

WHERE WHAT YOU DO REALLY MATTERS

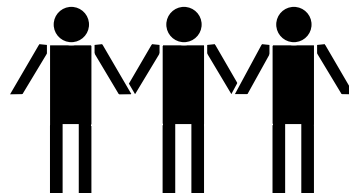
Brand New Initiative! Incentive for Referring Employees

We have always appreciated our employees' referral of their family and friends to I.C.E. In an effort to recognize this we have initiated an incentive program for your continued loyalty and commitment.

Here's how it works!

If you refer a person to us who successfully meets our hiring requirements and completes a three-month probation with a minimum of 120 hours worked, you will receive \$50.00.

What could be easier!



Empowerment, Integrity, and Caring

**After
Hours
Supervisor**

819-0583



MEETINGS



**Health &
Safety Meeting**

Thurs, Nov 16, 1:30 PM

**Team Leader
Meeting**

Thurs, Nov 9, 1:30 pm

TIME SHEET HAND-IN



Hand-in day will be:

Wed, Nov. 15, 2006

for all shifts worked
between

Nov. 1st and 15th

and

Thur, Nov. 30, 2006

for all shifts worked
between

Nov. 16th and 30th

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SUCCESS STORY

A view from the Summit

My name is Derrick. I am a self-advocate and I belong to the Self-Advocacy Federation (SAF). I am treasurer and on the steering committee. I am also a member of the Gateway Board of Directors and have been nominated for an award with Gateway. I would like to tell you about the Self-Advocacy Summit that took place in Edmonton on September 29 – October 1, 2006. I was asked to speak at the Summit about the Edmonton Self-Advocacy Federation. I talked about how the SAF started. It started out as a group called Voices for the Future and now has expanded and is called the Self-Advocacy Federation.

The next workshop I went to was about A.I.S.H. Some people talked about how A.I.S.H. asks about too much private information such as how many people you are living with and how much money you have in your bank. People said it “feels like they are invading your space”. Also people said that when they phone their A.I.S.H. worker they don’t return messages.

Another workshop I went to was one about Michener Center. It is a large institution in Red Deer. Michener Center seems to be getting better at getting people out and about in the community.

I really enjoyed the Self-Advocacy Summit staying up to the wee hours of the morning networking with other self-advocates. I learned a lot there. I plan on going to future conferences.

CET STANDARDS: 21

Individuals are supported in their leisure time pursuits.

(This Quality of Service Standard # 21 compliments the Quality of Life Standard # 9)

About this standard...

Leisure time is not called “free time” because there is “nothing to do.” Rather, it is a time frame that individuals are free to use to engage in fun, enjoyable and possibly stimulating activities. Individuals with disabilities should be able to choose to participate in the same types of leisure activities as people without disabilities in their community. The service provider should provide information about options and opportunities to experience these, and support individuals to spend their leisure time in a way that is personally fulfilling.

Key indicators include...

- The service provider knows what the individual’s interests and preferences are regarding leisure activities.

- The service provider presents information to the individual about potential leisure activities that are compatible with her interests.
- The service provider creates opportunities for the individual to experience leisure activities that are compatible with her interests.
- Staff support the individual to find the right balance for her between being too busy and not busy enough.
- Staff support the individual in her choice of leisure activities.
- The service provider has a strategy for helping the individual to assess her satisfaction with her leisure activities, and takes follow-up action as appropriate.

TRAINING



PET, Nov. 1, 2, 3, 8, 9, 10, 15, 16, 17, 22, 23, 24, 29, 30, Pre-employment Training.

Documentation, Nov 6, 9-am - 12pm
Documentation support and tips

Brain Injury, Nov 7, 9:30am-11:30am
What is it and how do we support individuals facing this challenge! (Guest Speaker)

Connecting the Dots, Nov 14, 9am-12pm
Connecting to your community, a look at community capacity building.

PBS, Nov 23, 9:30am-3:30pm
Positive Behavior Supports

Thank  You!

October 15, 2006 Incentive Thank-you Card Draw Winner Prize: T-fal Cookware

Kiona Bedard received a thank-you card from her CR Manager for providing exceptional monthly documentation and monthly reports. Excellent work Kiona!!

