

EMPLOYEE *Spotlight* Amber

happy
holidays



Amber Daub was raised in the small town of Coaldale, AB and lived there for the first 16 years of her life. She then moved to Picture Butte, AB where she completed high school in 1995. Fresh out of high school Amber began cooking and then pursued the Culinary Arts Trade at SAIT in Calgary which she completed in 2000. After working in the hospitality field for 10 years she decided she needed a change, and became a PCA working with Senior's. She then came to work for ICE in November of 2005. Amber currently holds 3 positions with Community Access clients and has also been a Support Home Operator for the past 2 years. Amber is versatile and has worked in many different programs in her region including Residential, Community Access, Respite, and as a contracted Support Home provider. She is also always there to lend a helping hand as needed for relief shifts.

Amber won the Community Access Award of Excellence in her region in 2006. She is always willing to learn new skills through training courses offered from ICE and was a recent graduate of The Foundations in Community Disabilities program in 2007. Amber participated in the Creating Excellence Together (C.E.T.) survey this past year when 2 of her clients were chosen to be

participants. Amber remained confident in her practises and was proud when all regions of the company scored 100%.

Amber says she doesn't consider working for ICE a job as it is her passion to help people and she really takes her job to heart. She feels very satisfied that she has made a difference in the lives of every client she has worked with. The smile on their faces at the end of the day is her greatest reward. Amber says she can see herself working for ICE for many years to come as it is a great company to work for and the Coordinators and Regional Manager are amazing. Amber notes that the support she receives is phenomenal.

Amber is a single Mom with an 11 year old Daughter named Brittney whom she takes great pride in. She enjoys the time she spends with her daughter. Her daughter is an avid dancer and Amber enjoys watching her daughter perform her ballet, tap, hip-hop and jazz. Amber also enjoys traveling and has recently been to California and Florida and plans on going to Mexico early next year with her daughter and her contracted client. Amber also enjoys camping, fishing, playing softball, golfing, swimming, biking, rollerblading and various other outdoor activities in her spare time.

Did you know?

Coaldale is a town in southern Alberta, Canada, located 11 km (7 mi) east of Lethbridge, along the Crowsnest Highway. In 2006, Coaldale had a population of 6,177.

ECAT

Employee &
Client Assis-
tance Team

780-461-7236

after office
hours



MEETINGS

**Health & Safety
Meeting**

December 3, 2008, 12:30 PM

Team Leader Meetings

December 18, 2008, 1:00 PM

RPAC

December 11, 2008, 2 PM



TIME SHEET HAND-IN



Hand-in day will be:

Mon Dec 15, 2008

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

Wed Dec 31, 2008

for all shifts worked
between
December 16th and 31st

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success story: Lorne and Colleen

Lorne and Colleen have been happily married for fifteen years. They met on vacation in Hawaii in 1991 and tied the knot two years later. They were married in a church near their home in Grande Prairie and still have the videotape from their wedding. One of their favorite things to do together is visit their long-time mutual friend once a month for a delicious home-cooked meal.

Lorne's favorite past-time is playing floor hockey with Special Olympics. He said that in his last tournament his team placed second overall. Lorne also said that he spent five minutes in the penalty box! Every Sunday Lorne likes to bowl with his wife Colleen.

Other than bowling with Lorne, Colleen likes to watch skating on TV, hang stockings, and sing on her front porch. Her favorite musician is Johnny Cash and her favorite TV show is Cops.

Lorne has been a valuable employee at Homesteader Health for the past year and plans to keep working there for a while. Colleen loves her job at Sears. She has worked there for five years. She also works at A&W and Boston Pizza.



Freezing Rain:

Freezing Rain is common during the transition from fall to winter when the ground and atmosphere temperatures have yet to fully cool down.

Because freezing rain does not hit the ground as an ice pellet and is still a rain droplet when it makes contact with the ground, the freezing rain conforms to the shape of the ground, making one thick layer of ice, often called glaze. This creates very treacherous conditions.

