

Originally from Kelowna BC, Garry Walker has intermittently been part of the Grande Prairie community for the last sixty years. Some of that time he worked as a roofer. Garry has seen the city grow from the ground up, and in fact, has provided roofing for many of the older buildings around town. He finally decided to settle here a few years ago after closing down a restaurant he and his friend had in Edmonton. A few years prior to coming to Grande Prairie, Garry's sister recommended that he try working in the disability field to see how he liked it. Garry didn't like it; he loved it!

Garry heard about ICE from a friend and came to the office inquiring about part-time opportunities. With Garry's experience in the field and his jovial personality, he was hired and matched with a community-access client for 25 hours a week. Garry instantly developed a strong working relationship with his client. Garry's strong work ethic soon had him asking for more work. He was offered a 24 hour weekend shift as well as shifts with two other community-access clients. He soon developed a positive rapport with them as well.

EMPLOYEE *Spotlight* Garry



Garry's passion for the work makes him a successful employee.

Garry's enthusiasm for working in the disability field has led him to his most recent philanthropic endeavor. Garry recently started a sponsorship fund at PARDS (Peace Area Riding for the Disabled Society) in his name. The sponsorship fund is called the Garry Walker Rider Sponsorship Fund and is for anybody who wants to join PARDS, but has exhausted other sources of available funding.

When Garry isn't improving the lives of people with disabilities, he's enjoying his own life by flying airplanes, motorcycling all over North America, and collecting contributions for places like PARDS and the Diabetes Centre. Garry even plans to go skydiving this spring! Garry brings a wealth of passion and interesting stories to ICE and ICE is lucky to have him on our team.

All ICE offices will be closed

Monday February 15,
for Family Day

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

WEDNESDAY,
FEBRUARY 3RD, 1:30PM

RPAC

TUESDAY,
FEBRUARY 16TH AT 2:00 PM



TIME SHEET HAND-IN



Hand-in day will be:
February 16th, 2010
for all shifts worked
between
February 1st and 15th
and

March 1st 2010
for all shifts worked
between
February 16th and 28th

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Client Success Story – Arlene

Arlene lives in Lethbridge with her roommate. She works 3 days a week as a dishwasher at the Regent Restaurant. Arlene loves the Lethbridge Hurricanes hockey team and the Lethbridge Bulls baseball team and has season's tickets for both leagues. Arlene loves to go to bingo and spending time with her friends. Arlene is a skilled bowler and is going to Nationals in London Ontario this July for Special Olympics. Arlene is also involved in integrated bowling once a week and participates in disabled skiing on weekends. In the past, Arlene has also been involved in golf and swimming.

Arlene is currently involved in the Read On program at the library. With the support of ICE staff, Arlene attends twice a week to practice her reading and writing skills. Arlene is also supported while taking weekly cooking classes in the community and swimming as well.

Arlene is excited about planning a holiday in the next year to West Edmonton Mall and maybe Las Vegas.



3.4.16 LEAVE OF ABSENCE

Leave of absences are granted on an individual basis in consultation with the appropriate manager and with final approval from the President. Requests are reviewed based on individual circumstances such as, the purpose of the leave, job performance, length of employment with the agency, the frequency of such requests and the impact of the employee's absence on the agency's operation. Such absences, if granted, would normally be without pay.

For employees requesting a medical leave, the employee must provide the agency with supporting medical documentation. Again all requests are reviewed on an individual basis however, as a general guideline the timelines for Independent Counselling Enterprises to hold their position is as follows; during the 3 month probationary period no medical leave will be granted, employees who have worked for a 3 – 12 month period will be entitled to 1 week, employees who have worked longer than 1 year will be entitled to 4 weeks. All medical leave granted would be without pay.

I.C.E. acknowledges that employees may be required to deal with legal matters (i.e. subpoenas, search warrants, investigations etc.). In such cases a discussion will occur between the employee and their supervisor. Each instance will be addressed on an individual basis.

Unusual requests for leave of absence will be reviewed and put forward to the President for a decision. Upon his review the employee may or may not be granted the requested time off.

