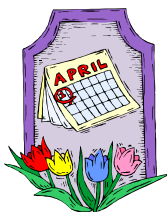


THE ICE PAGE



April 2005



General Information

The April Team Leader Meetings are scheduled for:

1. Thursday April 14th at 10:00am 'Lunchroom'
2. Wednesday April 20th at 1:00pm 'Lunchroom'

SET YOUR CLOCKS
ONE HOUR AHEAD
On Sunday April 3rd
because Daylight
Savings Time Begins



Hand-In Dates:

Hand in day will be Friday
April 15th for all shifts
worked between April 1st – 15th
and
Monday May 2nd for all shifts
worked between April 16th – 30th



ICE WEBSITE

www.icenterprises.com

Check out our exciting new website. It tells all About Us – our Health & Safety – Careers and Training – different Regional Offices – and much much more.



Training dates are as follows:

Aboriginal Awareness

April 8th 1pm – 3pm

Promoting Independence

April 13th 1pm – 5pm

Documentation Workshop

April 18th 1pm – 5pm

Positive Behaviour Supports

April 27th 9am – 5pm

Substance Abuse

April 20th 9am – 12pm

PBI Workshops

April 7th, 14th, 21st & 28th

All days from 9am – 5pm

Certificate upon completion

Please register for the preceding six workshops with
Diann 453-9657
or **Darlene 732-2335**

Connecting the Dots

April 29th
9am – 5pm

Please register for Connecting the Dots with **Nadine 732-2337**

CPI Training

April 25th & April 26th
9am – 1pm (2 day Wrkshp)
Certificate upon completion

Please register for CPI with
Greg 453 - 9656

Books Training

Will be done on a one to one basis as needed

Please register for Books Training with **Sandee 453-9659**



Employee



Incentive



Awards:

Thank you to everyone who submitted entries for the March Employee Incentive Draw.

Congratulations to the following staff who were the March winners:

John Ball – For showing such a positive response to training classes.

Titinwa Gabriel – For helping out in your home with staffing.

Lois Isaac – For helping out with staffing on short notice.

Next ICE Thank You Draw
March 15th at Noon / ICE Office

CET STANDARDS:



Creating Excellence Together

Glossary/Definitions of CET Terminology:

1. Anticipated situations or behaviors of concern

- Predictable and foreseeable situations, behaviors or events.

2. Unanticipated situations or behaviors of concern

- Unpredictable or isolated situations, behaviors or events.

3. Behaviors of concern

- Behaviors of concern are behaviors of such intensity, frequency or duration that:
- The physical safety of individuals or others is likely to be placed in jeopardy;
- The consequences of the behavior are likely to have serious impact on activities of daily living and/or quality of life.

4. Situation of concern

Situations of concern occur when individuals:

- Place themselves or others at risk of immediate physical harm;
- Engage in significantly inappropriate, socially unacceptable, illegal or socially risky behaviors that may limit their ability to safely participate in the community; and or
- Engage in actions that may cause significant property damage.

5. Positive Approach (Best Practice)

- Means “best approach/intervention for the individual” at the present time to produce superior outcomes.

6. Planned Positive Procedures

- Planned positive procedures are interventions that move beyond purely consequence-based approaches, but rather address behaviors of concern through altering environments (that may be a trigger for the behavior), and teaching appropriate skills deemed effective in meeting the needs previously served by the behaviors of concern. Some examples of planned positive procedures would be;

- Teaching appropriate alternative behaviors (e.g., functional communication training, self-management skills, modeling preferred behaviors); and
- Changing antecedent conditions (e.g., introducing or expanding choices, changing task demands, enriching the environment).

7. Restrictive Approach

- The least intrusive unplanned response by support to individual engaging in an unanticipated situation and/or behavior of concern which requires an immediate intervention to ensure safety.

8. Restrictive Procedures

- A restrictive procedure is an act that restricts the rights, freedoms, choices or self-determination of individuals. It is a response to situations or behaviors of concern that:
- Restrains individuals’ normal range of movement or behavior; and/or
- Limits access to events, relationships, privileges or objects that would normally be available to individuals.

9. Least Intrusive

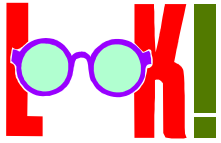
- The least intrusive action ensures the rights of individuals. The least intrusive action is determined on an individual-by-

individual basis by those who know the individual best. Example: John may find going to his room (exclusion) relaxing and promoting of self-management while Lisa may be devastated by the removal of her stereo (response cost). Positive approaches minimize the infringement on rights while maximizing the effectiveness.

10. Continuum or Categories of Intervention

- Refers to a listing of planned positive and restrictive procedures beginning with the least restrictive, least intrusive and progressing to more restrictive, more intrusive. The model may also identify a level of authority (e.g., supervisor, psychologist) required to approve the use of each procedure.
- Categories or continuums of interventions are theoretical or procedural models. It is important to note that the procedures they outline in the models do not account for the different responses or experiences of the individual.





