

Iris Bennett has lived most of her life in Calgary, raising three children. Prior to employment with ICE, she worked in public relations and community development. She is a foster parent, a dog breeder and grows a market garden.

Iris started her employment with Independent Counselling Enterprises in 2008. She first worked in a residential home which she considered an excellent opportunity to learn policy and safety amid co-workers.

Iris now works providing one to one supports to a male client. Iris and this individual are continually working on learning exciting new things such as how to set up a web-site, volunteering and even launching a home based business. Iris works hard to ensure each day spent with her client enriches his life. They have accomplished more in 6 months than most would in years!

EMPLOYEE *Spotlight* Iris



Iris is full of great ideas and is excellent at teaching new skills to persons that she works with. She says she enjoys what she does because each client and individual support plan is completely unique. Iris enjoys the variety of the work in this field and appreciates the ongoing training made available to ICE employees. She says she feels that the agency appreciates their staff.

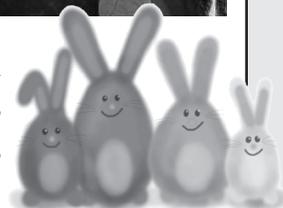
ICE is pleased to recognize the enthusiasm and quality work of this employee.

All ICE offices will be closed

Friday April 2,
for Good Friday &

Monday April 5,
for Easter Monday

Please direct all
calls to the Employee Client
Assistance Team for these days.



ECAT

Employee &
Client

Assistance Team

780-461-7236

after office

hours



MEETINGS

Health & Safety
Meeting

APRIL 7, 1:30PM

RPAC

APRIL 20, 2:00 PM



TIME SHEET HAND-IN



Hand-in day will be:

April 15th, 2010
for all shifts worked
between
April 1st and 15th

and
April 30th, 2010
for all shifts worked
between
April 16th and 30th

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Client Success Story – John

John lives in Grande Prairie in a Support Home. In addition he receives day supports from I.C.E. John is a lot of fun to be around as he is always making jokes.

John's personal interests mainly revolve around cars. He has a different model car to show people everyday. In fact, he has a collection of about 100 die-cast model cars and dinky cars. His favorite type of cars is old muscle cars. Many of these models he modifies by adding ground effects, changing the tires, even wiring some with lights and sound using batteries, speakers, small Christmas lights, and/or one of his many Discmans.

Recently, John had his eye on die-cast 2006 silver Cadillac Escalade at Value Village and had been saving up his money to buy it. On the morning he had accumulated the funds he needed, he and his staff went to Value Village early and waited outside for it to open. When they went in it was gone! John was disappointed but now he is saving that money and more for something bigger and better.

John and his staff visit the library



twice a week. John looks through the car magazines and his staff is assisting him to read them. John enjoys visiting his mother in Rainbow Lake where he can do his favorite thing in the world: quadding! (For readers less familiar with this term, quadding refers to riding four wheel all terrain vehicles).

When John isn't busy with cars and quads, he likes to get outside. He goes to the park, rides his bike, and visits his sister. John and his staff are planning to go biking together once the weather is a bit nicer. John has a 21-speed bike and his staff has a 3-speed bike so John thinks that his staff will have a fun time keeping up to him! John is also hoping to visit his brother's grave once the weather is improved. He wants to give his brother his small General Lee (Dukes of Hazard) dinky car.

Although John is a fine-looking man, he requested that instead of his picture in the ICE Page that he be permitted to share a picture of the car from the movie *Too Fast Too Furious*, which is a black 1969 Dodge Charger.

Outcome Measurement

These are two very important words that every ICE employee needs to learn about. In the coming months we will be exploring this important topic with several articles.

What is Outcome Measurement?

It is an approach to planning and managing projects that helps people to be clear both about what projects are DOING and what projects are CHANGING.

In Canada, and most industrialized countries, government agencies are re-organizing the delivery of social services and the non-governmental organizations that supply these services to demonstrate and measure their results. There is an increasing trend towards accountability and agencies and funders are under increasing pressure to show value for the public funds they spend.

Outcome Measurement is not just about accountability, it can also help organizations make wise planning and

management decisions. It can be applied to a project, a program, a department, or an entire organization.

The Alberta Council of Disability Services now includes outcome evaluation as part of the Creating Excellence Together Standards, Standard 43 – Structure of Organizations, The service provider facilitates continuous quality improvement and outcome evaluation. While ICE has always striven for continuous improvement, adopting an Outcome Measurement approach will mean looking at things in a different way. We have previously used Goal and Objective statements to describe what was to be done. Now with Outcome Measurement, we will be working to capture the results of our activities as a service provider, what have we changed; what is different. This process will be both interesting and challenging as we go forward.

