

## The Changing Role of the Support Worker

### Sharing Lives

Supporting people in their lives is a multifaceted job. It is essential to remember that we are not just going into a shift for 8 or 12 hours but rather we are walking into a person's life and sharing that 8 or 12 hours of their life with them. Our role as support workers is not only to give medications, perform personal care routines or cook meals; it is also to support the person to live the life they want. This means empowering people to achieve personal control over their lives, ensuring that a person has a home where they feel they belong and are welcome, supporting people in leisure time pursuits and advocating for people's basic human rights.

#### How does that affect the job of a support worker?

Support means something different for each person. How do we know what specific duties our job involves? This may be difficult if you are a new staff member or a casual staff working with a person or group of people for

the first time. We have agency philosophies, job descriptions and policies that help guide us however the most important resource to guide us in our job is the person whom we are supporting. If you are working with a person or group of people for the first time it is important that you arrive early to become familiar with the person and the staff. When you arrive, the first thing that you will do is introduce yourself to the person whose home you are in. It is then your responsibility to ask questions of the person and their staff on what your specific functions of your job entails. It may be that you will be traveling by bus to support a person in their volunteer position or you might be accompanying a person on their leisure time pursuits whether it is going to the swimming pool or to an art class. Our jobs as support workers vary from day to day and person to person. We have the privilege of sharing the lives of people by walking along side a person supporting them in living the life they choose.

## Transporting Confidential Material

Confidential material, whenever possible, should not be transported by employees. When unavoidable, this information should be placed in the trunk, or in an area hidden from view if the vehicle does not have a trunk. The confidential information should never be left in a vehicle unattended. When arriving to a location (work, home), the employee must take the information in with them and store it securely. All employees' transporting information should know at all times what information they are carrying, and when possible, take precautions to ensure that confidential material is not contained on the documents (not using last names or addresses, only taking what is necessary, not complete files). Any incidents that result in the loss of information (whether it contains confidential information or not) must be reported to the ICE office immediately and a CI completed.

### ECAT

Employee &  
Client Assistance  
Team  
  
**461-7236**  
after office hours

### MEETINGS



#### Health & Safety Meeting

Thurs, July 6, 10:30 AM

#### Team Leader Meetings

Thurs, July 20, 10:30 AM  
Wed, July 26, 1 PM

### TIME SHEET HAND-IN



Hand-in day will be:

**Mon, July 17, 2006**  
for all shifts worked  
between  
July 1st and 15th  
and

**Mon, July 31, 2006**  
for all shifts worked  
between  
July 16th and 31st

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## A MEAL FIT FOR A KING

*Written by  
Donna McNeill,  
Team Leader  
at Mayland*

Gerry lives in an ICE home with one roommate. Gerry is a fairly independent man except in the kitchen. He will make a sandwich, a bowl of cereal or instant oatmeal. His roommate does most of the cooking.

One day staff prepared a meatloaf for supper then left at the end of their shift leaving

cooking instructions with the roommate and evening staff. Gerry's roommate wanted pasta with super, Gerry requested potatoes. Staff used this opportunity to encourage Gerry to try cooking himself.

Gerry peeled, cut, cooked and mashed the potatoes all by himself, made vegetables,

cooked the meatloaf, set the table and served the food singing and laughing the whole time. What a success for Gerry... his first entire meal preparation in 3 years!!

## ICE EDMONTON SINGING COMPETITION

A singing competition was held on May 24, 2006 to choose 4 finalists to move onto the "Idol in the Hood" Grande Finale at Festival Place in Sherwood Park. We had 14 very talented performers singing songs by artists ranging Usher to Patsy Cline. All the performers were outstanding and the judges had their work cut out for them. The winners were Dan entertaining everyone with a great rendition of "Ring of Fire" by Johnny Cash, Heather performing "Walking After Midnight" by Patsy Cline, Cory singing Keith Urban's "Days go by", and Daisy's performance of "She's my kind of Rain" by Tim McGraw. It was a great night of entertainment for all. A special thanks goes out to all the performers whose courage and enthusiasm inspired us all. A thanks also goes out to the judges who so bravely and eloquently offered their opinions. St. Michael's Parish Hall proved to be an excellent venue for the evening and we thank them for their hospitality and use of the hall.