A Changed Policy

2.5.1 BEHAVIOUR MANAGEMENT

1. Positive behaviour management practices will be used as the preferred method of behaviour management and will be aimed at increasing the client's sense of self-worth and improving his/her ability to positively influence their environment. Whether a behaviour is inappropriate and requires modification will be carefully reviewed prior to the implementation of any Planned Procedure. This review will focus on why the behaviour seems to be occurring with consideration given to the individual's environment, those persons in the environment and the communicative intent of the behaviour. Often by observing, the reason for the behaviour becomes more apparent and intervention, if required, is very limited. The intervention then becomes teaching a more "acceptable" behaviour to replace the inappropriate behaviour. Thereby guidelines emphasizing best practices can be effective and less intrusive than formal planned procedures. Formal planned procedures require extensive and ongoing review and update so as not to become mismanaged and detrimental to the individual.

It is this agency's belief that any intervention should demonstrate a respect for the client and ensure personal dignity is maintained. Choice is fundamental to the success of intervention.

2. Reinforcement: Positive reinforcement refers to the reinforcement of appropriate behaviours to increase the frequency of this desired behaviour. The reinforcement is to be consistent, immediate and have significance to the individual. In conjunction with this reinforcement, positive teaching of an alternative (more desired behaviour) must occur. This teaching may utilize one of the following strategies:

- positive role-modeling;
- verbal instruction & teaching;

- physical assistance;
- reinforced practice.

3. Restrictive Procedures: A restrictive procedure is defined as any activity, action, event or response imposed on the client which results in depriving the client of their freedom & privileges to make personal choices, participate in routines, outings or activities, move freely and/or to be restricted from interacting freely within their environment or continue any form of self-directed activity or behaviour. **A restrictive procedure decreases the frequency of a behaviour.** Refer to appendix B for the continuum of restrictive procedures. The continuum lists restrictive procedures in ascending order based on the intrusive nature of the procedure. I.C.E. recognizes and supports this continuum. **When assisting an individual acquire more appropriate behaviours I.C.E. will support the use of some restrictive procedures but will not allow others. Every effort must have been explored/used to implement positive procedures first. Any further intervention must then commence with the least intrusive intervention. Refer below.**

4. Examples of restrictive procedures include:

- physical control or restraint of any kind.
- use of time-out procedures either within a designated room or physical space and/or in the form of simple timed rest periods.
- withholding personal choices as a form of punishment for negative or undesirable behaviour or activity on the part of the client.
- use of punishment as a form of behaviour management.
- restriction/deprivation of social interaction/activities with other people.
- Ignoring is also a restrictive procedure as it decreases behaviour.

5. Independent Counselling Enterprises prohibits the use of the following restrictive procedures:

- isolation in a special punishment room or "time-out" for a protracted period of time;

- degrading punishment that is emotionally or physically abusive;
 - mechanical restraint;
 - group punishment for one client's behaviour;
 - medication as a punishment;
 - deprivation of the client's fundamental human rights;
 - aversive stimuli (i.e.: electric shock).
6. I.C.E. does not allow the use of restrictive procedures except:
- as a last resort emergency measure to contain or control behaviour when it is deemed that this behaviour will result in the endangerment of the client, other people or property, and/or the environment or other people are deemed to be a danger to the client;
 - when the procedure is written into or forms part of, a formal & supervised lifestyle plan and/or planned procedure and where every effort has been made to use alternative positive intervention/ best practices;
 - that staff be trained in the use of the procedure(s), and that these procedures be incorporated as part of the I.C.E. Proactive Behaviour Interventions training program or other formal training curricula (CPI).
 - when physical control/restraint is used as the designated restrictive procedure, that the specific physical technique be defined and described and that the least amount of physical intervention be used to control the situation.
7. Examples of restrictive procedures which are acceptable under the above circumstances include:
- non-abusive physical restraint.
 - withholding personal choice for the protection of the client from the consequences of negative behaviour, i.e.: physical self-abuse activity.
 - structured time-outs within short, specified periods of time and without the use of designated isolation rooms.
 - avoidance of designated social contact or community interactions which may be deemed to be inappropriate or counterproductive to the individual client's safety, welfare and well-being, i.e.: high traffic, high noise, high congestion areas/activities such as shopping malls, bars or crowds.
 - Ignoring inappropriate behaviours
- REMEMBER OTHER POSITIVE INTERVENTIONS MUST HAVE BEEN IMPLEMENTED FIRST AND DETERMINED TO BE INEFFECTIVE IE. THE TARGETED BEHAVIOUR WAS NOT ALTERED AS DESIRED.**
8. In all cases where there is the potential for use of, or actual practice of restrictive procedures, as part of overall planned procedure, the agency will obtain informed consent from the parents and/or guardians of the client prior to any restrictive procedure being implemented.
9. This informed consent shall form part of the planned procedure that is set up, agreed to and signed by the client/ parents/guardians.