Source: Splash & Ripple, Using Outcomes to Design and Guide Community Work. PLAN:NET LIMITED, Calgary.



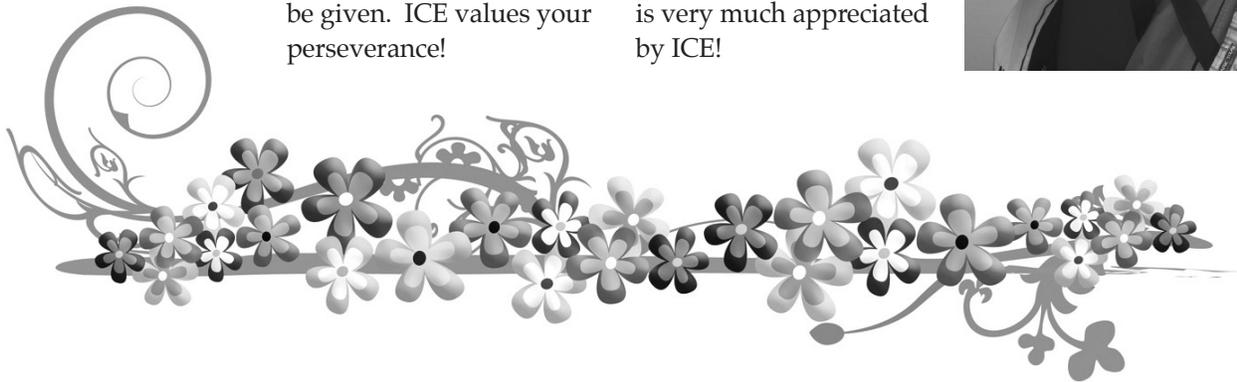
Dieudonne Umuhoza received a Black and Decker Bread Maker for the Thank You card given by the QA Consultant when Diudonne immediately completed an EQA follow-up required.

Thank  You!

**Christel is unable to come to have picture taken

Christel Teodoro received a Fabric Steamer for her dedication towards her client's health. Christel stayed with her client in the hospital and documented every detail to ensure proper care will be given. ICE values your perseverance!

Glen Lee received an Ozark Trail Folding Bed in a Bag for consistently checking hazards and all windows before leaving your shift. Your commitment to your client's health and safety is very much appreciated by ICE!



Proactive Behavior Intervention

April 15th, 2010 9am-5pm

April 29th, 2010 9am-5pm

CPI Training

April 7 - 8, 2010 9am - 4pm

TRAINING

Vacation Reminder

The busy summer holiday season is fast approaching. Are you planning a much needed get away? Remember to submit your time off requests ASAP. Please refer to policy 3.4.11 Employee Vacation (see attached) to ensure that you are giving appropriate notice, etc.



Health Corner

The arrival of spring is a welcome event for most people. However, spring may not be so pleasant for people fighting itchy, watery eyes, congestion and runny noses due to allergies.

Spring is typically a difficult time for people who suffer from allergies because of the increased amount of dust and allergens in the air. As the snow melts, snow mould is uncovered and grows. Spring cleaning and the start of farming and gardening season also contribute to allergy symptoms. Common allergic reactions include sneezing, inflamed and itchy skin, wheezing, hay fever and/or difficulty breathing.

Snow Mould

Lurking beneath the piles of melting snow is a fungus called snow mould, one of the biggest contributors to seasonal allergies. Snow mould looks grey and appears in circular patches of moldy grass on the lawn. Snow mould creates problems for allergy sufferers. Once the snow begins melting, the spores from the mould are in the air and anyone with sensitivity to them will start developing symptoms such as watery eyes and/or a runny nose. Even if a person has never experienced seasonal allergies before, they can develop these suddenly, especially in adults. People allergic to mould may experience symptoms from spring to late fall. The mould season often peaks from July to late summer. Unlike pollens, moulds may persist after the first killing frost. Some can grow at subfreezing temperatures, but most become dormant. Snow cover lowers the outdoor mould count dramatically but does not kill moulds.

