

Jolly is well named. When you meet her you can not help but be impressed with her positive attitude and beautiful smile.

In 2004 Jolly arrived in Canada with her four children from Africa. She originally landed in Ontario but later that same year Jolly moved to settle in Edmonton. While in Africa, Jolly had worked as a bank teller and in her off duty hours she had helped orphaned Rwandan children.

In 2008 Jolly started working with ICE supporting individuals with developmental disabilities. She began with the agency as a relief worker and later progressed to regular positions supporting individuals in both non-residential and residential settings. Jolly says that she chose this field as she, "Just likes to help people". Since 2010 Jolly has provided supports at one of ICE's shared residences where she is highly valued as a good role model for both clients and other staff.

It is very clear from the way Jolly speaks about the individuals she supports how she respects and values each person and how proud she is of their successes. She says she finds it easy to relate personally to them because, "I just think as if it is my mom or my sister." Jolly has an excellent reputa-

EMPLOYEE *Spotlight* Jolly

tion for the high quality of care she provides.

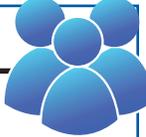
Away from work Jolly stays very busy with her family and her church. Within her church congregation Jolly leads the Christian ministry for women's programs. This is another way she shares her joy in helping others. ICE is proud to have Jolly as a representative of our agency.



All ICE offices
will be closed
**Monday
February 20**
for Family Day

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

ECAT
Employee &
Client
Assistance Team
780-461-7236
after office
hours 

MEETINGS 
Health & Safety Meeting
FEBRUARY 1, 2012, 1:30 PM
(POTLUCK AT 12:00 PM)
RPAC
FEBRUARY 21, 2012, 2:00 PM
Team Coord/Team Leader Meetings
FEBRUARY 9, 2012, 9:00 AM
FEBRUARY 9, 2012, 1 PM

TIME SHEET HAND-IN 
Hand-in day will be:
February 15th, 2011
for all shifts worked
between
February 1st and 15th
and
February 29, 2012
for all shifts worked
between
February 16th and 29st

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Client Success Story:

Sharon lives in Claresholm in an ICE shared residence. With staff support she works four mornings a week setting tables and sweeping floors at a seniors care facility and has held this volunteer position for a couple of years now. She takes pride in her work and just recently completed a work related hygiene course and is proud of this accomplishment. Sharon loves to visit with the residents and staff while at work and enjoys getting “high fives” for a job well done.

At home Sharon shares household chores with her two roommates and loves to help bake goodies for friends and neighbors. On trips to deliver the baked treats to her neighbor she always takes time to walk their dog, her long time “pet friend” named Dexter. Sharon is known for her cooking skills and she enjoys preparing favorite main course meals such as shrimp

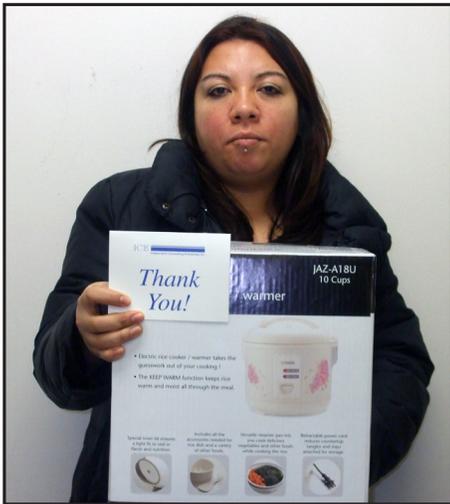
and liver with the assistance of her residential staff.

Recreation and competition is important to Sharon and she is in the Special Olympics bowling league in Lethbridge. At home Sharon is always ready for a few good games of UNO or BINGO. Two long time passions of Sharon are the shows Little House on the Prairie and The Waltons. She has every episode of each in her video collection. When she is relaxing, Sharon likes to do canvas crafts and work on word searches. This past year Sharon also attended two camps and enjoyed getting together with all her friends.

Sharon puts a smile on people’s faces with her quick wit and humor. Family is a priority in her life and she is always sharing stories of how life was for her growing up with two brothers and two sisters. Sharon never misses a family member’s birthday and that includes all her nieces and nephews.



