

APRIL 2018

**EDMONTON/
NORTH CENTRAL**

ECAT

Employee & Client
Assistance Team
780-461-7236

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 4th, 2018 at
1:30-3:30 PM
- **RPAC MEETING–**
April 18th, 2018 at
1:30-4:00 PM

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.

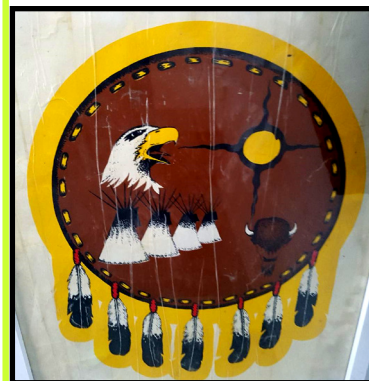
One thing that Boyd has done throughout his life is participate in cultural activities. It is important



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.

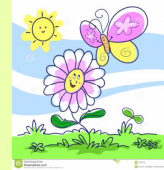
- If WCB involved employee provided with a confidential copy of CI and appropriate ICE personnel informed and process commenced.
- If Abuse investigation a copy of CI made available for that report and investigation process has commenced.
- Unit Manager has sent copy of CI/GI to RPAC as required.
- Unit 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.

\$100.00 ICE Employee Referral

Incentive Program

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



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

ICE THANK YOU CARD INCENTIVE WINNERS



Pat McNalley received thank you cards from the ICE President & Edmonton Regional Manager for providing an excellent orientation & service information for a visit. Pat won a Bissell Lift off Vacuum. Your daily supervision results in excellent service for the clients at your program. Well done!



Maricel Depedro received a thank you card from a CR Manager for her assistance to help a client who required medical intervention during a community outing. Maricel won a Hamilton Beach Flip Style Belgian Waffle Maker. Thank you so much for your commitment to excellent client care!



Julia Chiatoh received a thank you from the Team Coordinator for supporting a client with behavioral challenges to successfully attend his scheduled routine medical treatment. Julia won a Portugal, Queen Flannel Sheet set.

Your flexibility & caring support for the client was much appreciated!

Health and Safety Committee Meeting Minutes March 7th, 2018 Edmonton

A) Review of Regional Health and Safety Meeting Minutes - Section 3.1 Internal Incidents

Calgary- February 15th, 2018 Meeting minutes

January 5, 2018

Staff was in a Walmart parking lot, backing out of parking space. During the same time a community driver was backing out of his parking space. Staff's vehicle was struck on the rear driver side causing damage. No injury reported from staff or client.

Recommendations: Advise staff to be aware of their surroundings and to utilize sunglasses when sunny. Staff is encouraged to either back into a parking spot or find a "pull through" spot. Staff to attend the next available Mission Possible.

Internal Investigation completed.

Additional Recommendations: If possible, select a parking spot further away from congested traffic areas. Consider purchase of a "blind spot" mirror to add to your vehicle side mirrors to assist with driver vision; these may be purchased at stores selling auto supplies.

January 16, 2018

Staff assisted client in the parking lot of the recreation center. Parking lot had some snow slush, client was holding on to staff's left shoulder. While walking client became scared due to poor depth perception, and grabbed the back of staff's neck and squeezed tight. Staff stopped walking and asked client to let go and reacted by moving her body away from the client's grab; by doing this it caused soreness and muscle spasms.

Recommendations: Staff is safer if the staff place their hand under the forearm of the client to provide reassurance to client. Staff to attend next available CPI to learn how to safely remove self from a grab. CSC informed guardian that client will be utilizing assistive technology (i.e. wheelchair/walker) to assist with walking in parking lots.

Internal Investigation completed.

Additional Recommendations: Client assessment for mobility supports and staff training for safe body mechanics in provision of client support. Look into getting a disabled parking pass for staff driving this client so that staff may park in designated parking spots providing closer access to community sites.