Other Thank-you Cards Received for June's Draw

Donna Mikl received a thank-you card from a Coordinator for working additional hours in client's home. Great team work Donna!

Liam Gordon, Khattab Elnakah, George Kabeja, Jordan Hossack and Jeff Schwarzer received thank-you cards from On-Call and Booking Dept for taking on extra shifts. Thank-you for your awesome commitment!!

Lynn MacDonald and Pearl Carnahan received thank-you cards from their co-worker for the great job they did with a new staff person's home orientation. Great work Lynn & Pearl!

Ian McLean received a thank-you card from his Coordinator for working extra shifts in the clients' home. Your assistance was very much appreciated Ian!

**Next ICE Incentive
Thank-you Card Draw November 15, 2006**

*Be sure to get
your flu shots.*

*The serum
should be available
sometime in November.*

HEALTH AND SAFETY COMMITTEE MINUTES

3.1 Evaluation of current injuries and near misses

Situation 1: Staff person experienced a sore shoulder lifting clothing articles at a clients' job site.

Staff is on modified duties for a 2 weeks in another program. Staff aware that taking personal breaks and not lifting too many clothing articles would prevent further injury.

Situation 2: Staff experienced a near miss when client threw a video tape in the staff persons' vicinity.

Staff received more training and aware of being aware of their own proximity when working with any client who may be upset.

Situation 3: Follow-up 3rd time Re-written report requires more re-writing. WCB Time Loss as staff person received a fracture in an altercation with a client.

Marina will write report along with CSC for additional training.

3.2 Review and updates of a section of the Hazard Assessment Document

1. Visitors and Intruders

Rating is current. Under Hazard Controls section should include Staff Communication Book.

2. Insect infestations or animal excrement

Rating is current. Currently no homes have pets.

3. Flooring or stairs

Rating is current. All homes meet EQA.

3.3 Development of action plan for a section of the COR Audit recommendations.

Qualifications, Orientation, and Training

5.1 Reviewed and discussed that areas noted by COR Auditor are still in place.

4.1 Welcome aboard to Shauna Careddu our newest Health and Safety Committee Member !

4.2 Theresa and Shauna received their Health and Safety ID Cards.

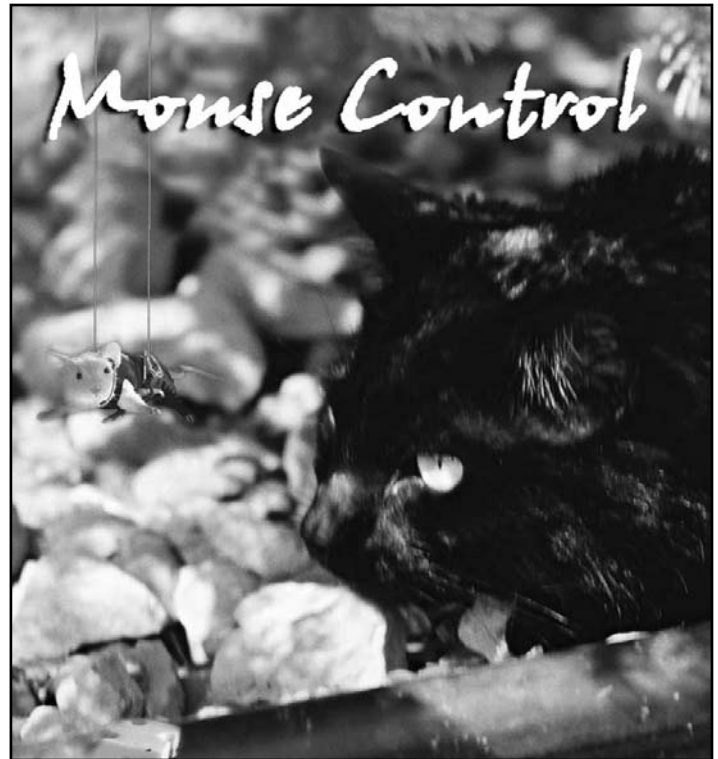
Health Corner

At this time of year, people are not the only ones looking for a warm comfy spot. Mice are too, and slip into any opening looking for warmth and a good food supply. Screens with holes in them, window cracks, or doors being left open while we carry in groceries may provide easy access to our home. It is vital to know how to eliminate and clean up after them.