Other Allergens

In the early spring, the major culprit is wind-borne pollen from trees. Pollens are tiny egg-shaped powdery grains released from flowering plants, which are carried by the wind or insects. Pollens that are spread by the wind are usually the main cause of seasonal allergies, while pollens that rely on insects (such as the honeybee) to be carried to other plants do not. The worst springtime allergy signs and symptoms occur during hot, dry or windy days when there's a lot of pollen and mold in the air. In late spring and early summer, grass starts to cause trouble. Weed pollen is the main cause of seasonal allergies in late summer and early fall.

Snow Mould and Other Allergies

What Are the Symptoms?

The symptoms of mould allergy are very similar to the symptoms of other allergies, such as sneezing, itching, nasal discharge, congestion and dry, scaling skin. Some people with mould allergies may have allergy symptoms the entire summer because of outdoor moulds or year-round if symptoms are due to indoor moulds. Mould spores can deposit on the lining of the nose and cause hay fever symptoms. They also can reach the lungs, thereby causing asthma. Sometimes the reaction is immediate, and sometimes the reaction is delayed. Symptoms often worsen in a damp or moldy room such as a basement; this may suggest mould allergy.



Asthma is a chronic inflammatory disease of the airways. The American Academy of Allergy Asthma and Immunology estimates that as many as 38 per cent of people with allergic rhinitis may also have asthma.

Preventing Allergic Reactions

Allergies cannot be cured. But the symptoms of the allergy can be reduced by avoiding contact with allergens. Several measures will help:

- Stay indoors during peak pollen hours - usually early to mid-morning. Keep your windows and doors closed.
- Clean your home frequently to avoid the build-up of dust and other allergy triggers.
- Keep the windows of your car and home closed. Use an air conditioner, especially one with HEPA filtration, to help clean the air.
- Don't mow grass and avoid freshly cut grass without wearing a filter mask
- In the fall, rake up and remove leaves and keep thatch to a minimum to discourage the growth of snow mould over the winter months.
- Avoid hanging your laundry outdoors as it may collect pollen.
- Avoid having too many household plants as mould thrives in wet dirt.
- If you need to get out of the house on days when pollen counts are high or it's windy outside, consider going to air conditioned venues for your leisure activities.
- Change your sheets and pillowcases often.
- Take medications to treat/ prevent allergic reactions as recommended by your doctor.

Personal Safety

Our world is not as safe as it once was. In the last year news reports have highlighted the many social and safety concerns we face daily. While we can not control the dangers now present in our communities, we can take steps to safeguard ourselves and our clients from these risks.

Useful tips for when you or your clients are out and about:

- Avoid walking alone.
- Use caution when using elevators, isolated stairways, or toilet areas. Don't place yourself at risk.
- Plan the safest route to your destination and use it. Stick to main roads as much as possible.
- Remain alert. Use your peripheral vision. Wearing headphones may decrease your awareness.
- If approached, maintain a comfortable distance while you answer questions or give directions. Never turn your back on someone who has approached you.
- Park in well lit and busy areas, particularly at night or if you expect to return to your car after dark.
- Have a co-worker monitor your arrival or exit from work from the safety of a nearby location (i.e. residence or office) if possible.
- Have your keys (and perhaps your car panic button) ready to use as you approach your vehicle. Lock your vehicle doors once inside.
- If clients or residential staff go out into the community from residential programs during the course of their shift, everyone must be signed out in the Staff Communication Log. Provide information about the intended destination and the expected time of return. If clients/ or employees do not return / show up to shift as expected, this must be reported to a supervisor at the office or to the Employee Client Assistance Team (ECAT).
- If ICE staff are working alone in community locations where hazards are increased they are to use, "Call in" reporting to verify their safety prior to and after these shifts. Calls are to be made to their supervisor at the office or to ECAT.

- If you or clients are going out late, a lift should be arranged or a taxi. People should be dropped off as close to the door as possible.

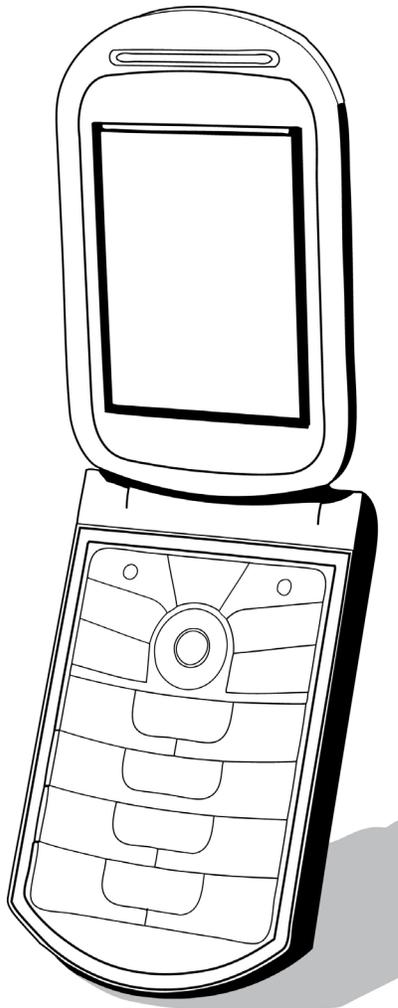
- Avoid using ATM's in dark or isolated places.