***It is important that all Independent Counselling Enterprises programs ensure that they have sand and salt available to treat walkways in the event of freezing rain or snow. Staff must watch the weather conditions and be pro-active to address hazards as they arise.**



All ICE offices will be
closed for
Christmas

Thursday Dec 25

Boxing Day

December 26, 2008

New Year's Day

January 1, 2009

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



Proactive Behavior Intervention

December 4th, 2008, 9am-5pm

December 18th, 2008, 9am-5pm

Mission Possible

Aggression and Winter Driving

Pt 2 – Education Session

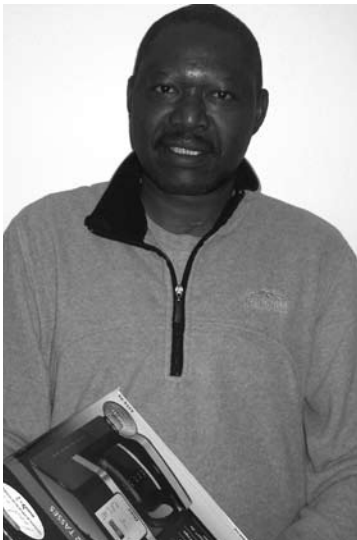
December 16th, 2008, 1:30pm-4:30pm

TRAINING

Thank  You!



Roman Yomannes
Prize: Oster Extra Large Electric Skillet
From: Team Coordinator
For: Accept shifts at the last hour, excellent team work, and continue to be the best staff in your program and for ICE clients



Titinwa Gabrielle
Prize: Oster 12 Cup Programmable Coffee Maker
From: Quality Assurance and Risk Management Consultant
For: Always showing dedication, commitment, professionalism and care for keeping your program up to standards. Excellent leadership, client care and a great team

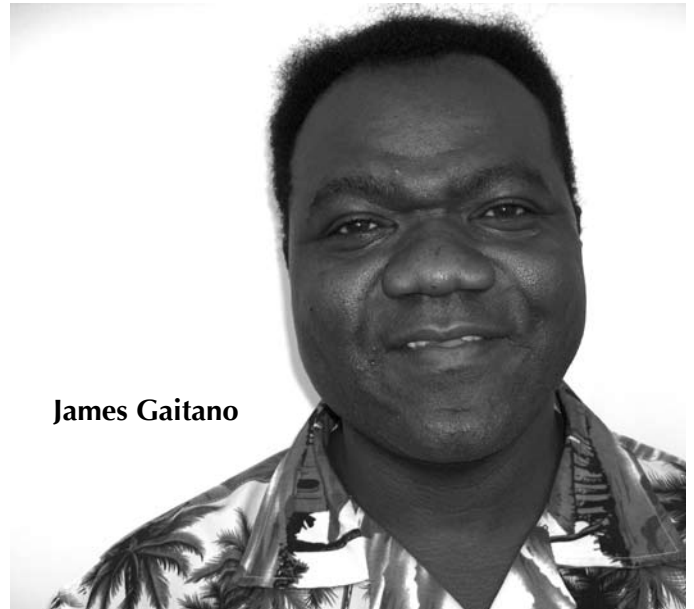
Joyce Carter

From: Health & Safety Specialist

For: When you reported a hazard at a homecare site that could have affected other employees. Thank you for ensuring a safe worksite for yourself and others!

EDMONTON REFERRAL INCENTIVE WINNER

This month we have 4 recipients receiving the ICE referral incentive. James Gaitano and Bedee Karsar are two of our employees who will receive and additional \$50.00 on their pay cheques. Congratulations for your wonderful referral!



James Gaitano



Bedee Karsar

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

Winter Conditions Health + Corner

Unlike most weather conditions, cold weather is unforgiving and merciless. If you mistakenly go out on a spring day without an umbrella, you might end up with pneumonia but the likelihood is that you will just have a wet head. On a summer day without a hat and sun block you could end up with sunstroke but will probably just suffer a bad sunburn. In the winter, however, if you are not adequately prepared for the conditions, you can very easily end up without fingers, toes or even your life.

The key to surviving and enjoying your winter experience is preparation and prevention. Dress appropriately, know the weather conditions (including temperature, precipitation, and the expected wind chill index), protect your extremities and remove wet clothing as soon as dry clothes are available. Three complications of winter include hypothermia, frostbite and frost nip.