Thank You!



Andrea Dugo was thanked by her manager for taking a client to the hospital for his surgery and then following up on his well being at 6:30 am. Andrea won a Rice Cooker. Thanks for going above and beyond for client care!



Maria Manual was thanked by her Coordinator for responding promptly to get a co-worker medical assistance by calling 911. Maria won a Sunbeam Air Purifier. Wonderful job!



Wanda Mahan received a thank you card from her manager for accepting an on-call shift for Homecare on Christmas day. Wanda won a Fujifilm digital camera. Thank you for showing the true spirit of the holiday season!

Referral Incentive Recipients for January:



Saidu Conteh



Acieng Deng

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 \$100.00. Take advantage of this great opportunity.

TRAINING

Proactive Behavior Intervention

February 2, 2012, 9am-5pm
 February 16, 2012, 9am-5pm
 March 1, 2012, 9am-5pm
 As described on the ICE website

FASD

February 21, 2012, 1pm-4pm
 As described on the ICE website

CPI Training

February 7th & 8th, 2012, 9- 4 pm both days
 As described on the ICE website

Client Goals & Outcomes

February 23, 2012

The purpose of the session is to learn the best way to assist the individuals we support to achieve maximum independence through development of clear and achievable goals followed by a plan to achieve those goals.

- To assist with meeting the goals and objectives in the Individual Service Agreements
- To complete monthly and annual progress reports from data collected for the purpose of outcome measurement.



SCALDS

Burns caused by steam or hot liquids

** Due to the importance of this topic ICE has chosen to focus for a second month on scalds. All support staff are urged to give this information their full and serious attention.*

What is a scald?

Scalds are one of the most common causes of burns, especially for those most vulnerable including children, elderly people, and people with physical and cognitive disabilities. 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 because 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 a quick escape from the situation.

What complications are associated with scald burns?

Scalds can be very painful. The wounds can become infected if bacteria were able to get in. Scarring and contracture (loss of joint motion) can occur. The person may require a skin graft. The affected limbs (arm/ leg)/ digits (fingers or toes) may become gangrenous which

may result in amputation (surgically removing the affected arm, leg, foot, hand, fingers or toes). More than one organ in the body can shut down (Multiple Organ dysfunction syndrome) and electrolytes can become imbalanced. Electrolyte balance is important to keep the heart and brain working. Scald burns can also lead to airway obstruction causing difficulty breathing. If the scald burn affects a large body surface, the individual can die.

First Aid for Scalds

If minor scalds and the skin is unbroken

- ◆ Run cool water over the area of the burn or soak it in a cool water bath (not ice water). Keep the area submerged for at least 5 minutes. A clean, cold, wet towel will also help reduce pain.
- ◆ After flushing or soaking, cover the burn with a dry, sterile bandage or clean dressing that is lint-free.
- ◆ Protect the burn from pressure and friction.
- ◆ Remove rings, bracelets, watches, etc. from the affected area.
- ◆ Do not apply creams, slaves or ointments
- ◆ Visit a doctor for an assessment

For major scalds

- ◆ This includes burns to such areas as the face, or to the throat or large areas of their body surface
- ◆ Call 911
- ◆ Make sure the person is breathing. If breathing has stopped, or if the person's airway is blocked, open the airway. If necessary, begin CPR
- ◆ Cover the burn area with a dry sterile bandage (if available) or clean cloth. A sheet will do if the burned area is large. Do NOT apply any ointments.
- ◆ If fingers or toes have been burned, separate them with dry, sterile, non-adhesive dressings.
- ◆ Elevate the body part that is burned above the level of the heart. Protect the burn area from pressure and friction.
- ◆ Take steps to prevent shock. Lay the person flat, elevate the feet about 12 inches, and cover the person with a coat or blanket. However, do NOT place the person in this shock position if a head, neck, back, or leg injury is suspected or if it makes the person uncomfortable.
- ◆ Continue to monitor the person's vital signs until medical help arrives. This means pulse and rate of breathing.
- ◆ If blisters are present, DO NOT prick them. Pricking blisters can result in an infection.