10. All planned procedures are to reviewed and monitored by the Restrictive Procedures Advisory Committee (RPAC). This committee shall be multi-disciplinary and comprise the following members:
- Parents and/or Guardians of the client (Ad hoc basis).
 - External professional representatives (Ad hoc basis may include Individualized Programs (PDD), Behavior Outreach Services, University of Calgary Behavior Management Team).
 - Training Personnel
 - Managers of various programs
 - Key support worker(s) from I.C.E.
 - The I.C.E. Community Support Coordinator for the residence and/or program which the client is involved in.
 - Senior Supervisor (R.N., Ad Hoc)
11. The committee will review designated critical incident reports and will make recommendations re a course of action i.e. ABC data/functional assessment. Based on the review of all data collected further recommendations will be made i.e. development of a positive approach or a planned positive procedure or a planned restrictive procedure. If recommended the committee will oversee the development of the planned positive procedure and/or the planned restrictive procedure. Once developed RPAC will review and then forward them to Benchmark Resources for final approval. Upon approval an RPAC member will meet with the supervisor to review the approved document, ensure an action plan is developed to train all staff, and to determine a data collection system is established. RPAC/Benchmark will review the plans (annually/yearly) and will make recommendations regarding continuing, discontinuing, or amending the planned procedure. The review/monitoring process is:
- Upon the recommendation from RPAC the Community Support Coordinator, will assign support staff to complete ABC data and/or complete a functional assessment and a reinforcer survey for RPAC to review. If RPAC recommends the need for a planned procedure the Coordinator will write the procedure. This will include all information obtained including: ABC data, functional assessment, reinforcer survey, observation of the individual and the environment. Upon completion of the written planned positive procedure or the planned restrictive procedure the RPAC will review the procedure and will forward it to Benchmark Resources (external source) for final approval. When final approval has been received the Coordinator will ensure all staff training requirements are met to carry out the plan, including the data collection method, and will ensure that all staff members have attended the Proactive Behavior Intervention Course/CPI as per the procedure. External resources may be involved in devising, writing, and monitoring the plan, this decision is dependent on the behaviours of the client.

- Once implemented there will be a review process that evaluates the effectiveness of the plan, based on the data collected, on a yearly basis. Recommendations from RPAC based on the review will include: continuing, discontinuing, or amending the plan.
- The client's progress is monitored on an ongoing basis during regular I.C.E. staff meetings where the data is reviewed then forwarded to RPAC. Copies of the plan will be kept in the client file and the Orientation Manual. All employees will be required to sign that they have received training and that they understand their responsibility in following the plan.

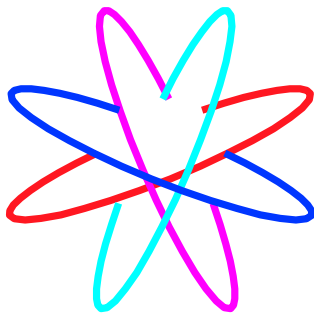
12. The Committee will have the mandate to upgrade a client's planned positive procedure to a planned restrictive procedure and/or to access resources from outside the agency for assistance.

13. Factors affecting the decision to develop a planned restrictive procedure include:

- extreme changes in behaviour including increases in frequency, intensity, duration and inappropriateness.
- behaviour changes which cause undue and ongoing endangerment to employees, other clients or members of the public.
- when psychological or medical assessment determines the need for formal behaviour management.
- when client history warrants formal behaviour planning.

14. Use of prohibited behaviour management practices or other practices which are deemed to be abusive as per Abuse Prevention and Response Protocol/Protection for Persons In Care Act/ICE Policies and Procedures will result in immediate suspension of the employee with/without pay pending the results of an investigation. If found guilty, the employee will be disciplined up to and including termination of employment for cause.

Updated February 10/05



CONGRATULATIONS TO THE GRADUATING AMERICAN SIGN LANGUAGE CLASS OF 2005

**Brian Chernenkoff, Holly Perley, Laura Lee
Peters, Eleanor Crane, Darlene Pazder, Ariana
Klyn-Hesselink, Francine Berube,
Titinwa Gabriel, Marnie Wyllie, Jennifer
Abbott, Jais Abraham, Faisal Ahmed, Claire
Mpinda, Carrie Malinowski
Instructor: Kandis Ng**



**BEST MARK: Ariana Klyn-Hesselink
PERFECT ATTENDANCE: Jennifer Abbott & Carrie Malinowski**

ATTENTION!



It is critical that all Timesheets, Contact Notes, and Monthly Reviews for this and any other month be on time and correctly completed. Errors and late reports may result in delayed payment of employee wages.



C.R. UPDATE

The **Residential Hand-In dates** will be
Wednesday April 13th for all shifts worked between
April 1st – 15th
and
Wednesday April 30th for all shifts worked between
April 16th – 30th

Residential Petty Cash & Other Expenses



Please do not use highlighters, tape, and jel pens on receipts for Petty Cash or other expenses. These items degrade the print and make it illegible. Please use a regular pen and underline or circle the amount. Thank you!

APRIL FOOL SMILE :-))

Q: Why are people so tired on April 1st?

A: Because they just finished a 31-day March :-)

"Things to Ponder"

Why are there flotation devices under plane seats instead of parachutes?

Why do fat chance and slim chance mean the same thing?

If 7-11 is open 24 hours a day, 365 days a year, why are there locks on the doors?

If nothing ever sticks to TEFLON, how do they make TEFLON stick to the pan?

Why is it that when you transport something by car, it's called a shipment, but when you transport something by ship, it's called cargo?

You know that little indestructible black box that is used on planes, why can't they make the whole plane out of the same substance?

Why is it called a TV "set" when you only get one?

Why is it, whether you sit up or sit down, the result is the same?



"The first of April, some do say,
Is set apart for All Fools' Day.
But why the people call it so,
Nor I, nor they themselves do know
But on this day are people sent
On purpose for pure merriment."

~Poor Robin's Almanac (1790)~

**K
A
R
E
N**



is a young woman that enjoys playing cards, coloring, and volunteering at James Short Memorial Elementary. She graduated from Bishop McNally and attended a big banquet with all her family, friends, and teachers. One of the highlights of the evening was a dance with the principal.