Hypothermia

This is a condition where the core body temperature decreases to a level at which normal muscle and brain functions are impaired. Your core body temperature is the temperature of the core of the body (the heart, lungs, and brain) that is essential to the overall metabolic rate of the body. The conditions that can lead to hypothermia include cold temperatures, wetness, improper dress/equipment, alcohol intake, and poor food intake.

There are three levels of hypothermia: mild, moderate and severe. With mild hypothermia, there is mild shivering and the person cannot do complex motor functions, such as skiing. With moderate hypothermia, the person has a slurred speech, violent shivering, is dazed, irrational and has a loss of fine motor functions. With severe hypothermia, the person has pale skin, decreased heart rate, dilated pupils, rigid muscles, shivering may stop, falls to the ground, unable to walk or may become unconscious. Then breathing and heart beat may stop, which may lead to death.

Tips to prevent Hypothermia

- Wear clothes in layers
- Drink warm fluids, and no alcohol
- If you start to sweat, cool off a little. Wet clothes will accelerate other cold weather injuries.
- Wear a hat - up to 40% of body heat loss can occur through the head.
- Wear gloves or mittens or both!
- Wear a scarf to protect the chin, lips and cheeks - all are extremely susceptible to cold weather injuries.

What to do in case of Hypothermia

- Remove wet clothing that promotes hypothermia.

- Get to a warm place as soon as possible. Use several layers of blankets heated in your home dryer if possible.
- If the person is alert, give warm beverages. Never give alcoholic beverages.
- Seek immediate medical attention.

Frost Bites

Frostbite is defined as damage of the skin from exposure to cold weather. Extremely cold weather can lead to serious complications, the worst being amputation. Injuries from frostbite are extremely common, yet preventable.

Frostbite mostly affects areas where the circulation is poor. Since cold weather will cause the body to take preventive measures by constricting (making smaller) the blood vessel, this opens the door to frostbite injuries.

Look for the 4 Ps of frostbite:

- Pink - affected areas will be reddish in colour. This is the first sign of frostbite.
- Pain - affected areas will become painful.
- Patches - white, waxy feeling patches show up - skin is dying.
- Pricklies - the areas will then feel numb.

Tips to prevent frostbite:

- Get to a warm area before frostbite sets in. If it's too cold outside, consider staying indoors.
- Protect areas of poor circulation (ears, nose, fingers and toes).
- Keep extra mittens and gloves in the car, or house.
- Wear larger sized mittens over your gloves.
- Wear a scarf to protect the chin, lips

and cheeks. They are all extremely susceptible to frostbite.

- Wear two pairs of socks - wool if possible
- Keep feet warm and dry
- Do not drink alcohol. Alcohol narrows blood vessels, which promotes frostbite and then hypothermia
- Remove any wet clothing.

What to do in case of frostbite:

- Do not rub or massage affected areas. It may cause more damage.
- NOT HOT - warm up the area slowly. Use warm compresses or your own body heat to re-warm the area. Underarms are a good place.
- If toes or feet are frostbitten, try not to walk on them.
- Seek immediate medical attention if you see white or grey coloured patches or if the re-warmed area is numb.
- Always be on the lookout for the symptoms of frostbite. In case of serious cold weather injury, seek immediate medical attention.

Frost Nips

Frost nip can cause the skin to look very white and waxy. The top layers of skin can feel hard, but the tissue underneath will still feel soft. There may be some numbness associated with frost nip. To treat frost nip, gently warm the affected area by placing it against a warm body part (your own, another person or even your dog if you travel with one), or by blowing warm air on the affected area.

NEVER rub skin that is affected by frost nip. Ice crystals form within cells during the freezing of tissue. Rubbing affected skin can cause the destruction of cells as they are torn from the ice crystals.

The Scoop on Safe Snow Shoveling

Snow and ice create a hazardous situation for everyone but especially for people with disabilities. Shoveling and using salt, sand or other substances with ice melting properties will help reduce the potential for slip and fall incidents, which can and do cause serious injuries.