January 22, 2018

Staff was driving north on a street to the client home. A car that was exiting a parking lot failed to stop and hit staff's vehicle on the front passenger side at a nearly 90-degree angle. Vehicle did have some damage and insurance company was contacted.

Recommendations: Advise staff to drive during less busy times, and to take public transit whenever possible. Remind staff to be more cautious and observe their surroundings when driving. Staff to attend the next available Mission Possible.

Internal Investigation completed.

Additional Recommendations: Defensive driving and public transportation are recommended; staff was not at fault.

January 26, 2018

Staff and their client were in a store waiting for pizza restaurant to open. While waiting, client placed their backpack on the floor beside staff. Staff did not see the bag on the ground and while leaving the store, tripped on the bag falling to their knee. Staff did not feel any pain at first, as the day went on her knee became sore and was advised to seek medical attention.

Recommendations: Staff to be aware of their surroundings, and look prior to moving. Staff to monitor client more closely while out in the community and be aware of where they place their items.

Internal Investigation completed.

Additional Recommendations: Assist client to learn skills for

organizing their belongings in a safe manner/ place to avoid creating a hazard for others.

South – Meeting – February 14th, 2018

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

Additional Recommendations: While exiting a vehicle in icy conditions, hold onto the vehicle's door frame for stability until you have stable footing.

Grande Prairie – Meeting Northwest – February 6th, 2018

None to report

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

Calgary- February 15th, 2018 Meeting minutes

January 3, 2018

While staff was attending client's private speech therapy at client's home, speech therapist was trying to encourage client to engage in the activity and throw a balloon. When client refused, therapist intervened to guide her. Client became upset, pulled away and threw a box of candies at staff. The box grazed the shoulder of the staff causing no injury.

Therapist not associated with ICE; guardian was present during incident.

Recommendations: Staff will no longer be attending client's speech therapy sessions. CSC and CRM will explore other forms of communication tools for be used with staff (i.e. apps on iPad, PEC system etc.)

Near Miss Investigation completed

January 9, 2018

Staff assisted client in the parking lot of the Bowling Depot. Parking lot was snow covered and icy client was holding on to staff's left shoulder.

While walking client became scared of the unfamiliar area, leaned her body against staff and grabbed staff's back of the neck. Staff stopped walking, asked client to let go which client immediately did. No injury was noted by staff. Staff and client continued to the bowling depot, staff re-assuring the client was safe and walkways were clear.

Recommendations: Staff is safer if the staff place their hand under the forearm of the client to provide reassurance to client. Take ACCESS whenever possible to avoid parking lots. Park in handicap stalls when possible to shorten walking time on icy/snowy parking lots. Explore using wheelchair with client when icy/snowy conditions to avoid client walking and feeling scared on snow covered pathways. Look into purchasing ice grips for client for her to feel safer when walking on ice.

Near Miss Investigation completed.

Additional Recommendations: Client assessment for mobility supports and staff training for safe body mechanics in provision of client support.

South – Meeting – January 10th, 2018

None to report

Grande Prairie – Meeting Northwest – February 6th, 2018

None to report

3.2 Evaluation of current Internal Incident Investigations for Injury, Health, Property Damage:

Feb 13, 2018

A staff member was on their way to enter the Edmonton office in the morning. Shoveled snow had piled up in a barrier between the parking area and the sidewalk. The snow had hardened and become icy due to melt/ freeze weather conditions. It was raining and when stepping over the parking barrier, the staff slipped and fell injuring themselves. Staff was wearing footwear with smooth rubber soles. After the incident the

hazardous walkway/ parking access was addressed by shoveling to clear safer points for crossing the parking barrier and sanding and salting these routes.

Recommendations: Review hazards caused by changing weather. Take your time to choose the safest footpath available even if this requires that you travel a longer route. Be especially careful when navigating across uneven surfaces such as parking barriers. It is recommended to wear gripping footwear and to purchase ice grips for use during icy freeze thaw conditions.