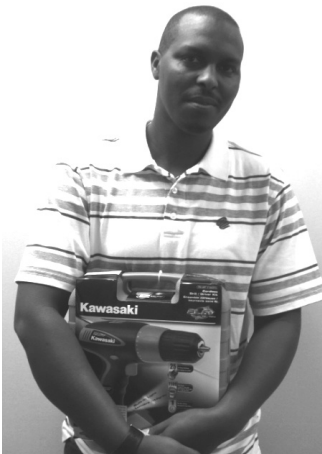
If the leave of absence is not granted the employee has the option to re-apply with Independent Counselling Enterprises when they are able to do so.

Updated October 2009

Thank You!



Suman Witharama received a Snap On Wet/Dry vacuum for supporting the health and safety of his clients. He ensured that all clients from his program received H1N1 shots and purchased ice grips for them.



Eugene Makombe received a Kawasaki cordless drill for his commitment to providing a clean living environment for his clients. Eugene's TL was impressed with his effort to sanitize his client's washroom after the toilet had overflowed.



Herman William Mzebase Voufo - Received an Oster Blender for his initiative to make sure that snow shoveling was done during his shift and for enthusiastically attending to his client's needs.

EDMONTON REFERRAL INCENTIVE WINNER



Here is how the Employee Referral Incentive works! If you refer a person to us who successfully meets our hiring requirements and completes their three month probation with a minimum of 120 hours worked, you will receive \$50.00. Take advantage of this great opportunity.

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

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

Proactive Behavior Intervention

February 4th, 2010 9am-5pm

February 18th, 2010 9am-5pm

CPI Training

February 2 & 3, 2010 9am – 4pm

TRAINING

Preventing Windows from Freezing

NOTE: This is the responsibility of each and every employee working in ICE residences and each Support Home Provider.

Why do windows freeze?

During cold winters, there is a great temperature difference between the inside of a house and the weather outside. When the temperature drops outdoors, the glass on the windows and doors tends to have lower temperatures than other surfaces in your house, and is the first place that you'll notice condensation. This may not be due to any defect in the window or door; it's simply a sign of high humidity in the home.

Warmer air is capable of holding much more moisture than cooler air. When the temperature reaches its dew point, the moisture condenses, attaching to the nearest cool surface. The first surfaces where you'll notice this happening is the glass on windows and doors. The condensation may build and eventually freeze the window shut.

Why is it important to prevent condensation and frozen windows?

The last thing you want on your windows is a fog blocking the view. But the problem goes deeper than that—if condensation is a chronic occurrence in your home; chances are that you have excessive humidity. If left uncontrolled, excess moisture can have serious consequences, including: mold or mildew problems; wood rotting or warping; discolored, blistered or bubbling paint.

Allowing windows to freeze also creates a very serious hazard, especially in windows that are secondary emergency exits. For example, frozen windows would prevent clients getting out of their bedroom windows if there was a fire. Minimum Housing and Health Standards state that "all rooms used for sleeping shall be provided with an openable window..."

Policy 3.5.8 states: "Workers are to be aware of any potential worksite hazards and how they may impact the overall health and safety of employees and clients. Workers are responsible to follow through on correcting, eliminating or controlling these hazards with assistance of their Team Leader and Supervisor and communicating this process in the hazard section of the staff communication log book."

If workers see condensation forming on the windows in a residence then they must take action on their shift to inspect the windows to ensure these can be opened. Wipe off excess condensation from the windows with a dry cloth.

What should you do if you see windows that are frozen?

1. **Immediate action must be taken to thaw out the windows so that they may once again be opened. No clients may ever be permitted to sleep in a bedroom where the windows are frozen shut.** Windows may be thawed by using a portable hair dryer to melt the ice and then wiping up the melted water with dry cloths.
2. Frozen windows are a hazard that must be reported to the ICE supervisor or agency contact. ICE residential staff are