Safe snow shoveling requires proper preparation, the right tools, good technique and knowledge.

Preparation

ICE Staff are required to keep walkways at ICE programs and offices cleared but think carefully and take smart actions if you or your clients:

- have had a heart attack or have other forms of heart disease
- have high blood pressure or high cholesterol levels
- lead a sedentary lifestyle

Getting the job done does not mean putting staff or clients at risk:

- Discuss with your supervisor about your program hiring someone to shovel snow (i.e. a student) if staff or residents would be placed at risk by this type of activity.
- Shovel at least 1-2 hours after eating and avoid caffeine and nicotine.
- Warm up first (walk or march in place for several minutes before beginning).
- Start slow and continue at a slow pace (Suggestion: shovel for 5-7 minutes and rest 2-3 minutes).
- Drink lots of water to prevent dehydration.
- Shovel early and often
- new snow is lighter than heavily packed/partially melted snow
- take frequent breaks

Select shovels with care:

- sturdy yet lightweight is best (a small plastic blade is better than a large metal blade)
- an ergonomically correct model (curved handle) will help prevent injury and fatigue
- spray the blade with a silicone-based lubricant (snow does not stick and slides off)

Clothing:

- wear multiple layers and cover as much skin as possible
- wear a hat and scarf (make sure neither block your vision)
- wear mittens (these tend to be warmer than gloves)



- wear boots with non-skid/no-slip rubber soles

Technique

Staff should be sure to use safe techniques to shovel and ensure that clients who assist with the shoveling are taught these as well.

- Always try to push snow rather than lifting it.
- Protect your back by lifting properly and safely:
- stand with feet at hip width for balance
- hold the shovel close to your body
- space hands apart to increase leverage
- bend from your knees not your back
- tighten your stomach muscles while lifting
- avoid twisting while lifting
- walk to dump snow rather than throwing it
- When snow is deep, shovel small amounts (1-2 inches at a time).
- If the ground is icy or slippery, spread salt, sand or kitty litter to create better foot traction.

Important knowledge:

- Shoveling snow is strenuous activity that is very stressful on the heart.
- Exhaustion makes you more susceptible to frostbite, injury and hypothermia.
- Stop shoveling and call 911 if you have:
 - discomfort or heaviness in the chest, arms or neck
 - unusual or prolonged shortness of breath
 - a dizzy or faint feeling
 - excessive sweating or nausea and vomiting

Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes

Northwest Region – Oct 14th meeting minutes

Residence concern re tree branches in front yard

The committee suggested a possible alternative to further branch trimming. – Use landscaping materials (i.e. rocks, edging etc.) to establish a “branch safe” perimeter around the bottom of the tree. This would encourage people to walk outside the reach of the branches.

3.2 Evaluation of current Injury

A staff member was assisting a client with a bath and began to feel dizzy.

Recommendations: if not feeling well ask another staff member to perform the task. Staff to be aware of their limitations and ASK FOR ASSISTANCE. If working alone call ECAT for assistance or find an alternative solution (sponge bath), or put off the bath until the next day.

An employee had just come on shift and was going down the basement stairs in a hurry. The employee was upset that laundry had not been washed the previous shift. The employee tripped at the bottom of the stairs (last 2-3 stairs) and turned an ankle. The employee was wearing proper shoes at the time of incident.

Recommendation: DO NOT RUSH. Take care when walking (at all times). Use hand rails and ensure there is adequate lighting. Reminder to all employees to report injuries as soon as possible.

A staff member was assisting a client out the door and down the front 2 steps to an awaiting DATS. Staff and client had their arms interlocked, client “miss-stepped” causing both client and staff to fall onto the lawn.

Recommendation: clients to hold onto banister/railing if available. Staff to use safe support techniques (staff hand under client’s arm, NOT

LINKED) when assisting clients with mobility. If client needs are changing, seek re-assessment of their mobility and support requirements (i.e. add a banister to stairs, add visual cues such as painting the edge of the steps, have a professional assess if the client needs a walker or wheelchair if they are observed to be having falls.)