Feb 16, 2018

A staff was crossing the parking lot outside the Edmonton office to their car when they lost their footing and fell. As they fell they put their hand down and injured their wrist/hand. The weather over the previous week had included hazardous freezing rain and icy conditions.

Recommendations: Wear ice grips or boots with flip down ice grips during hazardous freeze/thaw weather. "Walk like a penguin" for safety and take your time crossing icy parking lots. Choose the safest route.

3.3 Evaluation of current Near Miss Incident Investigations:

Feb 6, 2018 - Staff entered the Edmonton office building at 7:00 am to the reception area and found a plastic light cover on the floor. It was cleared out of the way.

Recommendations: Double check light covers are well secured after changing bulbs.

3.4 Certificate Of Recognition (COR) Audit

The committee reviewed the ICE 2017 Certificate of Recognition Audit report – COR Observation Reports Pages 88 – 90 and discussed required control equipment and measures.

Hazard Assessment and Control Document (HACD) Review

Review of Pages 14 – 15 Outdoor Activities hazard and controls of the General section of the HACD.

3.5 Hazard Additions / Revisions:

Severe weather hazards– exposure to rain, lightening, wind, fog, snow or ice, reduced light etc.

Control Additions: high visibility garments, weather suitable garments and equipment (i.e. umbrella).

3.6 Policy Review – Policy 2.7.3 Critical and General Reporting Incidents.

4.0 OTHER BUSINESS

4.1 - ICE PAGE – Suggested Articles - Epilepsy

4.2 Health and Safety Suggestion Box- Suggestions were reviewed from the Health and Safety box located in the Edmonton ICE reception area.

- **Suggestion:** Install a larger photocopier in the downstairs office area by reception for the use of staff in the area so they would not need to access the stairs as often. **Discussion:** the electrical system in that area of the building is operating at maximum capacity and will not support a larger copier machine.
- **Suggestion:** A request for a water cooler in the Reception area. **Discussion:** There are space and electrical considerations for installation of a water cooler in the reception area of the Edmonton office. It may be possible but if so would most likely require the removal of one or both of the candy/pop machines. This could be brought forward for feedback from more employees as to the preference for a water cooler or the current pop/candy machines. It was noted that there are 2 other water coolers in the building which staff may access to fill water bottles and the pop machine provides the option to purchase distilled water

bottles.

- **Suggestion:** A suggestion/concern was shared that there was no wheelchair accessible washroom on the main level of the Edmonton office. **Discussion:** It was clarified that there is a wheelchair accessible washroom on the main level of the office outside of Training room 1. This washroom requires an authorized employee to provide access to the exterior door but this may be easily accommodated by approaching the ICE receptionist. The group suggested posting a sign to this effect in the reception area so that visitors would know the process for access. *(Follow up – a sign has been posted.)*

Next meeting – April 4th, 2018 at 1:30 pm

Training

PET (Pre-Employment Training)

April 9th-11th, 2018

9:00AM-5:00PM

April 23rd-25th, 2018

9:00AM-5:00PM

As described on the ICE website

PBI (Proactive Behaviour Intervention)

April 13th, 2018 - 9:00AM-5:00PM

April 27th, 2018 9:00AM-5:00PM

Part 2—Mission Possible Awareness

Sessions for Distracted Driving & Winter Driving

PART 2 April 17, 2018

9:00AM-12:00PM

PLEASE NOTE: STAFF MUST HAVE PREVIOUSLY ATTENDED PART 1 OF THIS COURSE IN MARCH

PART 1 was held on March 20th, 2018

**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.
780- 461-7236**

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 & 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, & confused should be fully conscious & aware before being left on their own. Confusion may last longer than the seizure itself & 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, & jerking movements followed by a period of confusion - keep calm, provide reassurance, remove bystanders, & look for medical alert identification. Cushion the head, remove glasses, & 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>

Alberta Minister of Community & Social Services Visit

On February 20, 2018, ICE was honored to welcome the Alberta Government Minister of Community & 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.