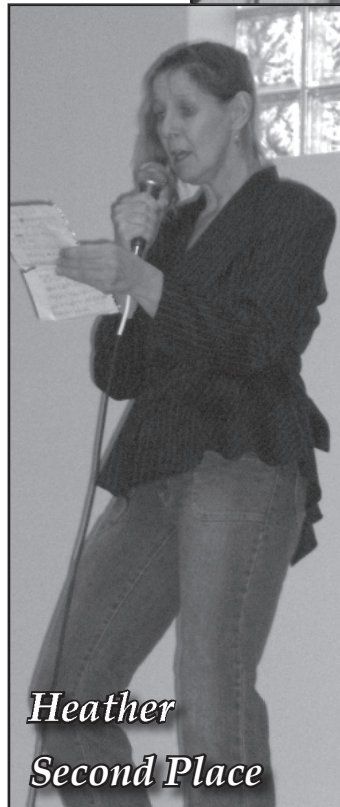
*Dan  
First Place*



*Daisy  
Third Place*



*Cory  
Third Place*



*Heather  
Second Place*

## HEALTH AND SAFETY COMMITTEE MINUTES

### 3.3 Review and updates of a section of the Hazard Assessment document.

More hazard ID forms were received from the houses. We are now starting to collate them and put the hazards into a new format.

Putting Items on the Hot Sheet really helps to enforce that this task must be done.

We are still missing the Office Staff : personnel and Training, Administrative and CSC's

Office staff need to complete hazard identification forms : start with Training & Personnel

### 4.2 Workplace Health & Safety Meeting

Workplace Health & Safety met with Mike Rutherford, Pam MacDonell and Elaine Dawson to discuss the high number of injuries reported last year. After reviewing our statistics, policies, orientation and training program, WH&S indicated they were satisfied that we are trying to reduce the injuries, and are on track. We should be able to reduce the number of injuries and time loss this year. In 2005, 135 employees reported injuries with 50 resulting in lost time. In 2006, as of June 1/06, there were 43 injuries reported with 14 lost time injuries resulting.

### 4.3 Appropriate Footwear

Our policy states that employees are required to wear appropriate shoes for work. This was reviewed after the last meeting and two articles were put in the Ice Page as well as a memo distributed to all staff. How do we deal with non-compliance? One warning is to be given before it is taken to the employee's supervisor. The staff member may be sent home to get appropriate shoes.

### 4.4 Pandemic Flu

ICE is currently addressing the issues about Pandemic Flu. Two articles have been written about hand-washing and keeping healthy. All administrative Staff are listing what job duties may be essential to operations in the event of staff illness.

We will be launching a hand washing program to get the staff/residents washing their hands ( best defence against flu) . We will be advising what preparations are important at the home level, and what precautions families should take as well.

### 4.8 Gas stoves in homes

Concern was raised by front line staff that she had her back to the stove and was resting against it and actually turned the stove on without knowing it.

All staff are to be aware of clients while in kitchen.

Not all homes have a gas stove. If this turns on "easily", then perhaps the switches need to be checked. Dependent upon the clients and the cooking arrangement, then this may be hazard and needs to be treated as such.

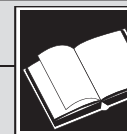
### 4.9 Follow up with staff training on PBI

Personnel and Training are concerned because they are not getting the staff in for retraining when there are incidents. This is a reminder that retraining can be requested.

Claims does monitor the incidents and checks the dates when an incident occurs. Retraining is part of the follow up with staff.

It is a good reminder.

## TRAINING



### Substance Abuse, July 4, 9am-1pm

As described on the ICE website

### Proactive Behavior Intervention

July 13, 20, 27, 9am-5pm

As described on the ICE website

### Mission Possible

July 12, 1pm-4pm

July 26, 9am-12pm

As described on the ICE website

### Positive Behaviour Supports, July 20th, 9am-5pm

As described on the ICE website

## Foundations

### Community Rehabilitation and Disability Studies

Foundations will give you a basic understanding of values, attitudes, and skills that promote choices, independence, and the quality of life experiences for the people they work with.

Foundations can be a stepping-stone to a number of faculties in the Rehabilitation Field, with recognition of six to nine credits. ICE will be scheduling an information session for potential participants.