Staff member was assisting a client with personal care, after transferring the client into wheelchair the staff member tripped over a plastic mat on the floor. The mat had been taped down but the tape wore off. Staff fell on left side. The plastic mat was removed from the room after the fall.

Recommendations: Recommend that staff ensure Client’s mobility needs are entered onto the Site Specific Hazard. Recommend the team seek alternate flooring options for this client’s room. IE Discuss with the building management the possibility of replacing the carpet with linoleum

Staff hit their head on a cupboard door. The employee was alright.

Recommendations: All employees need to remain aware of hazards and work to reduce these in their environment. Good housekeeping habits (i.e. putting away shoes, closing cupboards etc. are important for safety).

3.3 Evaluation of Near Miss Investigations

Near miss incident at the office when a coffee pot was left on (Not sure how long this was on before it was discovered.)

The committee recommended that ICE require individuals who wish to have their own coffee pots in separate ICE offices to use safe options such as:

- 1) Carafe coffee pots where there is no heating element.
- 2) Timing devices that will turn off the power automatically.
- 3) Auto off coffee makers.

One bed bug was discovered in a

downstairs ICE office. (Believed to be brought into the office on some type of bag or briefcase). Fumigation protocols were implemented. This process has been completed. Reception was moved to the RC for a day and ½.

A new Non-Toxic “Heat Treatment” is being used by some property management companies. This may be an option to explore for future Bed Bug infestations. This treatment is reported to kill bugs and eggs and does not require disposal of furniture.

3.4 Review of COR Audit

Tabled until results of the 2008 Audit are returned

3.5 Review of hazard assessment and control document

Tabled, an updated document has been drafted, waiting on feedback from other regions prior to implementing the revised version.

4.1 Health and Safety Article for Nov issue of ICE Page

Winter Complications – Health

Lifting / Snow shoveling – Safety

4.2 Influenza clinics/ flu shots

Reminder to all employees that Capital Health will be setting up Influenza Clinics across the city. Staff are encouraged to get their flu shots as Capital Health has announced that they are expecting a bad year for influenza.

4.3 Mice hazards

Mice Hazards – Discussion was held on the responsibility of Landlords to ensure that properties are secure from mice hazards. (Recently ICE enlisted the support of the Landlord and Tenant Board to get a landlord to complete repairs on one property.)

Programs to review exteriors to check windows, screens, dryer vents, doors are secure from entry by mice. Staff are reminded NOT to store bags of garbage outside near residences as this encourages mice.

2.7.2 RECORDING AND REPORTING PROCEDURES

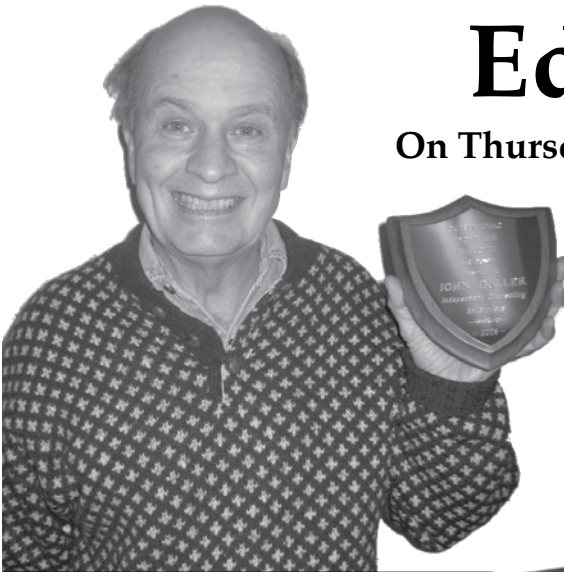
All ICE policies including those regarding Health and Safety can be found in the ICE Policy Manual. In residential programs the Policy Manual will be located in the home's office. Workers in community programs may access a Policy Manual in the reception area at the ICE office.