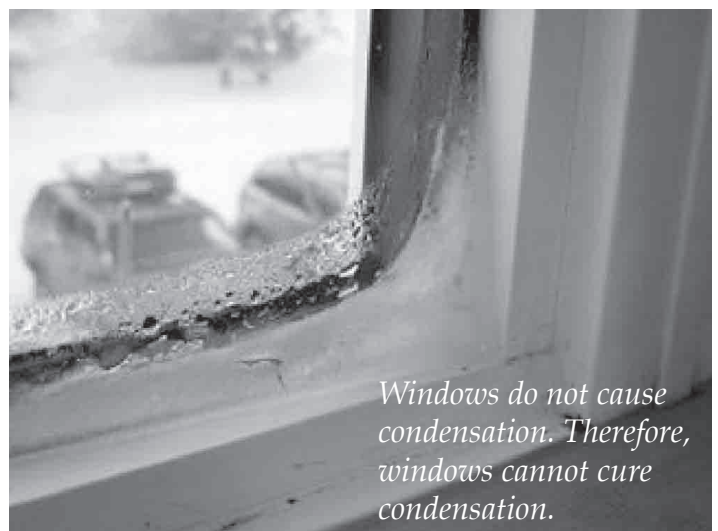
to record the hazard in the Staff Communication Logbook along with the control measures they implemented to solve the problem.

How can condensation on windows and freezing be prevented?

By reducing the humidity levels in the home, you can prevent condensation and freezing on windows. Here are some simple tips to control and reduce the humidity:

1. Keep window coverings, including curtains and blinds open during the day to allow air circulation. Also ensure that windows are closed properly.
2. When cooking, ensure you cover pots and use range vents if your home has them.
3. When showering or bathing, keep the door closed and use the exhaust fan.
4. If watering indoor plants, use small fans to circulate the air.
5. Keep indoor air quality at optimum humidity levels. As the temperatures drop, the indoor relative humidity level of your home should also decrease. If you have a humidifier in your home, as temperatures become colder, be sure the device is adjusted or simply turn it off. The humidity produced elsewhere in your home may mean these devices are not needed at this time.

By controlling the humidity level in your home, you should be able to avoid excessive condensation and windows freezing. You cannot simply count on correcting the problem by installing new windows. If problems continue to occur, please contact your supervisor for further assistance as there are additional measures that may be implemented to control humidity levels with residences.



Windows do not cause condensation. Therefore, windows cannot cure condensation.

Health Corner

The Seasonal Flu

In recent months, there has been much attention focused on the H1N1 Pandemic Influenza. Similar to the Pandemic Flu, seasonal flu attacks the respiratory tract. It can easily spread from person to person directly or indirectly when an infected person sneezes or coughs.

What can you do to prevent getting sick from the Seasonal flu virus?

- Get plenty of exercise. Exercise helps strengthen your immune system, which helps fight off those nasty bugs.
- Get plenty of rest. Sleeping increases the body's ability to fend off infection.
- Eat a balanced diet. Having enough vitamins and minerals helps to strengthen your immune system.
- Maintain good personal hygiene, which includes good hand washing. Think about everything you've touched since the last time you washed your hands. Now, picture how many people have touched those same things and what those people have touched since they last washed their hands. Frequent hand washing will decrease your chance of infection. Hands should be washed after doing any kind of personal care, before, and after you eat, and after you cough or sneeze.
- Get vaccinated with the seasonal flu vaccine. Note that the seasonal flu vaccine will NOT protect you against the H1N1 Pandemic Flu, and the H1N1 vaccine will NOT protect you against the seasonal flu.

