

EMPLOYEE *Spotlight* Candice



Candice Sinclair was raised in Foremost and graduated from there in 2001. She went to Red Deer College to take her Teacher Assistant Certificate. In 2002, she graduated from the college. In 2004, she began working in the community disabilities field and enjoyed this so much that she enrolled in the Disability

and Community Rehabilitation program and Lethbridge College in 2005. In April 2008, Candice graduated with her diploma.

Candice has been with ICE since November 2005 and loves what she does. She believes that everyone has the right to be respected and maintain their independence to the best of their abilities. She is a very positive person and ready for anything that comes her way. She is always willing to lend a hand when needed and has quickly learned new programs. Candice has worked in several programs while at ICE and presently holds 2 permanent shifts in Lethbridge.



All ICE offices will be
closed for
Civic Holiday
August 4th, 2008
&

**September 1st, 2008 for
Labour Day**

Please direct all
calls to the
Employee Client
Assistance Team
for this day.

Did you know?

Foremost is a village in southern Alberta, Canada. It is located 106 km (66 mi) south-west of Medicine Hat, along the Red Coat Trail, in Forty Mile County.

Foremost has a strong agriculture industry. Recreation facilities include an ice arena, swimming pool, curling rink and ball diamonds. Every June the residents hold a parade, rodeo and tough truck competition. Hockey is a big sport in Foremost. The local team is called the Foremost Flyers. The school has a long history of winning sports teams. The Foremost Falcons and Forettes have won many

provincial titles in basketball, volleyball, track and field and cross country running. The village also has a strong arts community presenting community theatre as well as a school dramatic department.

In 2006, Foremost had a population of 524 living in 233 dwellings, a 1.3% decrease from 2001. The village has a land area of 1.74 square kilometres (0.7 sq mi) and a population density of 301.9 inhabitants per square kilometre (781.9/sq mi).

Lethbridge Community College has recently changed its name to Lethbridge College.

The college now has a 1 year certificate program and a 2 year diploma program in Disability and Community Rehabilitation.

ECAT

Employee &
Client Assis-
tance Team

461-7236

after office
hours



MEETINGS

Health &
Safety Meeting

August 14, 10:00 AM

Team Leader Meetings

August 20, 1:00 PM

RPAC

August 21, 2 PM



TIME SHEET HAND-IN



Hand-in day will be:

Fri August 15, 2008

for all shifts worked
between
August 1st and 15th
and

Tue September 2, 2008

for all shifts worked
between
August 16th and 31st

CONTENTS

Success Story pg 2

Training..... pg 3

Managing Stress ... pg 4

Hot
Water Testing pg 5

Policy Review pg 6

success story: Brandy

Brandy grew up in Bezanson, 20 minutes east of Grande Prairie. She, along with her brother (now 27) and parents shared a close and active family life. Brandy graduated from Sexsmith Secondary in 2002, moved to Grande Prairie in 2003, and began receiving services from ICE in the fall of 2003.

Animals have always been an important part of Brandy's life. Brandy was involved with the 4H Club for seven years, and received many awards for her sheep and her mini horse named, Little Richard. Every year, Brandy won with a ewe in at least one category. She has many funny stories of her 4 H adventures including the time Little Richard ate his own ribbon. Brandy's family raced a cart in her name for five or six years. She has also had a pony and cart in the Grande Prairie Stompede and traveled to Teepee Creek, Fort St. John, Dawson Creek, and Waterhole (just outside of Fairview).

Brandy has had guinea pigs as pets since the winter of 2005, and a hamster for two years before that. She also loves dogs. Along with animals, Brandy enjoys most crafts including beading, and making picture frames.

Brandy has contributed to her community for many years through volunteer work. She started ringing bells for the Salvation Army at Christmas in 2003, and has continued every year since. Brandy started assisting at Petland in 2005 and Hillside School last year. She also volunteered at the library from 2005 to 2007. Brandy has typically had at least two volunteer placements at any given time. Last year

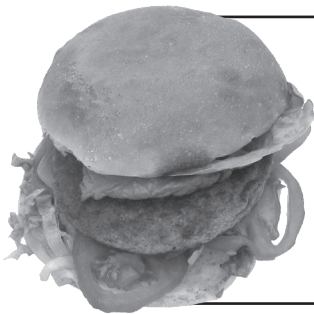
in November, Brandy started working in a paid position at Sears two days per week.

