Remind staff to be more aware of their surroundings and maintain a safe trailing distance between cars. Advise staff to drive during less busy times, and to take public transit whenever possible. Encourage staff to register for any future defensive driving courses through ICE or other sources.

Internal Investigation completed.

3.3 Evaluation of current Near Miss Incident Investigations (Incidents, Recommendations):

February 26, 2018. While leaving activity at the church, staff and client got in the vehicle and started driving through parking lot. Staff noticed the car was not driving right, got out of vehicle and seen flat tire. Client was asked to come out of the vehicle as staff safely changed the tire. Regular routine was followed the rest of the day.

Recommendations: Remind staff to complete a walk-around of their vehicle prior to driving to ensure no hazards. Provide regular maintenance of vehicle.

Near Miss Investigation completed

3.4 Review of COR Audit and Action Items

Reviewed Element 4 – Ongoing Inspection

3.5 Review of Master Hazard Assessment and Control Document

Reviewed General Section pages 95 – 102

Extended work day: add policy 3.5.4 Working Alone to administrative controls

Staff illness at work: no additional recommendations

Exposure to insects &/or pests: no additional recommendations

Mice infestation: add ultrasonic rodent repellent under engineering controls

Lifting, moving and cleaning furniture: add have two employees present when moving furniture during cleaning.

Other regions review and recommendations and regional response to recommendations.:

Edmonton – February 9, 2018

Review of Pages 10 – 11 "Driving with Clients" hazard and controls of the General section of the HACD.

Hazard Additions:

The HACD currently notes/ directs employees to review Policy 2.4.5 but it is recommended to include a reference on page 10 to not driving agitated clients.

Control Additions:

Discussion was held on the importance of carefully planning safe transportation options for clients to attend community appointments that may cause client agitation i.e. appointments with a psy-

chiatrist, at court, with a doctor etc. It can also be better to take a cab to locations in the center of the city where there are few/ poor parking options.

South – February 14, 2018

Reviewed pages 42 – 49 in the Hazard Assessment Document

Bed Making: No additional recommendations

Washing/ Mopping Floors: No additional recommendations

Vacuuming: Recommendations: Add ensuring hands are not wet – not using vacuum on wet floors.

Laundry Tasks: No additional recommendations

Grande Prairie / Northwest – February 9, 2018

Reviewed General Section pg 92-97

Potential Exposure to Natural Disasters

Exposure to Allergens; Exposure to Personal Scented products and Deodorizers; Exposure to Noxious Odors; Exposure to Smoking, Extended Workday, Staff Illness at Work

3.6 Policy Review - 3.4.12 Lateness and Absenteeism

4.0 OTHER BUSINESS

ICE Page Health and Safety Article suggestions – Spring weather hazards.

NEXT MEETING – April 19, 2018 @10am

\$100.00 ICE Employee Referral

Incentive Program Winner



Rosa Sandoval

Employees or Support Home Operators who refer a person to ICE who successfully meets our hiring requirements and completes their three month probation with a minimum of 120 hours worked, receive \$100.00!

HURT AT WORK?



Employees and Support Home Operators are reminded of their responsibility (as per legislation) to report **all work-place injuries immediately to an ICE supervisor or manager.** In the event of an injury the employee will follow all agency policies & procedures.

While not all injuries are reportable to WCB, all injuries and work related health concerns are required to be reported within the company. This is done so that health and safety investigation and follow up may be completed for the safety of all parties.

EPILEPSY

Epilepsy is a common neurological disorder causing seizures. Sixty-five million people around the world have epilepsy. There are a wide range of seizure types and this disorder affects people of all ages. Seizures may be related to a brain injury or a family tendency but many times the cause is completely unknown. The electrical events of epilepsy originate in the brain but the symptoms of a seizure may affect any part of the body.

Types of seizures are generally described in two major groups: generalized seizures and focal seizures.

- Generalized onset seizures – These seizures affect both sides of the brain at the same time.

Focal onset seizures – Focal seizures can start in one area or a group of cells in one side of the brain.