If you Sense Potential Danger:

- Assess the situation, and then take action.
- Move away from a potential threat. You will have to decide how immediate the threat is and how drastic your action should be.
- Join any group of people nearby. Cross the street and increase your pace.
- Go to a well lighted public place and call the police immediately.
- If you believe a threat is imminent and you see people nearby to help you, try to get their attention: yell, scream, or make a commotion in any way you can. Some safety sources recommend yelling, "FIRE" as an excellent way to get attention. Remember, dialing 911 and activating alarm boxes are part of the personal safety system.

Respond effectively to dangers.

- If you see someone else in trouble, call the police immediately.
- After you have avoided the threat of crime, contact an ICE supervisor (office or On Call) and report the incident. Write an incident report.
- Call the police and report any and all details of the incident, including:
 - Suspect description,
 - Location of the incident,
 - Vehicle used (if any),
 - Last known direction of suspect.
- Make sure others are informed of the hazard. Inform all persons involved: clients, their support networks, co-workers, and management. Record information in the Staff Communication Log book in the Hazard section if the incident occurred at an ICE residential program.



2.1.1 DESCRIPTION OF CLIENT SERVICES

Those individuals requiring support may request service delivery privately or be referred through alternative sources such as Alberta Health Services-Capital Health, Persons with Developmental Disabilities, Family Supports for Children with Disabilities, or W.C.B. The referral source is often contingent on the funding source. (See also policy 2.1.3 Intake Procedure & Eligibility)

Services offered by Independent Counselling Enterprises include:

1. Non Residential Programs – Services are available that will assist developmentally delayed adults or children who require one to one or small group support in a variety of areas. This includes assistance to implement behaviour management programs, educational/vocational programs, in-home relief or community access.
2. Residential Programs - As a provider to shared accommodation situations, I.C.E. has supported the concept of empowerment of the consumer. As such, I.C.E. encourages the client or guardian to be as fully involved, to the best of their abilities, in planning daily living, community activities, goal planning, staff evaluation and program feedback. I.C.E. administers budgets, staff hiring, training and supervision in conjunction with the client and/or their guardian.
3. Support Home Operators – A support home operator provides a supportive home environment for a person with a developmental disability. Most importantly the Support Home Operator provides essential supports to allow the person to become independent and a participating member of the community. I.C.E. monitors services provided by the Support Home Operator and ensures the service meets industry standards.
4. Health Care Aide - This service is designed to provide quality care to seniors, and the physically and mentally disabled to remain in their home or return to community living. Assistance in the areas of bathing, dressing, transferring, various household and healthcare supports and community access will be provided. I.C.E. support staff are able to deliver a valued service to the individual to promote maximum independence, self-respect and self-determination.
5. Registered Nurse/Licensed Practical Nurse -R.N./L.P.N. services are available as defined by their professional scope of practice. Services are generally to provide for more complex medical needs or nursing health support.
6. Supports to Services to Children with Disabilities - The primary focus is to support the child within their family environment or residential setting as appropriate. Goals and objectives are established by employing a team approach with other involved professionals. Services include assistance to implement behaviour management programs, educational/vocational programs, community access, in-home relief or 24-hour residential supports.

Updated November 2009



Find frequently used forms at
www.icenterprises.com

Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes

Northwest Region

Meeting minutes date: February 11, 2010

Review of Near Miss

January 28, 2010- While staff was sitting in a chair at a group home, one of the wheels broke off. Co-worker moved the chair to the side and placed a sign on the chair.

Recommendations: Remove the chair from the premises until the chair is repaired.

January 31, 2010 - Client behavior escalated and client threatened SHO.

RCMP was called. Client's guardian made an appointment with client's psychiatrist to review medications and behavior.

South Region

Meeting minutes date: February 17, 2010

Review of Near Miss

Jan 18, 2010

Staff tripped up wooden stairs coming to work. No injury but hit shin. Stairs normally creak when staff walks up the steps, but due to weather change it did not make a sound which distracted staff.