Brandy is a strong and motivated woman despite the mobility challenges she faces. She practices with her walker twice a week and although it is often difficult, she never gives up. She and her staff can see her strength increasing as she does laps in the

walker in the hallway of her apartment. Brandy is determined to walk for her friend, who set a goal of twelve laps. She is already up to seven, and expects her friend to see her walk in the spring of 2009.

Brandy was featured in the Daily Herald Tribune on Monday, June 2nd for the delicious baking that she provided to her friend when he was in town for the rodeo.

Congratulations on all of your successes, Brandy! ICE is proud to be a part of them, and hopes to continue to help you work toward your goals. You are a very valuable member of the Grande Prairie community.



JOIN US FOR A FUN IN THE SUN STAFF BARBECUE

(RAIN OR SHINE)

Friday, AUGUST 15, 2008, 11 AM – 4 PM

ICE Main Office / Staff Lunch Room 15031 118 Ave

EDMONTON REFERRAL INCENTIVE WINNER

This month we have 1 recipient receiving the ICE referral incentive. This employee will receive an additional \$50.00 on her pay cheque. Congratulations for your wonderful referral!

WILL YOU BE ONE OF NEXT MONTH'S FEATURED
EMPLOYEES RECEIVING A \$50.00 INCENTIVE PAYMENT?

TRAINING

Proactive Behavior Intervention

August 14th, 2008	9am-5pm
August 21st, 2008	9am-5pm
August 28th, 2008	9am-5pm

Mission Possible - Education Session

August 18th, 2008	9am-12pm
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Mission Possible - Awareness Session

August 18th, 2008	2pm-5pm
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Crisis Prevention and Intervention

August 11 – 12, 2008	9am-4pm
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As described on ICE Website.

Health and Safety Minutes

• Review of previous minutes and assigned follow up:

- Team Leader Meeting: Michelle will attend the July Team Leader meeting on July 16, 2008
- Identification of 'agenda items' for July Team Leader meeting.
- Water Temperature Charts:

Charts need to be fully completed each and every day

If temperatures are outside the acceptable levels they must be retested same day.

- Review with teams the proper procedure for taking the temperature (kitchen and bath)

- All regions will be asked to include Water Temperature testing in PET.

- ICE is currently developing an assessment tool to measure client

ability to pour baths safely.

• Team Meetings:

Staff must review the previous months' fire drill. Discuss what can be improved and enhance client skills.

-Review hazards at each meeting. If a new hazard has been identified it needs to be added to the Site Specific Hazard Document and included in Communication Log Book. Controls need to be developed for hazards identified. All changes to Site Specific Hazard Documents need to be forwarded to the Health and Safety Committee of each region so that the Master Hazard control log may be updated. H&S will forward updated information to ECAT. Staff are requested to forward updated information to Corinne.

•Relief Staff Issues / Concerns:

Programs need to be documenting any relief staff issues / concerns on

the "Relief Feedback" form (contact your Manager if you require these). These forms need to be faxed to Sam Obolaker upon completion for follow up.

• Footwear Policy:

All staff (office and field) must comply with policy – Closed toe and heel, no flip-flops, no crocs, no molded, shoes must have heel / ankle support. When staff are attending training at the office the rules still apply. Please wear appropriate footwear at all times.

• Update on Fire Safety DVD's – Alice provided the following written feedback on her team viewing of the Fire Safety DVD's: watching the DVD's had a great impact on both field staff and clients. Staff found it "frightening" but it got their attention. The quiz was very good and the discussion that followed raised everyone's awareness.

• Update on Lifts and Transfers action plan – Continuing with the action plan. Homes are reminded that they need to book appointments with Kelly for training in homes for Inspection of Lifts and Wheelchairs.

3.1 Review of 'Regional Health and Safety Meeting Minutes'

3.2 Evaluation of current Injury

Client had a difficult night, had not slept well and is adjusting to new surroundings after moving. The client was pacing and agitated, yelling, swinging arms in an aggressive manner, staff was backing out of the room towards the backdoor and lost balance when exiting and injured leg
Recommendations: PBI refresher for staff. Transitional Supports, Health & Wellness assessment and nurse check up prior to move

Staff injured ankle when removing garbage from residence. Staff was carrying garbage and personal items down the back stairway at apartment building. Staff slipped and fell on stairs felt pain and heard a snap in ankle.

Recommendations: use railings for support, do not rush, be aware of weather conditions and any obstacles.

Review the safest route / means when carrying items at team meeting which in this case would have been the elevator.