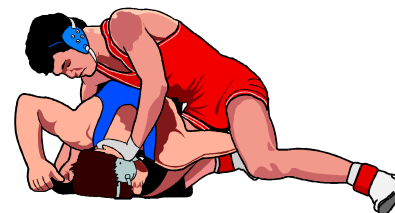
Karen presently attends computer classes and is working on English & Math skills. She recently won a Math Contest at CVS for getting a high score in Baseball Math. Karen is also developing her leadership skills by facilitating an American Sign Language Class at the ICE Resource Center twice a month.

Karen loves celebrating her birthday and this year she will be going to Sylvan Lake to swim, golf, and camp with her family that day.

Wrestling is Karen's passion. Some of her favourite wrestlers are Triple H, Chris Jericho, Chris Benoit, and Bret

Hart. On May 30th, Monday Night RAW at the Saddledome, Karen and her family will be there high fiving the wrestlers.

Karen enjoys exercise and healthy eating. She loves socializing with her friends. She is a big supporter of the "Calgary Flames" and the "Boston Bruins" and also loves music & singing. Her dream is to attend a Britney Spears Concert.



The Importance of Stories



Stories are a way of helping us discover the ways that people are participating in their community. Collecting stories about people being included and participating in groups, classes and clubs is an excellent way for

us to know that we are

successfully helping people discover and pursue their dreams, desires and interests. We need your help to collect stories. When someone is contributing and participating in their community in a positive way we want you to write a few lines about how they started and what they are doing. This could be meeting new friends, getting a volunteer position, or getting a job.

All staff who submit stories will receive a "Thank you!" card and their name will be entered into the incentive draw for a prize. So have your pencils sharpened. Please submit stories to Nadine at the Resource Center (Edmonton), Gonny (Calgary), Susan (Grande Prairie) and Sandra (Lethbridge/Nanton)



Home Fire Safety Basics

Fire is the third leading cause of accidental death in Canada. Approximately 85% of fire deaths occur in the home, and most deaths are due to smoke inhalation. Smoke alarms will warn you of a fire in time to let you escape.

Here are some Basic Prevention Tips

- Install a certified smoke alarm on each level of your home.
- Have and practice a fire escape plan with all occupants.
- Know your fire department's phone number.
- Have and know how to use your fire extinguisher.
- Keep matches and lighters out of reach.
- Don't overload the electrical outlets.
- Always barbecue outside.
- Never leave grease cooking unattended.
- Clean grease from burner pans and stove top regularly.
- Install a smoke alarm outside each sleeping area.
- Install smoke alarms on each level of your home.
- Purchase smoke alarms that have the label of the underwriter's Laboratories of Canada.
- Test your smoke alarm at least twice a year.
- Test the battery once a month (by pushing the button on the unit).
- Never remove the battery for any reason.
- Replace the battery once a year.
- Replace smoke alarms every five years.

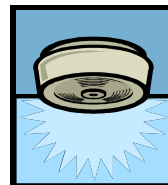
Home Fire Safety Quiz

Test your home fire safety IQ!

- 1) You must install a smoke alarm:
 - a. Over the stove
 - b. In each bedroom
 - c. On every level of your home
 - d. All of the above
- 2) What is the most common cause of kitchen fires?
 - a. Cooking with grease
 - b. Smoking

- c. Playing with matches
- d. All of the above

- 3) How often should you test your smoke alarm battery?
 - a. Every month
 - b. Every six months
 - c. Once a year
 - d. Never
- 4) How much time do you have to leave your home safely after a fire starts?
 - a. 10 to 15 minutes
 - b. Five minutes
 - c. Two minutes or less
- 5) What label should you look for when buying a smoke alarm?
 - a. ULC
 - b. ANSI
 - c. CSA



Home Fire Safety Quiz: Answers

1. **c.**
You are required by law to have a smoke alarm on every level of your home. All homes, including single level homes and apartments, should have smoke alarms near the kitchen and outside all sleeping areas.
2. **a.**
Cooking with grease is the most common cause of kitchen fires. However, careless smoking is a major cause of fatal home fires; smoker's material, mainly cigarettes, accounts for one in four fire fatalities. And children must never, never play with matches.
3. **a.**
Test your battery monthly to make sure it's working by pushing the test button. Twice a year, use a smouldering cotton string, cigarette or incense until the smoke makes the alarm sound. Replace batteries every year, or when you hear intermittent beeping.
4. **c.**
A fire in a living room can produce life-threatening conditions in a bedroom in two minutes or less.
5. **a.**
By law, smoke alarms sold in Canada must meet the ULC (Underwriters' Laboratories of Canada) Standard for Smoke Alarms. This label assures the product meets Canadian standards.

CONTACTING THE RIGHT PEOPLE IN THE ICE OFFICE!

Booking Coordinators (call them if you want to pick up relief shifts or cancel a shift due to illness. If you are requesting vacation or days off, please put your request on a Holiday Request form and fax or drop it off at the office.)