1. Client contact and service delivery are recorded on the Contact Notes. Contact Notes are completed at the end of your shift or visit on the day service is delivered.
2. Contact notes must be handed into the office on or before specified dates.
3. Contact notes should be completed using the following guidelines:
 - A. notes should be as complete as possible;
 - B. use point-form statements;
 - C. chronological ordering of events;
 - D. correct names, dates and times;
 - E. qualified subjective statements (ie: "It seemed as if John's cold symptoms had worsened judging by his continued coughing and sneezing");
 - F. clearly stating opinions, ideas and beliefs of the writer (ie: "In this writer's opinion, Mary appears to be sad over the death of her son");
 - G. correct use of descriptive terms (ie "Sherry was over-active" rather than "Sherry was hyper");
 - H. correct grammar and spelling; forms should be free of corrections and blotting.
4. Verification forms are required to be signed by specific clients to justify the date and time of an employee's shift. Once justified the employee is then able to be paid for these hours through the payroll process. This is required for all work that is paid to the employee at an hourly rate. Work that is completed within Residential and Non Residential programs operated through I.C.E. does not need to be verified on this form. A separate form is required for each client for confidentiality purposes.
5. Time sheets, verification forms and contact notes must be handed into the office on specified dates. These forms are required from the employees to complete our billing and subsequent payroll. A list of these hand-in dates is provided to each employee and reviewed in P.E.T. Failure to comply with this procedure will result in the following:
 - I. First time failure to hand in documentation on hand-in day will result in the employee being provided with a verbal warning to comply immediately. Compliance will result in normal processing of the employee's timesheet for the purpose of payroll.
 - J. Second delinquency will result in the immediate revoking of direct depositing pay cheques. Should payroll be completed timesheets will not be processed until the next payroll and the process of corrective action will commence (see policy 3.7.1 Process of Corrective Action). A review of reinstating direct deposit will take place 2 months (4 pay periods) after the delinquency. It is the employee's responsibility to contact payroll personnel after this time period and request reinstating of direct deposit option and to provide all the necessary information to do so.
 - K. Subsequent delinquencies will follow the above and continue to be a performance issue. Should the delinquency be an ongoing issue reinstating direct deposit of pay will not be an option.
 - L. The employer may choose to limit the action taken for the delinquency based on individual circumstances.
6. Changes in client status that affect client or employee safety, the client's health status or the delivery of services must be reported immediately to the supervisor by telephone. The supervisor who is in receipt of this information will ensure that the appropriate office personnel are contacted and provide direction to the employee as appropriate. Should the change in client status be a result of hospitalization/receipt of emergency medical care or death the supervisor is to contact the appropriate Manager immediately. (see also policy 2.6.5 Client Death) Note for home care clients follow up may be discontinued at the Coordinator level if the change in client status was expected. The Manager will ensure that the Chief Operating Officer is informed who will in turn contact the President directly to inform him of the situation. (See also policy 2.7.3 Critical Incidents) for proper documentation procedures.
7. Observations about the change in client status must be carefully documented on a Contact Note.
8. Supervisors receiving changing status reports will document them in the client's file and make any necessary adjustments to the Client Service/Care Plan.
9. Refer to the Orientation & Monitoring Manuals in I.C.E. operated residences for a complete review of documentation of clients who are receiving residential and/or non-residential services.

Edmonton Awards

On Thursday November 27th, 2008, ICE hosted its Christmas Open House and Employee Awards.

Staff and clients enjoyed a busy afternoon including great food, good company, door prizes, and entertainment. The highlight of the afternoon was the ICE Employee Awards presentations.



Outstanding Front Line Employee Award

For the person who has demonstrated overall exceptional dedication, professionalism and commitment to ICE and the people we support

John Daller



15 Year Recipient

Lorraine was presented with a plaque, ring, pen and \$1500.00 for her 15 years of dedicated service to ICE.

Thank you Lorraine for your years of dedicated service!

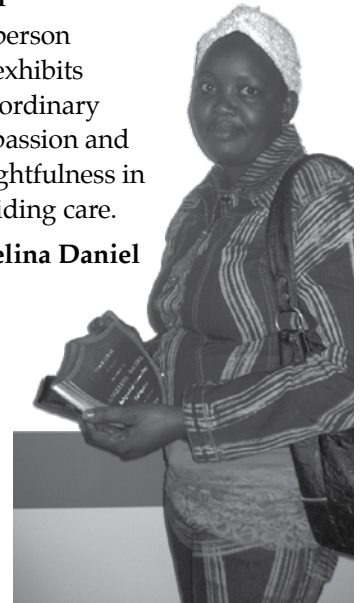


Outstanding Employee Award Greg Lane

Compassion Award

The person that exhibits extraordinary compassion and thoughtfulness in providing care.