3.3 Evaluation of Near Miss Investigations

Client wanted to purchase cigarettes and became agitated when finding out that personal funds had not been provided by support network. Client was verbally aggressive and damaged property.

Recommendation: Arrange with support network to send money before funds run out, educate client –

strategies for anger management.

Client wanted to purchase pop and became agitated when finding out that personal funds had not been provided by support network. Client was yelling and slamming door.

Same client. Recommendations as above.

3.4 Review of COR Audit

Reviewed Pg. 11 – Element 3 – Hazard Control

Key Recommendations Pg. 11:

- The use of hazard controls needs to be monitored and enforced consistently in all worksites.
- Orientation manuals need to be updated, including the cleaning and client routine sections.
- Ensure the appropriate footwear is reinforced with all staff including visits and training sessions at the office.
- Ensure Hoyer Lift / Ceiling Track and Wheelchair Checklists are completed as per designated guidelines. Quality Assurance monitors on visits, Coordinators are also to monitor these are completed monthly.

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3.5 Review of hazard assessment and control document

The Committee reviewed a number of the recently updated Site Specific Hazard Documents (as per annual program review of same submitted by the Teams / Coordinators) for additions / revisions to the master document.

4.1 Health and Safety Article for July issue of ICE Page

Scalds and Water Temperature testing will be the H&S article highlighted in the August issue

4.2 Promoting Safety Training

The course will go ahead as revised this Spring. Client Risk Management will be covered in separate training.

4.4 WCB 1 2 3 Posters

New (blue) WCB "If you are injured at work 1, 2, 3" posters are to be posted in all residence where employees can see it in compliance with the Workers' Compensation Act

4.5 Emergency Evacuation Drill

Tornado Drill for the month of August
Teams / clients to practice tornado drill, review procedures in the Health & Safety Manual

4.6 Site Specific Orientation

Revisions and quiz development to be submitted to H&S Specialist.

4.7 PPE – Safety Glasses

Corinne is looking to purchase Safety Glasses for staff use when cutting the lawn / weed trimming.

Thank You!



Abiel Kon

Prize: Harlequin Wrought Iron Baskets
From: Team Coordinator
For: Accepted to cover the overnight relief shift when your co-worker called in sick. TC appreciated very much your effort in emergency matters.



Seyoum Gezahgne

Prize: 7pc Host/Hostess Set
From: Personnel Coordinator
For: Came to meet with manager, but instead ended up going straight to a shift. Thank you so much for your last minute help!

Qamar Khalaf

Prize: Candle Holders
From: CR Manager

For: Continue to provide such quality supports to the men at your program and remain such a positive asset to the team Thank you Qamar – so much!

managing stress

Health Corner

Any change of events causes stress. Stress is any physical, emotional or behavioral response to change. It can either be positive or negative. Positive stress can motivate us to action and may result in a new awareness or perspective. Negative stress has negative impacts on our health. It can result in feelings of rejection, anger and depression, which would lead to many health problems.

Some symptoms of stress may include changes in appetite, headaches, elevated blood pressure, increase muscle tension, upset stomach, outbursts and crying, irritability, hostility, nervousness, tension, decrease productivity and quality of work, poor judgement, and forgetfulness. Because prolonged negative stress can lead to health problems, it is important to find ways of managing stress. The following are five ways to manage stress.