Rhonda Leyte	453-9	667	rleyte@icenterprises.com
Cindy Van Eaton	453-9	655	cvaneaton@icenterprises.com

Booking Coordinators - Home Care (call them if you want to pick up relief shifts doing Home Care)

Anita Sharma	453-9	652	asharma@icenterprises.com
Jacky Miller	453-9	663	jmiller@icenterprises.com

Community Connections Team (call them to find out what resources and events are in the community for your client to access or get involved in)

Brian Chernenkoff	732-2	342	bchernenkoff@icenterprises.com
Francine Berube	732-2	340	fberube@icenterprises.com

Community Support Coordinators (they coordinate residential and community programs, call them about questions or issues about the client, or residence you are working in)

Aria Klyn-Hesselink	453-9	830	aklyn@icenterprises.com
Carmen Barber	732-4	446	cbarber@icenterprises.com
Colleen Clarke	453-9	833	cclarke@icenterprises.com
Janet Willick	732-4	453	jwillick@icenterprises.com
Jess Theberge	732-4	449	jtheberge@icenterprises.com
Judi MacLeod	732-2	338	jmacleod@icenterprises.com
Kimberley Rutt	732-4	451	krutt@icenterprises.com
Laura Lee Peters	732-2	346	lpeters@icenterprises.com
Maggie Werner	732-2	348	mwerner@icenterprises.com
Merle Canada	453-9	828	mcanada@icenterprises.com
Michelle McKenzie	732-2	336	mmckenzie@icenterprises.com
Miranda Bear	732-2	349	mbear@icenterprises.com
Natalie Bishai	732-4	447	nbishai@icenterprises.com
Sara Rindero	732-4	445	srindero@icenterprises.com
Stacey Senetza	453-9	827	ssenetza@icenterprises.com
Stephen Renaud	732-4	452	srenaud@icenterprises.com

Employee Health and Safety (call him if you would like to do more to improve your health and safety at work, or if you have identified a new hazard to the health or safety of ICE employees)

Gordon Filipchuk	732-2	343	gfilipchuk@icenterprises.com
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House Bookkeeper (team leaders should call her with questions about the finances in a residential program)

Sandee Silverman	453-9	659	No email address
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CET Coordinator (call if you have a question about getting ready for CET certification)

Bonnie Edwards	453-9	826	bedwards@icenterprises.com
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Nursing Supervisors (call them about medical issues in residential programs, or about Home Care delegations)

Eleanor Crane, LPN	453-9	658	none
Pam Warraich, RN	453-9	658	none
Colleen Callahan, RN	453-9	665	ccallahan@icenterprises.com

Comm. Rehab. Payroll Assistants (call them about pay issues that involve your salary, hours, sick time, vacation, or stat holidays)

Carolyne Hudson	732-4	450	crpayroll@icenterprises.com
Lesley Rose	732-2	345	crpayroll@icenterprises.com
Susie Stephens	453-9	669	crpayroll@icenterprises.com
Donna Mann	453-9	832	crpayroll@icenterprises.com

Payroll Assistants (call them about pay issues or questions that involve your taxes, benefits, EI, CPP, or T4's)

Raj Gill	732-2	347	none
Susan Watts	732-4	454	none
Alicia Guillermo	453-9	671	none
Sharon Pate	453-9	673	none

Personnel Coordinators (call Megan if you are interested in a permanent position, call Sam if you want to refer a friend to apply for a job at ICE, visit our office bulletin board to find out what positions are vacant. If you need employment verification for daycare, mortgage, etc, you must complete and sign a form available from our receptionist, Marian.)

Diann L'Hirondelle	453-9	657	dlhirondelle@icenterprises.com
Kathleen Curran	732-4	448	kcurran@icenterprises.com
Sam Obaloker	453-9	831	sobaloker@icenterprises.com
Megan Baugh	453-9	674	mbaugh@icenterprises.com

Training Coordinators (call Darlene if you want to sign up for training in-services. Current in-service schedules are always in the ICE Page, and posted on the office bulletin board. In-service descriptions are on the website www.icenterprises.com)

Darlene Pazder	732-2	335	dpazder@icenterprises.com
Greg Lane	453-9	656	glane@icenterprises.com

CET Coordinator (call if you have a question about getting ready for CET certification)

Bonnie Edwards	453-9	826	bedwards@icenterprises.com
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ICE OFFICE FAX NUMBER 452-4 889

****Please note that most of these people work also in the community and so are often not at their desk. PLEASE leave a voice mail with your name, your employee number, and your phone number. It is very important that you also state, briefly and clearly, the purpose of the call and type of response you are seeking. Your call will be returned within 24 hours, but usually much sooner.**



COMMUNITY NEWS

RESOURCE CENTER AND COMMUNITY CONNECTION UPDATE

Aboriginal Sweat

ICE has partnered with the Edmonton Native Healing Center to organize a sweat for both the people we support and their staff. A sweat is a native spiritual ceremony led by an elder. It takes place at a ceremonial ground. Transportation to the ceremonial grounds will be provided by the Edmonton Native Healing Center. It will be the responsibility of the client or support staff to arrange transportation to the Native Healing Center.

DATE: Wednesday, April 20, 2005

For more information please contact Nadine at 732-2337

Did you know?

- ♦ The Resource center is the place to come for information on many things from free computer classes to how to apply for a City of Edmonton Fee reduction card. Come down and see us.
- ♦ There is a Friendship Club for people with disabilities at the Christian Reform Church at 10910-87 Street where people can meet friends. Call 963-4845
- ♦ **PALS** provides learning opportunities for people with disabilities to upgrade their reading and writing skills. Call 424- 5514 for information.