Prevention of scalds

- ◆ Pot handles should always be turned to the back of the stove to prevent pots from being knocked off.
- ◆ Hot food or liquids should never be left near the edge of the counter or table.
- ◆ Cook on the rear burners of your stove
- ◆ Always turn burners and oven off when not in use.
- ◆ Use oven mitts or potholders when cooking.
- ◆ When running a bath, always turn the cold water on first and then add hot water until the temperature is comfortable
- ◆ Regularly checking the setting of the home's hot water heater. (Policy 2.3.14)
- ◆ Careful, consistent support and supervision of children and those with cognitive impairments around all taps;
- ◆ When providing support to a client requiring assistance with bathing, employees must check the temperature before the client gets in the bathtub. After pouring the bath mix the water in the tub and measure the water temperature with a thermometer to ensure it does not exceed 40 degrees C. Double check the temperature by lowering /placing your elbow approximately 5 centimeters into the water to ensure an appropriate comfort level.

Protect yourself and our clients by learning about scald prevention and consistently following ICE Policy and safety practices regarding tap-water.

2.3.11 EMERGENCY MEDICAL SITUATIONS

1. For all clients, regardless of client-specific medical protocols, 911 should be called immediately by the employee at the scene when any client exhibits serious or life-threatening symptoms, including but not limited to:
 - decreased consciousness or unconsciousness
 - profuse bleeding
 - difficulty breathing
 - chest pains
 - absence of a pulse or heart beat
 - low blood sugar with accompanying signs of distress (decreased responsiveness or loss of consciousness, seizure, refusal or inability to take sugar or substitute)
 - low blood sugar that is not corrected within 30 minutes in the absence of other symptoms
 - seizure, if the client has no known history of seizures
 - if the client has history of seizures, call 911 if:
 - i. a seizure lasts more than 5 minutes or as per the client protocol
 - ii. a convulsive seizure occurs in water (i.e. in a bath)
 - iii. the client complains of blurred vision
 - iv. a client is unresponsive for more than 5 minutes
 - v. after a seizure
 - vi. a client has one seizure immediately after another with no recovery in between
 - vii. a client may have sustained a head injury or other serious injury during or after a seizure
 - viii. the protocol for the client indicates that 911 should be called based on the current seizure pattern or symptoms
2. Employees should call Health Link and then their supervisor immediately if they observe any symptoms not included in the above list, and are unusual but not life threatening. If at anytime the situation changes so that any symptoms listed above are present, 911 is to be called immediately by the employee.
3. Employees are to initiate CPR or First Aid only if they are currently certified to do so, and do so in accordance with that certification training.

Updated October 2009

25th Anniversary ICE Wear

Hello Everybody!!!

As ICE has just celebrated its 25th Anniversary we are providing an option for staff in all regions to purchase ICE Wear "Hoodies."

Two I.C.E. color options will be available

- A navy blue hoodie with a white logo.
- A white hoodie with a navy blue logo.

Sizes available range from Small to 5X (5 extra large) and a sizing chart will be made available soon to all regions. (Some hoodies will also be made available to try on at the Edmonton office for sizing purposes on an upcoming specified pay day. Sorry this will not be an option in the other regions.)

There are two options for payment:

#1 You can fill out an approval form to have the amount taken off your paycheck.

#2 You can provide a check in the required amount made out to Independent Counselling Enterprises.

The paperwork for both of these options is to be sent to Melissa Duquette or Krista Daly at the Edmonton ICE office.

The price per hoodie at this time is \$26.95 including GST. (See note below on shipping costs).

Feel free to order as many hoodies as you would like! This merchandize will not be made available again as they are a one time offer. Make sure you put in an order soon if you are interested as this order will be time limited. Stay tuned for sizing charts, order forms and Edmonton try on dates.

NOTE:

- Those ordering merchandize outside of Edmonton may be required to pay an additional shipping fee if the hoodies must be shipped out.



- These hoodies are special order so they are not returnable/refundable.