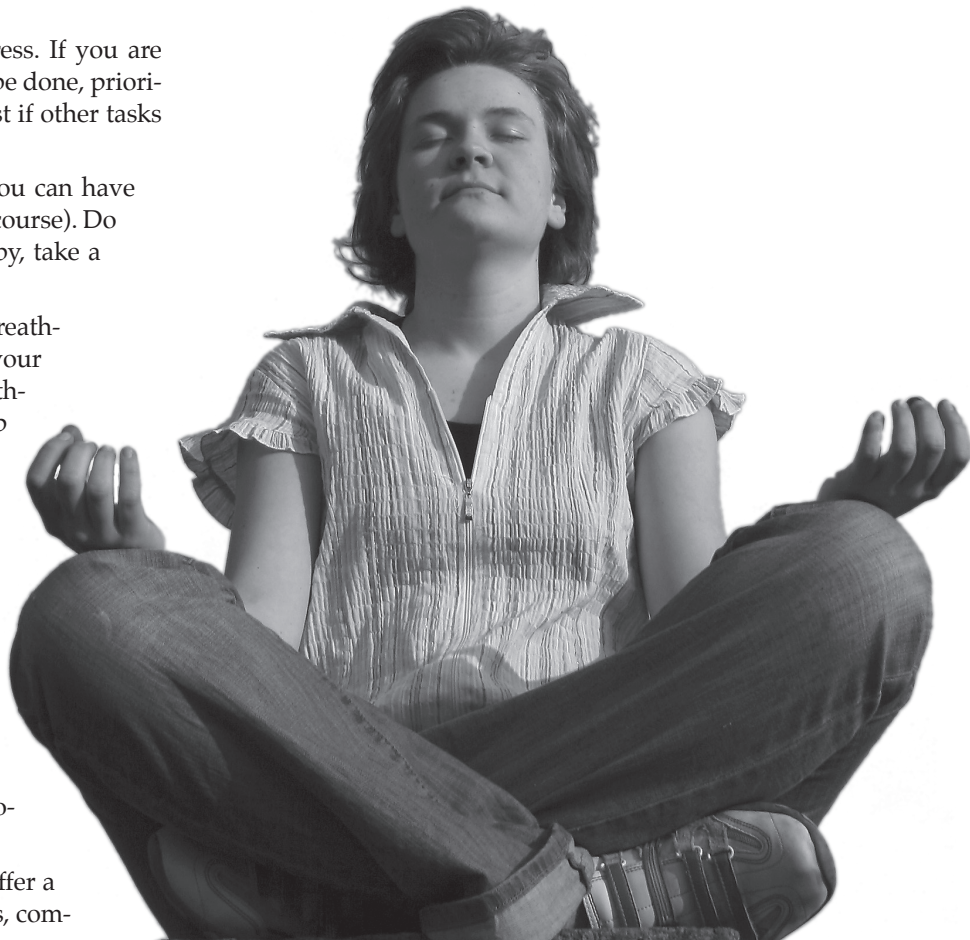
1. Talking it out with a family or friend. It feels good to get everything off your chest, and if you have to, cry everything out.
2. Daily exercise such as yoga, swimming, jogging, or cycling are stress relievers for many people. Plan leisure activities with family or friends. This will give you something to look forward to.
3. Being organized can also help to manage stress. If you are stressed by the amount of work that needs to be done, prioritize your tasks. Do what needs to be done first if other tasks can wait.
4. Take time for yourself. Find a place where you can have complete solitude (while you are off work, of course). Do something that you enjoy i.e. Work on a hobby, take a nap, etc.
5. Work on relaxation exercises such as deep breathing. When your body encounters a stressor, your body responds with rapid and shallow breathing, so taking deep slow breaths would help you to relax.
6. Proper nutrition is also important. Drugs and caffeine can add to your stress. High intake of salt will raise your blood pressure and puts your body under chemical stress.
7. Get plenty of sleep.

If you find that you are unable to cope with your stress, you may require the attention of a counselor or a physician. The following are two agencies in the city that offer counseling and programs:

1. **The Family Center:** The family center offer a wide variety of services to assist families, com-

munities and work places make positive choices that lead to successful outcomes. The programs are offered on a fee for service basis. Many of the services are subsidized and use a sliding scale option for those who qualify. This means, the amount that what one pays is based on one's income. The family center has on its staff psychologists, social workers, family life educators, mediators, interpreters and home support workers. For more information, contact them at 423-2831

2. **The Support Network** offers free counseling services to individuals, couples and family. No appointments are necessary. They offer a wide variety of services ranging from walk-in counseling, distress line, suicide prevention and suicide bereavement programs. Although they do not provide long term therapy, they can refer individuals and families to different agencies that may better meet their needs. For more information, contact them at 482-0198. The distress line is open 24-7. If you or someone you know need emergency counseling, contact the distress line at 482-4357 (HELP).



WHY DOES ICE REQUIRE HOT WATER TESTING?

Hot water testing practices are required by Independent Counselling Enterprises Policy 3.5.8, points 11 and 12. People don't normally associate water with burn injuries, but the fact is that contact with hot water may result in scalds. Scalds burn like fire.

What is a scald?

A scald is a burn caused by hot liquid or steam. Scalds may be caused by hot beverages or foods (coffee, tea, soup etc.), hot tap water (bathing or hand washing), or steam (during cooking).

Who is at risk?