Aboriginal Cultural Circles

Edmonton Native Healing Center

For People supported by ICE and their staff

#101 , 11813 – 123 Street

ICE in partnership with A.SK. Consulting (Vince) will be hosting Aboriginal Cultural Circles every

Monday and Tuesday evenings

7:00 p.m. – 9:00 p.m.

Evening will include traditional dancing, crafts and drumming with the integration of medicine wheel teachings.

For more
info
732-2337

Summer fun ???

Summer is coming .. even though it is still cold and snowy when we look outside the window. Now is the time to start thinking and planning for those long summer days. Summer makes it easier for everyone to get out and about. Some of the things that you want to think about are:

Summer vacations or summer camps – now is the time to help the person you support look for and apply for summer camp.

Summer Festivals – Edmonton is the City of Festivals. You can be part of the festivals by volunteering. Come visit the resource center for more information

CONNECTING THE DOTS...

The How To's For Building Community

Date: Friday, April 29, 2005

Time: 9:00 a.m. – 5:00 p.m.

Location: Downstairs Training Room

Purpose: To learn what Community Capacity Building is all about and learn how to help the people we support get connected. You will acquire the tools and knowledge about how to provide person centered supports.

This training is for all ICE employees!

**Contact Nadine 732-2337
to confirm your attendance. Please
remember to contact your coordinator to
ensure your shift is booked**

COMMUNITY CAPACITY



Twelve Guiding Principles for Community Engagement: ABCD in Action (Asset Based Community Development) *(Please note that this article uses the word citizen when referring to the persons we support)*

1. **Everyone has Gifts.** With rare exception people can contribute and want to contribute. Gifts must be discovered. Gift giving opportunities must be offered. Strong communities know they need everyone. There is unrecognized capacity and assets in every community.
2. **Relationships Build a Community.** See them, make them, and utilize them. An intentional effort to build and nourish relationships is the core of ABCD and of all community building.
3. **Citizens at the Center** can engage the wider community. People in leadership in everyday life must be at the center of community initiatives rather than just helping agency leaders. It is essential to engage the wider community as actors not just as recipients of services.
4. **Leaders involve Others as Active Members of the community.** Leaders from the wider community of voluntary associations, congregations, neighborhoods, local business, can engage others from their sector.
5. **People Care About Something.** Agencies and neighborhood groups often complain about apathy. Apathy is a sign of bad listening. People in communities are motivated to act. The challenge is to discover their motivation to act.
6. **Motivation to Act** must be identified. People who are not paid as staff will only act when it is very important. People will act on certain themes strongly felt, concerns to address, dreams to realize, and personal talents to contribute.
7. **Listening conversation.** In 1:1 dialogue or in small group conversations is how to discover motivation and invite participation.
8. **Ask, Ask, Ask.** Once a person's possible gifts to give and motivations to act are recognized, an opportunity to act must be offered.
9. **Questions Rather than Answers Invite Stronger Action.** People in communities are usually asked to volunteer for outside expert answer to community problems. A more powerful way to engage people is to invite communities to address questions finding their own answer – with agencies following to help.
10. **A Citizen-Centered “Inside-Out” Organization is the Key to Community Engagement.** It takes an organization of citizens to organize a community. It is also very valuable to have a staff person to assist relationship building as a ‘community organizer’ following the citizen leaders’ agenda.
11. **Institutions have Reached Their Limits in Problem-Solving.** All institutions such as government, non profits, and businesses are stretched thin in their ability to solve community problems. They can not be successful without engaging the rest of the community in solutions. We need to be more skillful in wider engagement.
12. **Institutions as Servants.** People better than programs engage the wider community. Institutions of government, non profits, and business can be of invaluable help supporting the work of citizens’ initiatives to engage their fellow community members. Ask people what they need and offer help. Follow the lead of local community members.

Mike Green; ABCD Training Group

Health Corner



TIPS TO REDUCE STRESS



Stress can make you feel nervous, sad or depressed. You may worry a lot about your family, work and money problems. Living with these struggles every day can leave you tired, nervous and feeling that there is no way out of your situation.



Here are ways to reduce stress:



1. Take a few deep breaths. This makes you breathe slower and helps your muscles relax.



2. Exercise - take a walk during the day.



3. Think positive. Remember the things that are good in your life.



4. Count to ten. This makes you stop and relax before you react to the stressful situation.



5. Take a good stretch. Stretching makes muscles relax and helps you feel less tense.



6. Massage the tense muscles. The muscles in the back of your neck and upper back usually get tense when you are stressed.



7. Take hot baths or showers to help you relax.



8. Listen to good music.



9. Talk to your family and friends about your feelings. It is important for them to know how you feel so they can help you.



10. Get help when you need it. If you are losing sleep or you have headaches and neck or back pain, you should go to your doctor.

Possible signs of stress

- Anxiety
- Back pain
- Constipation or diarrhea
- Depression
- Fatigue
- Headaches
- High blood pressure
- Insomnia
- Problems with relationships
- Shortness of breath
- Stiff neck
- Upset stomach
- Weight gain or loss

Tips for dealing with stress

- Don't worry about things you can't control, like the weather.
- Prepare to the best of your ability for events you know may be stressful, like a job interview.
- Try to look at change as a positive challenge, not a threat.
- Work to resolve conflicts with other people.
- Ask for help from friends, family or professionals.
- Set realistic goals at home and at work.
- Exercise on a regular basis.
- Eat well-balanced meals and get enough sleep.
- Meditate or take time out
- Get away from your daily stresses with group sports, social events and hobbies.
- Try to look at change as a positive challenge, not a threat.