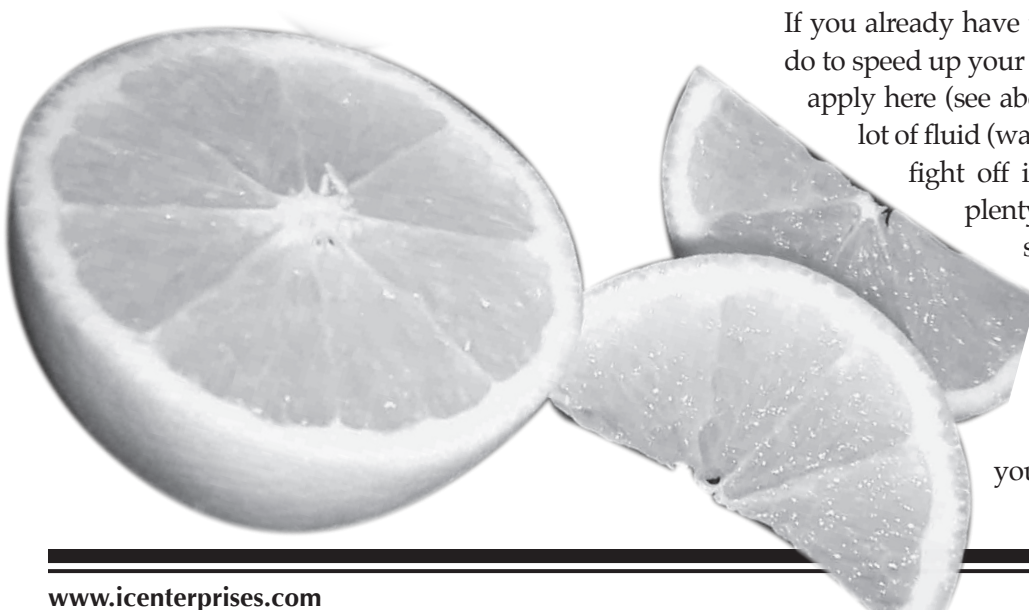
What is the Influenza Vaccine (Flu Shots)?

The Influenza vaccine helps build up your immunity against the flu virus and can protect you for 4 to 6 months. The vaccine can also protect against an outbreak at work, and health facilities where such an outbreak could result in severe complications and even death for vulnerable patients. Close to 6,700 Canadians die from the flu and pneumonia each year. Many people choose to not get vaccinated with the flu vaccine. These individuals believe that: the flu vaccine can give them the flu, does not work, side effects from the vaccine are worse than getting the flu, the flu shots will give them Alzheimer's Disease, the vaccine weakens the immune system. Those are all MYTHS.

The TRUTH is that the flu vaccine is safe and it can not give you the flu because it does not contain a live virus. Most people experience no or little side effects from the flu vaccine. There is no evidence that the flu vaccine causes Alzheimer's disease. The flu vaccine does not contain aluminum, but does contain 25 micrograms of Mercury, which is well within the safe daily intake level. In fact, there is much more mercury in one can of tuna fish. The flu shot protects you for the coming season. It does not weaken your ability to fight the flu or other infections. Getting a flu shot every year is your best protection against the flu and its complications.

What can you do if you already have the flu?

If you already have the flu, there are some things you can do to speed up your recovery. The rules for prevention also apply here (see above). In addition, you need to drink a lot of fluid (water, juice, soup) as this helps your body fight off infections better. You should also get plenty of rest and eat nutritious meals and snacks. If you have to cough or sneeze, make sure you cover your mouth so that you do not spread your germs to other people. Sneeze or cough with your head turned away from other people and remember to wash your hands right after to spread of germs.



Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes

Northwest Region

Meeting minutes date: December 10, 2009

Review of Employee Injuries

December 1, 2009 – Staff transferred client from a manual chair to power chair. Then staff performed a boost to help position client, staff felt a sharp pain in her back which progressed throughout the day. Home care has assessed boosting procedure. Still waiting for written recommendations.

Recommendations: (Update: GP Region has received recommendations from the Occupational Therapist.)

No additional recommendations.

Review of Near Miss

None to Review

South Region

Meeting minutes date: December 16, 2009

Review of Employee Injuries

None to Review

Review of Near Miss

None to Review

Calgary Region

Meeting minutes date: November 18, 2009

Review of Employee Injuries

None to Review

Review of Near Miss

None to Review

3.2 Evaluation of current Injury

Investigations

December 7th – TC came to report for her shift, TC noticed that the weekend staff didn't shovel the sidewalk so she decided to shovel herself. After shoveling, TC experienced back pain.

Recommendations: The group discussed the following:

- Shoveling needs to be completed in a safe manner. Every employee needs to assess their limitations and work within them to perform such tasks.
- Shoveling article that was published in the Jan ICE Page should be reviewed by all employees working in residential programs to increase their awareness.
- Before completing shoveling (and other physical tasks), it is always a good idea to do some stretching. Also take regular breaks at intervals to avoid strains, exhaustion and other negative effects (i.e. cold etc.).