Recommendations:

Staff was wearing proper footwear, reviewed with staff importance of hazard assessment and identification. Reminded staff about using handrail and paying proper attention. CSC will be posting sign at stairs reminding staff to pay attention.

Investigation report needs to be signed by staff and sent to Edmonton

Calgary Region

Meeting minutes date: January 10, 2010

Review of Employee Injuries

Dec 18/09 – CSC tripped on uneven sidewalk surface on way into community meeting location. (Covered sidewalk). To keep self from falling landed weight on leg in an awkward position causing a hamstring strain in back of left leg.

Recommendations: Footwear policy was reviewed with staff. Reviewed importance of ongoing hazard identification. (Note: meeting location was contacted re: uneven surface) and it has now been marked.

Additional recommendations - Remind staff to always be alert

Dec 30/09 – Office staff returning to their desk went to sit in the office chair. Leg snapped off chair, causing staff to fall

forward, to prevent complete fall, "braced" caught self by leaning on arms on desk, which caused muscle pain in back

Recommendations: Discussed at office team meeting the importance of regular inspection of personal office equipment.

Routine check of office equipment as part of bi – monthly office inspection.

Review of Near Miss

Jan 3/10 – Staff providing in home supports to client in community. Client's boyfriend present and an argument between client and boyfriend ensued

Recommendations: Staff directed to leave shift when boyfriend is present. Call 911 if needed and concerned for their or client's safety.

Jan 15/10 – CSC – was "on call" went to pick up the "on call" briefcase, felt a 'twinge' in recently injured leg. Put briefcase down immediately.

Recommendations: Staff directed not to lift "on call" briefcase and to seek assistance for this task as needed. To continue with injury treatment and refrain from activities that place strain on leg.

3.2 Evaluation of current Injury Investigations

Feb 09/10 – Client with physical challenges was sitting in their recliner. They required repositioning and staff went to assist. Staff accidentally twisted her wrist while repositioning the client.

Follow up - All main staff at the program were re-delegated for lifts and transfer on March 1st. The staff was re-trained before her next scheduled shift.

Recommendations: Annual refresher training in lifts and transfers is necessary for all ICE programs requiring lifts and transfers.

3.3 Evaluation of Near Miss Investigations

Feb 27/10 – Carbon monoxide alarm went off at a HC clients' residence.

Follow up -Supervisory follow- up was completed with the employee re the importance of reporting incidents like this and for staff to ensure that they always prioritize the safety of them self and clients (by appropriate response to alarms).

Feb 29/10 – A stranger with a case of beer came knocking at the patio door of a residence looking for a client.

Recommendations: Review with employee involved and at team meeting that no access is to be provided (Do not even open the door) to unknown persons at the patio door.

Unknown persons are to be required to use the apartment main door and be buzzed in only after displaying proper identification. The group discussed putting information in the Orientation manual and putting up a sign for relief staff regarding restriction on letting anybody in from the patio. The patio door should only be to be used by the staff and/or clients.

3.4 Review of COR Audit Action Plan 2009

The group reviewed Section 3.1 – 3.7 (pages 27-32) – Hazard Control

Discussion was held on the requirement for supervisors to have a "back up" method in place to ensure that required PPE is available at every site. Staff must familiar with access so they are confident they have sufficient protection at all times. This has been a problem at previous COR reviews where staff noted that supplies occasionally ran out.

3.5 Review of Master Hazard assessment and Control Document

The group reviewed pages 14 & 15

Animal Excrement and Cats and Dogs

Corinne provided a draft of the revised Hazard Assessment and Control Document Master to the group for feedback.

4.1 H1N1 Update

There are no significant reports but Corinne still encouraged the group to be aware and follow precautions to remain healthy.

Pandemic information should remain posted on bulletin boards

Ongoing monitoring and use of precautions.

4.2 February ICE page articles

Winter/Snow moulds – Health
Community safety - Safety

Corinne and Nurses to write articles.

4.4 Policy Review

The group reviewed Policy 2.3.8 Medical Conditions and Procedures

A reminder was provided to all programs that all ongoing medical and nursing procedures performed by employees must be authorized by appropriate medical personnel.

4.5 Announcement

Corinne will not be available to Chair the April 7th scheduled meeting.

The group decided to go ahead with the meeting on the 7th. Melissa will chair the meeting, Robin will assist. Ruby will help prepare materials. Corinne will provide the agenda in advance.