INDEPENDENT COUNSELLING ENTERPRISES

Health and Safety Committee Meeting Minutes

**March 3, 2005
Edmonton Region**

Present:

Faisel Ahmed	Kathleen Curran	Gordon Filipchuk
Roberta Jaggard	Noreen O'Donoghue	Debra Reed

Recorder(s): Debra Reed

Chair: Debra Reed

Regrets: Kelly Guan-Wong (Mat. Leave), Colleen Callahan (Hol.), Marj Filion, Greg Lane, Pam MacDonell, Alice Romanchuk, Haris Sunagic (Hol.), Carol Szydluk, Colette Tancsics

cc: Gonny Debski (ICE Page), post to H&S Bulletin Board, Program Mailboxes, other Regional H&S Committee Chairs and, main ICE office Health and Safety Reference Binder

1.0 Approval of the Agenda

The agenda was approved with the following additions:

New Business :

4.1 Employee of the Month

2.0 Review the Previous Minutes / Business Arising from Minutes

- Review of current committee member attendance list/New Committee member follow up/member ID cards/member duotangs & labels/membership incentives (Debbie/Gordon)

- **Congratulations** to Committee members Roberta Jaggard and Kathleen Curran who received their three month membership incentive travel mugs today.
- Kathleen and Roberta will be receiving their Health and Safety membership ID cards shortly.

- Review of proposed timelines/time keeper identification (Debbie)

Section 2.0 - ½ hour maximum
Section 3.0 - 45 minutes maximum
Section 4.0 - 15 minutes
Timekeeper: Kathleen Curran

- Updates re: - **discussion of finalized 'supply lists'** (Gordon/Committee members)
 - after a brief review of the purpose of this supply list Gordon requested that the agenda item be tabled to the next Health and Safety meeting agenda.

2.0 Review the Previous Minutes / Business Arising from Minutes (con't)

- 'research' updates – **Environment Canada Weather Emergency Procedures** (Carol)
 - Carol was unable to attend the meeting today therefore Noreen will be contacting Carol to retrieve any information collected by her on this subject. In the event that Carol was unable to follow through with the actual research Noreen will take on this responsibility. Noreen will provide the committee with updates at the scheduled Health and Safety meeting in April 2005.
- Capital Health Emergency Procedures** (Haris)
 - Haris is currently away on holidays and was therefore unavailable to attend the meeting today. Gordon will follow up with Haris upon his return to work, to determine Haris' availability for the scheduled April 2005 Health and Safety meeting. In the event that Haris is unable to attend this meeting or, has been unable to complete the actual research Gordon will follow up as needed and, an update will be made available to the committee at the April 2005 Health and Safety meeting.
- Updates from sub-committee re: **"debriefing methodology"** (Noreen)
 - Noreen advised committee members that the last scheduled sub-committee meeting was cancelled as a result of 'lack of attendance'
 - Gordon advised Noreen that he has accessed some information via the internet that Noreen may find useful re: methodology and, he will ensure that he passes this information along to Noreen
 - The committee discussed at length the requirement for the 'debriefing training' to be 'all encompassing' and NOT to simply focus on the 'Injury Incident Debriefing' process (see attached). Debra reiterated the need for Coordinators and Managers to be adequately trained and aware of the need for employee debriefing processes for reasons beyond the realm of injury follow up

(e.g. to include emotional support debriefing techniques for situations of crises, etc...) and, Kathleen acknowledged that this training would also benefit other administrative staff that have 'hands on' dealings with field support staff.

- Gordon stated that he will follow up with Gonny in Calgary regarding some possible contacts for "debriefing training"

- Next meeting of the subcommittee: **Wednesday March 16, 2005**

- Updates re: progress towards '**stress workshop**' (Colleen)
Colleen is on holidays. This item was tabled until the April 2005 scheduled meeting.
- Discussion re: next **Health and Safety contest process** (Committee members)
This item was tabled until the April 2005 scheduled meeting at which time the discussion will be the 'criteria for judging'.