Angelina Daniel



10 Year Recipients

Plaques, rings, pens and \$1000.00 were rewarded to those employees who have work for ICE for 10 years. Thank you for your years of dedicated service!

Left to right: Barb Headrick, Daniel Stover, Esther Poudrier, Lynda Buck, Donna Mann, Genevieve Ashwell Not shown: Alicia Guillermo, Brent Busch, Iva Miller, Andrea Nicoli



Dedication and Flexibility Award

The person that is most flexible in accommodating the needs of our clients.

Rhonda Leyte

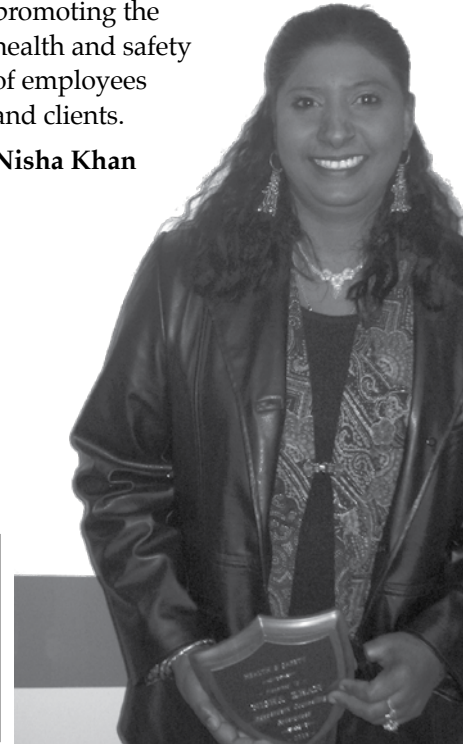
Outstanding commitment to the ICE Restrictive Procedures Advisory Committee and ICE individuals with complex needs.

Diann L'Hirondelle

Health and Safety Award

For outstanding commitment to promoting the health and safety of employees and clients.

Nisha Khan



Community Rehabilitation Team of the Year Award

For showing the true spirit of energy and team cooperation and effectively demonstrating commitment to ICE standards. 113th Street

Left to right: Becky Litke, Jennifer Parker

Not shown: Yordanos Ghebremedhin, Xiaohua Kong, Sophia Yi, Gracita Fajardo



Health and Safety Communitiy Rehabilitation Team Award

For outstanding commitment to promoting the health and safety of employees and clients.

74th Street Left to right: Becky Litke, Diana Tapoveti

Not shown: Naema Abdullahi, Tchibamvunya Baruti, Isatu Kamara

Award of Appreciation

For 10 employees who have demonstrated a strong focus on maximizing client quality of life
(H/C, CR /FR/PT Casual) Criteria:

- Been with ICE for a minimum of 6 months
- Demonstrates working knowledge of ICE policy and procedures.
- Flexible and Reliable
- Strong organizational skills and high level of client care
- Excellent reporting and documentation skills
- Positive team approach



Left to right: Back Row: Geri DeGroot, Beyene Atari, Ken Popowich, Rajwinder Hundal, Ndeze Nsanzimana, Esther Poudrier
Front Row: Nelina Antonio, Jean Dulyea, Laddie Celamin, Maria Luz Gunday

Incentive Draw

Ice began a "Thank You" card incentive system several years ago. Staff receive thank you cards from supervisors, coworkers, people in service, families and other stakeholders.

Each year, all staff who have received a minimum of three thank you cards from a variety of sources, are entered into an annual draw where they are eligible to win \$1000.00. This draw includes staff from all regions throughout the entire province.

This years winner is Phil Clark from ICE Calgary. Congratulations Phil!



Happy Holidays from Everyone at ICE