Please speak to your manager if you have any questions.



ICE Support Home Operators are now eligible for the \$100 ICE Employee Referral Incentive!

Here is how the Employee Referral Incentive works! If you refer a person to ICE who successfully meets our hiring requirements and completes their three month probation with a minimum of 120 hours worked, you will receive \$100.00. Take advantage of this great opportunity.

 **ICE has a TD Group RSP plan!**

If you are eligible, ICE will match your contributions!

Refer to Policy 3.4.18. ICE Savings/Pension Plan.

To sign up, please contact Linna Roem at (780) 453-9664.

Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes

Calgary Region Meeting minutes date: Not available

Northwest Region Meeting minutes date: November 10, 2011

No Employee Injuries

No Near Miss Incidents

South Region Meeting minutes date: November 8, 2011

Employee Injuries

October 21, 2011 Staff fell down the stairs resulting in bruising. Staff was not wearing proper footwear.

Injury Investigation completed

Recommendations: Proper footwear required, staff to review policy, use of handrails, ensure proper lighting in stair area.

Near Miss Incidents

October 1, 2011 Staff almost hit another vehicle when changing lanes.

Near Miss investigation completed

Recommendations: Have staff take AMA Mission Possible training.

3.2 Evaluation of current Injury Investigations

November 6, 2011 While clients were eating, one staff was doing dishes and the other staff was doing paperwork. One client became agitated due to a previous altercation at the morning meal time with his roommate. The client left the table angry. A staff member followed the client and attempted to interact with them. The client struck staff and scratched them. The staff's glasses were also broken. Police were called.

Injury Investigation completed.

Recommendations:

- Provision of pro-active support by staff when clients are agitated and not getting along to prevent conflict i.e. suggest they have their meals at different times or locations. (The program has both a dining table and a kitchen table.)
- Staff to retake PBI
- Have the staff attend an RPAC meeting.

3.3 Evaluation of Near Miss Investigations

No Near Miss Incident investigations to review

3.4 Review 2011 COR External Audit

Corinne distributed copies of the COR 2011 Audit report. ICE received 98%.

The group reviewed 1.9 (page 22) and 3.1 (page 30) recommendations.

Senior Management tours in Edmonton

MSDS – an annual review process will be established to

check the dates of the H&S binder MSDS sheets.

The group will review 3.8 recommendations next meeting.

3.5 Review of Hazard Assessment and Control Document - Master

The committee reviewed Working Alone and Meetings / Communication (pages 2-4). Suggested changes / additions as follows:

- Influenza Training – Infection Control
- Add Personal Safety on Health and Safety Binder
- Delete “non residential staff carry change for use of payphone”
- Add Conflict Resolution & Team Building to the Trainings
- Add Plan Meetings Location/Time, prepare agenda, give coffee breaks and building security

4.1 Client Water Temperature monitoring

In connection with a tragic bathing incident with another service provider in Calgary, PDD sent out a letter to all service providers itemizing expectations in regards to water temperature. ICE has procedures meeting many of the recommendations; however, ICE will continue to improve its procedures on water temperature monitoring.

Follow up on bathing / showering recommendations as per PDD. (Form revision, plumbing changes, policy changes etc.)

4.2 Frozen windows

Although this has not been an issue, Corinne reminded everyone to be ready for frozen windows.

Each program to have working hair dryers handy to unfreeze windows as required.

4.3 January ICE page articles and reminders

- Scalding, frozen windows, hypothermia, difference between colds and flu, super bug (i.e. MRSA)

4.4 Policy Review

3.5.8 Elimination/Mitigating/Controlling Work Site (Specifically Section #12 – Water temperature monitoring).

4.5 New Business

As per Robin O inquiry, the group discussed the amount of information required for the Health and Safety Binders. It is specified on the flysheets that 1 years worth of inspection information is required. Binders are very full by the end of the year and therefore hard to use effectively.

Suggest alternate documentation archiving at Manual review to decrease the size of binders.

4.6 New Year's Health and Safety Potluck

It was decided to have a Health and Safety potluck on February 1st at 12:00noon.