Hazard Identification: possible exposure to hantavirus in dust from nesting material and droppings of mice (While Deer mice are the ones normally blamed for hantavirus; they are not the only mice that may subject us to exposure). All staff and clients should be aware that this exposure to hantavirus does have severe consequences and all staff potentially exposed **MUST** be aware of the hazards and follow control procedures.

Elimination of Mice

1. Any trap that kills the mouse is best.
2. Place traps in mouse runs (along walls in darkened areas, especially unused ones and in the basement.) make sure all the occupants of the home are aware of the location as well.
3. After trapping, inform others of the hazard, put on PPE (gloves and N95 masks) and spray the mouse and trap with a bleach solution of about 1 part bleach to 9 parts water – 10%) in a bleach bottle. Another disinfectant can be used, as long as it is a powerful germ-killer. Make sure the area is well dampened, to keep the dust down.
4. Put the trap with the dead mouse into a plastic bag and seal it. Put it into the garbage and take the garbage outside.
5. Secure the home. Check for all possible entry points out-



side the home, from bottom to high where the possibility to climb exists. Mice can gain entry through an opening as small as 6 mm. Identify possible entry points and seal them using materials that are not easily gnawed through. Contact the landlord or ICE Health & Safety for assistance.

6. Continue to look for signs of mice inside the home. Droppings might be found almost anywhere, countertops, inside cupboards, along mice runs. Other signs include scattered nesting materials like dry grass or wood chips.
7. It is wise to store all food in sealed containers . Mice will gnaw their way through a bag, so a metal, glass or plastic container is advantageous. They will climb into cupboards, up into drawers and leave their little messes. Be watchful, as this is the time of year they seek the warmth of your home.



Find frequently used forms at
www.icepage.com

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

OH&S: September Stats

| Year | Month | Total Injuries | Lost Time Injuries |
|------|-----------|----------------|--------------------|
| 2005 | September | 6 | 4 |
| 2006 | September | 9 | 3 |

7/9 Injuries in 2006 arose out of client behaviors.

1/9 Injuries was the result of a motor vehicle accident where an employee was rear-ended. (1 Lost Time)

1/9 injuries was the result of a slip and fall, compounded by inappropriate shoes (1 Lost Time)

Our goal is to reduce the number of injuries we are having.

Each injury must be reported.

Each injury must be investigated.



Your Employee Health and Safety Committee

WHAT: ICE employees from different areas working together to improve your health and safety on the job.

WHY: increased health and safety cuts down on injuries that hurt you and hurt your company with reduced productivity and expensive insurance coverage.

WHO: current members of the committee are:

Theresa Sanborn

Margaret Irwin

Shauna Careddu

Jen Plimmer

Marina Dobirstein

If you have any issues or concerns about your own, or another staffs' safety, you are obligated to report it (ICE policy 3.5.1, and Alberta Occupational Health and Safety Legislation 2(2), 1995) to a member of the committee, in the health and safety box in the front office, or to your supervisor. Also document it in the Hazard Logbook if you are a Residential employee, so that your co-workers are aware immediately.

HOW: the health and safety committee works to improve your work environment by reviewing injury/illness/near miss investigations, reviewing policy and hazards, and taking action based on these findings, and by bringing forth your concerns to management.

WHEN: the committee meets the third Thursday of every month at 1:30pm in the ICE boardroom. If you are interested in joining the committee or just attending a meeting, please call Marina at 219-8336.

Membership in Health & Safety Committee

An employee recently commented that both the Health & Safety Program and ICE Page are only for those employees working in the residential programs, and I was amazed. All articles for the ICE Page have been written for all employees, and it was obvious to me that she must not have read it if she made that comment. And, if she didn't read it, what other information is she not getting? What about the ICE RRSP contributions?