It is important that a person experiencing seizures see their doctor and perhaps a neurologist or epilepsy specialist to have an evaluation to explore treatment options. Tests such as an MRI (magnetic resonance imaging) scan and EEG

(electroencephalogram) to record the electrical activity of the brain help to diagnose types of seizures and epilepsy properly.

It is important to note if there are any triggers associated with a person's seizures and to share these with the health professionals. Some examples of seizure triggers include: missed seizure medication or stopping such medications suddenly, not getting enough sleep or poor quality sleep, stress, being sick with another illness or fever, flashing lights for people who are photosensitive, menstrual cycles, alcohol or drug use, use of certain prescriptions or over the counter medications, some herbal products or supplements, and low levels of certain minerals or substances in the body i.e. sodium.

Most seizures in people with epilepsy are not medical emergencies. They end after a minute or two without harm. **First aid steps:**

For focal, complex partial and temporal lobe seizures including symptoms such as: blank staring, chewing, fumbling, wandering, shaking, and confused should be fully conscious and aware before being left on their own. Confusion may last longer than the seizure itself and may be hazardous. If full awareness does not return, call for medical assistance.

For Tonic-clonic, convulsive, grand mal seizures which may include convulsions, rigid muscles, and jerking movements followed by a period of confusion - keep calm, provide reassurance, remove bystanders, and look for medical alert identification. Cushion the head, remove glasses, and loosen tight clothing, turn the person onto their side in a "recovery" position to help keep the airway clear. Time the seizure with a watch. As the seizure ends, offer the person help.

Call an ambulance if:

- The seizure occurred in someone who does not have epilepsy (or if it is unknown if they have epilepsy as there is no medical identification);
- A seizure lasts more than 5 minutes.
- There is a slow recovery, a second seizure follows the first, or the person has difficulty breathing;
- There are any signs of injury, sickness or if there is another medical diagnosis such as pregnancy.

Information source: The Epilepsy Foundation. <https://www.epilepsy.com>

Training

PET (Pre-Employment Training)

April 24-26th, 2018

9:00AM-5:00PM

As described on the ICE website

PBI (Proactive Behaviour Intervention)

April 27th, 2018

9:00AM-5:00PM

As described on the ICE website

AUTISM

April 11th, 2018

9:30 –10:30AM

Presentation by Autism

Association of Calgary

Trauma Informed Care

May 3rd, 2018

1:00-4:00PM

This workshop will explain how traumatic experiences affect our brains.

Part 1—Mission Impossible Awareness

Sessions for Speed and Distracted Driving PART 1— April 18, 2018

9:00AM-12:00PM

**PLEASE NOTE: STAFF MUST
SIGN UP and ALSO ATTEND
PART 2 OF THIS COURSE**

As described on the ICE website



ICE CALGARY CONGRATULATES **LONG TERM EMPLOYEES!**

Jack M.	15	April 25
Leslie S.	14	April 5
Pam T.	13	April 18
Cyril T.	5	April 30
Lorette E.	4	April 1
Joanne McD	4	April 14
Rincy K	2	April 12

ICE OFFICES WILL BE CLOSED
FRIDAY, MARCH 30TH
&
MONDAY, APRIL 2, 2018
FOR EASTER



**Please direct all calls to the Employee
Client Assistance Team for these days.**
403-819-0583

Alberta Minister of Community and Social Services Visit:

On February 20, 2018, ICE was honored to welcome the Alberta Government Minister of Community and Social Services – Irfan Sabir, and Ministerial Assistant - Mustafa Ali, to visit one of the ICE Edmonton residential programs.

The visit was hosted by Barry and Richard at their home. Other participants included Pauline (guardian), two direct service workers, and ICE management.

Minister Sabir engaged in conversation with everyone and was interested in listening to Barry and Richard's feedback on the service they receive and how they enjoy their home. The Minister listened attentively as Barry discussed his experiences and also took the time to hear Pauline's description of how Richard came into service with ICE, a story very dear to her.

Minister Sabir requested all present to provide feedback to steer the recently announced review of PDD

services. Both the Minister and his aide expressed their appreciation of Barry and Richard's warm, inviting home, and praised the hard work of both the men and the staff to create such a special environment.