Three populations are particularly at risk for tap-water scalds, children under 5 years of age, elderly people and people with disabilities. These vulnerable groups are at risk as their physical condition may be underdeveloped or impaired, and because they may not comprehend the dangers of hot water. Sensory disorders may limit recognition of dangerous temperatures and physical disabilities may prevent these individuals from quick escape from the situation.

Employees are also at risk for scalds as they provide supports for cooking, bathing, and cleaning tasks in ICE programs.

Prevention

Successful prevention of scalds involves both passive and active measures and both of these measures are included in ICE Policy. **(3.5.8 Standard Hazard Controls – refer to the ICE Policy Manual)**

Passive measures involve altering the injurious agent (i.e. the water temperature). Effective passive prevention limits the temperature of tap water by reducing the temperature set on the thermostat for home water heaters or installing anti-scald devices that regulate the maximum water temperature at the faucet. Reduction of the hot-water temperature in all homes to 49 degrees Celsius is recommended and would likely eliminate most tap-water scalds. According to ICE policy hot water tanks must be checked at least once per month to ensure they are at an acceptable (low, medium) water temperature.

Active measures involve changing the behavior of individuals. Active measures to prevent scalds include:

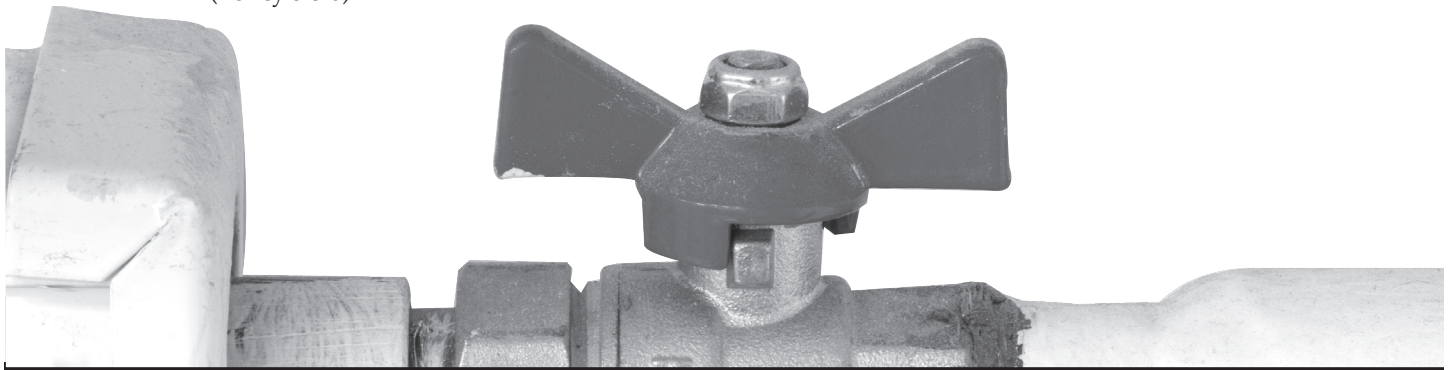
- Regularly checking the setting of the home's hot water heater. (Policy 3.5.8)

- Careful, consistent support and supervision of children and those with cognitive impairments around all taps;
- Fill sinks and bathtubs with cold water first and then bring up the temperature by adding hot water;
- As per policy 3.5.8 # 12, when providing support to a client requiring assistance with bathing employees must check the temperature, before the client gets in the bathtub, by lowering their elbow approximately 5 cm into the water to ensure appropriate water temperature. NB* Clients pouring their own baths must be assessed to ensure they are capable of following safe practices and determining safe temperatures.
- Keep individuals who may be unaware of hazards out of the kitchen during cooking times;
- Ensure kettle or crock-pot cords are not dangling down for impulsive hands to pull on;
- Use the back burners of the stove whenever possible;
- Turn pan handles towards the back of the stove and away from where an individual who may be unaware of hazards could reach and grab them;
- Keep hot drinks well away from individuals who may be unaware of hazards. Put a tight fitting lid on hot drinks.
- Do not give individuals who may be unaware of hazards hot drinks to consume with a straw;
- Educate and review with staff and clients ongoing about the dangers of hot water. Teach more independent clients home safety skills (bathing, cooking) to assist them to reduce personal risk.

Scalds are one of the most common causes of burns, especially for those most vulnerable including children, elderly people and individuals with physical and cognitive impairments. Scald burns are painful, the treatment is agonizing and the effects can result in life long scarring.

The Answer

The agency requires use of hot water testing procedures to protect both clients and employees from potential serious injury. Employees should expect corrective action to be taken regarding failure to comply.