3.3 Evaluation of Near Miss Investigations

December 2, 2009 – Without Staff's knowledge, client took the bulb from a lamp in their living room. Staff noticed that the bulb was missing, they started looking for it. Staff went to look for it inside client's room and saw client's lamp burning. The bulb that the client took from the living room was not compatible with their lamp.

Recommendations:

- Advise client to check with staff first whenever they need a new bulb. Educate the client (and other employees) that every lamp is different. Explain how this incident

can cause fire if it was not discovered right away.

- Group discussed whether checking the wattage of bulbs, lamp or lamp shade locations etc. should be part of Health and Safety hazard checklist. This suggestion will be brought forward.

January 4, 2010 – Client was traveling from the washroom towards his bed; client has grab bars in place. Client let go of the grab bars and fell. TC was there and client attempted to grab onto TC. TC reported concerns that not all team members were following the client's AT EI guidelines leading the client to slide from self-reliant habits to wanting to hold onto staff.

Recommendations:

- Client support protocols to be reviewed with the team so that staff understand the importance of consistency in the provision of client support for both the safety of the client and the staff themselves.

3.4 Review of COR Audit Action Plan 2009

The group discussed with reference to:

Section 1.8 page 17

- Does the senior operating officer communicate to employees, at least annually, the organizations commitment to health and safety?
- Key Recommendation: Consider enhancing communication to front line staff from the senior operating officer on this topic especially in smaller regions. This could be achieved by planning regional field staff events that the President may attend or by written communication with employees i.e. "Letters

from the President" used to convey the company's Health & Safety commitment.

Section 1.11 and 1.12 on page 18

- Is there a process in place that addresses contractor health and safety while on site?
- Key Recommendation: Consideration should be given to planning periodic review of Visitor/Contractor orientation requirements with employees to reinforce procedures in place to ensure their safety at ICE work locations.
- Is there a process in place that addresses visitor health and safety while on site?

Discussion: ICE has a Visitor/Contractor Orientation form that each house should be using whenever a visitor and/or contractor come to the home. This form identifies the potential hazard of the residence and also the emergency procedures. Corinne emphasized the importance of following this procedure.

3.5 Review of Master Hazard assessment and Control Document

Page 15

The group reviewed the following:

- Staff illness at work
- Potential Consequences recom-

mending 3 from 1

- Hazard Probability recommending 1 from 2
- Infestation of insect and/or pests (bees, wasp, mosquito, horse fly)
- Associated hazard recommending including: Allergic reaction, Exposure to Infection (i.e. West Nile virus)
- Mice infestation
- Recommending revision of bed bugs out of this section as part of the Associated Hazards as they should be part of the section on pest infestations not mice.
- Potential Consequences is recommended to change to 3 from 2
- Priority Rating is recommended for revision to 2 from 3

Corinne and Ruby to revise HACDM with recommendations from all regions.

4.1 H1N1 Update

A 3rd wave of the pandemic may occur in Jan/Feb 2010. Corinne shared with the group statistics of H1N1 to date from the Alberta Health website. Attendees were encouraged to visit the Alberta Health Services' website for more information if desired. <http://www.health.alberta.ca/health-info/influenza-H1N1.html>

- Visit the website and become aware of the latest H1N1 information.

4.2 February ICE page articles

ICE Page Health and Safety Article Suggestions for February ICE Page.

- Safe Driving
- First Aid kits in residences and vehicle (check supplies for expiry dates)
- Wearing perfumes at work
- Seasonal Flu

4.4 Policy Review

2009 Policy Manual section 3.5.7 regarding Visitors Contractors was reviewed by the group and the responsibility to provide orientations to visitors and contractors (other than ICE employees) was discussed in relation to the Occupational Health and Safety Act.

Employees are required to ensure:

WCB coverage is checked, Contractor agreements are completed and that contractors are provided an on-site orientation (documented) when performing work at ICE programs. Other visitors also are to be provided an orientation.

All residences are to update their Visitor/Contractor Orientations by the end of January.



Find frequently used forms at
www.icenterprises.com