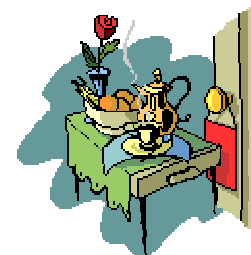
Agenda Topic	Discussion	Action	Person Responsible	Due Date
3.0 Standing Items				
3.1 Review of 'Regional Health and Safety Meeting Minutes'	<ul style="list-style-type: none"> ➤ Nanton – the committee members reviewed the meeting minutes from Nanton's February 23, 2005 Health and Safety Committee meeting. ➤ Grande Prairie – the committee members reviewed the meeting minutes from Grande Prairie's January 26, 2005 Health and Safety Committee meeting ➤ Calgary – the Health and Safety meeting was cancelled in this Region for February 2005 due to unavoidable circumstances. The next Health and Safety Meeting is scheduled for March 17, 2005. <p>After reviewing the Health and Safety meeting minutes from Nanton and Grande Prairie a discussion ensued around the time constraints that committees are facing. This appears to be an 'across Regions' problem and often the 'Standing Items' are the items that end up tabled to future meetings.</p> <p>Section 3.0 'Standing Items regionally ' are identical for all ICE Health and Safety Committee meetings regionally and, are the 'meat' of each committee's responsibility to review, amend and update as needed.</p>	<ul style="list-style-type: none"> ➤ each of the Regional Health and Safety Committees MUST ensure that these 'Section 3.0 – Standing Items' are addressed as per agenda intent every second meeting minimally. 	Each Health and Safety Committee Chair/Co-Chair	Ongoing
3.2 Evaluation of current injuries and near misses	<ul style="list-style-type: none"> ➤ There were 12 '<i>no loss time injuries</i>' reported in Edmonton in February 2005. 3 of these injuries were reportable to WCB. ➤ There were 6 '<i>lost time injuries</i>' reported in Edmonton in February 2005. <p>One of the situations reviewed/discussed by Gordon was one in which a support staff called the Police for assistance and then, refused to give the Police information over the telephone as they were concerned with possibly breaching confidentiality.</p> <p>Committee members discussed how the situation would have denoted a possible 'breach of confidentiality' had 'someone' called the residence stating that they were a Police officer and, asking for personal information about one of the clients. In this situation support staff would be unable to verify that person's identity over the telephone and, the caller would be directed to the office to speak with a Manager.</p> <p>When the Police are contacted all information requested by them (<i>pertinent to the situation at hand and/or to the client DIRECTLY involved</i>) MUST be given in order that they may then provide the appropriate assistance.</p>	<ul style="list-style-type: none"> ➤ Community Support Coordinators must ensure that all support staff are made aware of the following: <ul style="list-style-type: none"> - ICE reporting processes - what information is 'appropriate' to be given when involved with a situation of concern - crossing boundaries of confidentiality e.g. offering personal information about other roommates 	Community Support Coordinators / Program Managers	By March 31, 2005
3.3 Review and updates of a section of the Hazard Assessment Document	<ul style="list-style-type: none"> ➤ The committee members continued their review the following section of the Hazard Assessment and Control 			

	document: Job Type: Office/Administrative <ul style="list-style-type: none">○ slipping, falling on ice and snow in parking lot○ injuries from paper equipment○ assault or abuse from client behaviors	<ul style="list-style-type: none">➤ 'reminds' to be changed to <u>reminders</u> in Hazard Control section + Policy re: footwear to be added➤ Potential Consequence to be changed to a 2 rating/ total changes to an 8 + change sign is located inside door of copier➤ Add to Hazard Control "Mr. White" code	Gordon	By May 2005
3.4 Review of a section of the action plan for the COR Audit recommendations	<ul style="list-style-type: none">➤ The Committee members reviewed/discussed the Executive Summary of the new COR audit package	<ul style="list-style-type: none">➤ Continue review of a section of the new internal COR audit package at the next meeting.	Committee members	April 7, 2005
3.5 A) Review of completed Environmental Quality Audits and Random Inspection Audits B) Review of completed 'Follow Up Site visits' by Health and Safety Committee members.	<ul style="list-style-type: none">➤ There were no follow up EQA visits to be scheduled for this month due to time constraints resulting from Manager cover off responsibility priorities.➤ There were 3 "Follow Up Site visits" completed of the nine assigned in February 2005.	Follow up required with Community Support Coordinators re: completion of EQA recommendations. <ul style="list-style-type: none">➤ Greisbach➤ 54th Street➤ 165th Street➤ 145th Street➤ 61st Street➤ 48th Street➤ Kasketayo➤ 150th Street F/U with appropriate Community Support Coordinators and/or Managers	Debbie Reports to be submitted Reports to be completed as assigned previously Debbie	April 7/05 ASAP By April 7/05 Immediately
4.0 New Business				
4.1 Employee of the Month	<ul style="list-style-type: none">➤ Kathleen presented the idea of an "Employee of the Month" as a possible incentive/thank you from 'administrative ICE' to 'field ICE'. Committee members discussed this idea and, the fact that there is currently the Thank You Incentive draw monthly. The question of having the recipient of this draw named Employee of the Month was discussed. The idea of presenting this individual in the monthly ICE Page with a small write up was discussed	<ul style="list-style-type: none">➤ Follow up with Pam MacDonell required.	Gordon	March 31, 2005

4.2 Next Meeting: April 7, 2004 @ 10:30a.m.



Employee Grand Prize Draw



ICE had it's first ever Grand Prize Draw for the "Thank You !" Card Incentive Program on March 14! All active field employees that received three or more "Thank You!" cards from three or more sources during the first half of last year were eligible for this draw. A list of these eligible employees is below!

THE WINNER OF A \$1000 GETAWAY TO FAIRMONT HOTELS IN JASPER OR BANFF... IS ARLENE F. FROM GRANDE PRAIRIE!! CONGRATULATIONS ARLENE!!

Alice R
Amelia R
Angela P
Arleen K
Arlene F
Barb S
Becky P
Bill M
Carol M
Claire M
Corrina A
Dawn B
Debbie G
Denise S

Edna R
Elizabeth O
Elizbieta P
Ester P
Evelyn P
Garang J
Glenda T
Gwenn B
Habiba S
Halida H
Helena S
Indu N
Jacques N

Jae Jung Y
Jane K
Janna D
Jason R
Jeannie L
Jeff S
Joyce C
Judi D
Larry O
Lorraine D
Louis A
Lynda B
Milena T

Nelson A
Oksana S
Pat M
Paul B
Pelita L
Roberta J
Schenette V
Sharon D
Shamin V
Suhki G
Terina C
Ursula P
Yahya N