2.7.3

CRITICAL INCIDENTS

All ICE policies including those regarding Health and Safety can be found in the ICE Policy Manual. In residential programs the Policy Manual will be located in the home's office. Workers in community programs may access a Policy Manual in the reception area at the ICE office.

1. A critical incident is considered to be any event or series of events, real or alleged, that is or could potentially be life threatening/cause injury, resulting in charges being laid, legal action and/or further investigation by outside authorities.
 2. Examples of critical incidents include:
 - A. physical injury or accidents involving clients or employees; (note that if an employee injury further documentation may be required for WCB claims management **Refer to Policy 3.5.5 Employee Work Related Injury, Illness, And Near Misses**)
 - B. deterioration of client's physical well being e.g. Emergency medical attention, hospitalization
 - C. client death
 - D. physical assault
 - E. disclosure of criminal activity by a client;
 - F. disclosure of abuse by a client;
 - G. restraint situation
 - H. property damage by client
 - I. severe verbal threats made by a client;
 - J. allegations of theft, fraud, damage, or other misconduct by a client/employee towards an employee
 - K. client AWOL;
 - L. suicidal behaviour by a client;
 - M. assigned procedure not performed in accordance with the care plan
 - N. medication errors (including omissions).
 - O. loss of electronic/confidential/hard copies of client or employee information
 3. When a critical incident occurs, these steps are to be followed:
 - P. To the best of your ability, ensure the immediate safety of the client and yourself;
 - Q. If necessary, immediately contact the appropriate emergency authorities: (911, poison centre, pharmacy, etc.);
 - R. Contact your supervisor or the ECAT supervisor immediately by phone;
 - S. The supervisor will provide the employee with direction and contact the appropriate I.C.E. personnel to facilitate follow-up;
 - T. The employee is to document the incident on a critical incident form.
 - U. Should the incident involve an employee injury the employee will be required to complete further documentation as per **Policy 3.5.5. Employee Work Related Injury, Illness, And Near Misses**
 4. Documentation of a critical incident includes:
 - V. Completing a Critical Incident Form as soon as possible, preferably within 30-60 minutes of the incident;
 - W. 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;
 5. Unless otherwise directed, submit the completed Critical Incident Report to the office within 24 hours;
 6. If another agency is involved, you may need to fill out a Critical Incident Report for them. Do so using the guidelines outlined above.
 7. The I.C.E. personnel/ECAT supervisor who directly receives the information concerning the critical incident must complete part two of the critical incident form and follow up with the appropriate supervisor of client care. Should the incident involve an employee injury refer to **policy 3.5.5. Employee Work Related Injury, Illness, And Near Misses** for any subsequent documentation\follow up. This person will then ensure that follow up is completed and documented.
 8. Manager of client care will ensure that the documentation is complete and that an action plan is devised for follow-up as required. The Manager of client care will ensure that the critical incident report is returned to the residential program and a copy will be filed in the client and employee file as appropriate in the main office files. Note that if the program is not residential then the original remains at the regional main office. If an employee injury is involved then the employee is to receive a copy of page one of the report.
 9. Managers will forward a copy of critical incidents involving employee injury to the Health and Safety Specialist for follow up. This may involve review by the Health and Safety Committee. The copies of these reports are filed in the office of the Health and Safety Specialist. Should there be a WCB claim as a result of a critical incident then the C.I. becomes part of the employee's personnel file.
 10. Managers will forward a copy of any Critical Incidents involving client aggression and property damage as per **Policy 2.5.1 Behaviour Management** to the Restrictive Procedures Advisory Committee for follow up.
 11. Managers will review the incidents weekly at unit meetings and provide the Chief Operating Officer with a summary of incidents for review with the President
 12. Assignment errors (as per Home Care) that may have been the result of the employee's error or omission will necessitate the employee being re-assigned at the next shift with that client. If the incident involved a client transfer, that transfer will be evaluated by the nursing supervisor both at the next shift the employee has with that client and the next shift any employee has with that client.
 13. Note: If the critical incident involves a client who is receiving residential services from I.C.E. copies of the critical incident form are in the staff room of each residential program. For any other situation the form must be obtained from the main office should the employee not have the proper documentation form.
 14. The employee's supervisor will follow up with the employee as appropriate.
- Refer to Policy 3.5.5 Employee Work Related Injury, Illness, And Near Misses**
- Refer to Master Forms Binder Section E or F**