And would health and safety, by any chance, be bettered by her involvement? Health and safety, for example, relies upon involvement from all areas to discuss and guide us in the issues that need development, and consideration by a team, not just one person or management's perspective. How limited we are if we have only representation from one area. We need involvement from all areas and Home Care, Office, Residential and Day Programs are all welcome to participate. As we are a community of workers and employees under the umbrella called ICE, then we need to support ICE and be active and involved in our organization. It is easy to sit and complain but far more satisfying to take part and involve ourselves in meaningful co-operative work. Thank you to all our members who faithfully come and take part. We wouldn't be ICE without you!

2.3.12 BLOOD-BORNE INFECTIOUS DISEASE CONTROLS

In regular performance of work duties, all employees and clients may be exposed to the risk of blood borne infectious diseases through contact with an infected individual's blood (wet or dry), non-intact skin, mucous membranes, or certain types of bodily fluids. I.C.E. recognizes that it is not possible to know conclusively which people receiving support have blood borne infectious diseases such as HIV, Hepatitis B and Hepatitis C. In order to balance the risk of transmission, Standard Precautions (previously referred to as Universal Precautions) must be used at all times.

Employees are to assume that each direct exposure to blood (wet and dry), body fluids, non-intact skin or mucous membranes may result in the spread of an infectious disease. I.C.E. requires that in the process of providing personal care, each employee must use Standard Precautions with all clients, thereby protecting both client and employee from potential spread of disease.

When I.C.E. becomes aware of a client having blood borne pathogens which may then place employees at a risk of contact with blood borne pathogens, we will inform employees working with that client. When an employee becomes aware of the previously unknown presence of blood borne pathogens in a client, they will notify management through a critical incident form. Changes will be made to the client profile and other employees working with the client informed.

All employees that will be working with clients with known or suspected cases of the above diseases, will be informed of this risk and have the right to refuse without repercussion.

Controls

1. ICE employees are to follow established administrative controls and wear appropriate personal protection equipment in accordance with accepted Standard Precautions.
2. All employees will have access to appropriate personal protective equipment, at no cost to the employee.
3. All employees will receive training about the transmission of infectious diseases and about the Standard Precautions necessary for working with all clients. This training will occur prior to the employee's first shift with the agency. The training will cover:
 - a. Various diseases, their transmission methods, and the short and long-term effects of the disease.
 - b. Standard Precautions, including hand washing, the use of personal protective equipment, good sharps usage, and aseptic techniques as barriers against infectious diseases.

- c. The procedure necessary to follow if the employee believes he/she has been exposed to disease through contact with a client's bodily fluids.

High Risk Situations

I.C.E. recognizes that specific behaviors (e.g. tissue-piercing biting, abuse of sharps, self abusive behavior that causes bleeding) of an individual may increase the risk of transmission of blood borne infectious disease to others. These situations will be approached differently than the regular procedures described above.

These situations will be managed on an individual basis. This individual management will be the responsibility of the supervisor in consultation with an I.C.E. Registered Nurse. These individual precautions may include any or all of the following: a requirement for testing for blood borne infectious disease, additional education and training provided to employees, refusal to provide all services or certain types of services to the individual, and mandatory vaccination of employees and other individuals exposed to the hazard.

Employees who become aware that they have tested positive for a Blood Borne Pathogen and work in a situation considered high-risk as described above are required to inform the Health and Safety Specialist.

Post- Exposure Procedures

Any employee who experiences a sharp or needle stick injury with exposure to blood and/or body fluids, an exposure to a splash of blood or body fluid in the eye, nose, mouth, open wounds, or to chapped, derided or damaged skin, or a human bite with broken skin shall:

1. Wash the affected area for 10 minutes with soap and water or cleaners to reduce contamination, or flush with water if the eye is affected.
2. Seek medical attention immediately if required, but no later than 24 hours after exposure.
3. Immediately notify your supervisor.
4. Complete an Incident Report including documentation of the route of exposure and the circumstances under which it occurred (see Policy 2.7.3 Critical Incidents).
5. Follow your physician's recommendations
6. Follow Policy 3.5.5 Employee Work Related Injury, Illness And Near Misses.
7. Provide your direct supervisor with regular updates.