*Please contact your Coordinator if interested in this course, to ensure that clients have staff support in place. Further information can be obtained by contacting Megan Baugh @ 453-9674 or Bonnie Edwards @ 453-9826.*

Thank  You!

### "Thank You!" Card Incentive Prize Winners

#### Emmanuel Savice:

In appreciation for providing supports and help with your program.

From: Booking Coordinator

#### Nelina Antonio:

Helping out with many extra shifts.

From: Booking Coordinator

#### Ursula Prudhomme:

Being very supportive and patient.

From: Co Worker



# Health Corner

## STORIES FROM THE FRONTLINE

### *Near Miss: Transporting a Client*

The Transportation Policy came out just after this incident but could have been written for my benefit.

I had worked with my client for a long time, and most of the time we got along really well. So, when she asked me to take her out to visit friends I really didn't think twice.

We jumped in the car and away we went. She was buckled into the back seat and I, of course, was driving.

I had not prepared properly for this outing. My client had not checked with her friends and had just assumed they would be home, wanting to hang out with her. I lent her my cell phone to call them as we drove towards the neighborhood where they lived. When she could not reach her friends, she felt hurt and angry and began to escalate. She began to hit on my shoulder with my cell phone. I started to pull over just as a policeman happened to see the activity in the car. He insisted we pull over immediately. Fortunately, he was understanding and didn't give me a ticket, but he did give me a strong message about responsibility. Did I understand the risk of an accident? Had I lost control of the car as the client was hitting me, the repercussions could have been deadly.

I had not established the destination with the client before we left. This whole situation could have been avoided, or at least would have been much easier to handle if we were not in the car. I lent her my cell phone while I was driving. I just wanted her to have a good experience. I know how to work with my client and prevent escalations but concentrating on driving while calming her down was another story. When she began to hit me with the cell phone, I knew this was out of control and I started to pull over so I could regain control. Had the traffic been heavier, had I been hurt, had the client bolted from the car, the story might have ended differently. I did learn an important lesson from the police and from the experience: Safety is NOT an option: it must come first.

Oh – and I did use one band-aid out of my personal first aid kit, so I was very happy to have that policy in place, Thank you, ICE.

*Please read Policy 2.4.8 for further information or clarification on I.C.E.'s driving policy*

## BREAST CANCER

Our bodies are made of millions of cells that form in groups to make up tissues or organs, such as the liver or breast. The genes inside these cells send messages to the cells to grow, reproduce, work or die. Sometimes the messages get mixed up and do not do what they are supposed to do. After a while, a group of abnormal cells may form into lumps or tumors. These tumors may be cancerous (malignant) or non-cancerous (benign). Benign tumors usually stay in one place and do not invade neighboring tissues. Malignant tumor cells can invade neighboring tissues. Cancers are named after the part of the body where it starts. Breast cancer starts in the breast.

Breast cancer is the most common cancer for Canadian women. Although men can also get breast cancer, it is very rare.

There is no single cause of breast cancer, but certain factors appear to increase the risk of developing breast cancer. As one ages, the risk increases significantly. A history of breast, uterine, colorectal or ovarian cancer in the family will also increase one's chance of developing breast cancer. Previous breast disorders where a biopsy showed unusual results, beginning menstrual cycle earlier or menopause later than the normal age, dense breast tissues or taking hormone therapy for more than five years will also increase the risk of developing breast cancer.

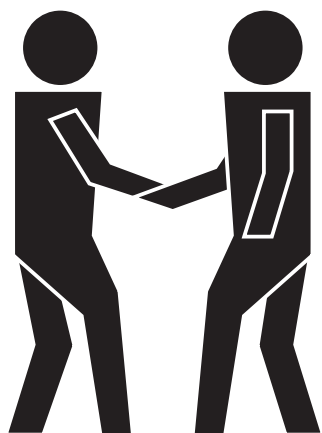
The key to prevention is early detection. The most reliable method to finding breast cancer is mammogram. Mammogram uses small amounts of x-ray to show the soft tissues inside the breast. Women between 50-69 should have one done every 2 years. Women between the ages of 40 and 50 should get a clinical breast examination by a trained health professional every two years. A clinical breast examination is a physical examination of the breast by a trained health professional. Women are also encouraged to perform breast self-examination (BSE) regularly and report any unusual changes to their doctor.

To learn more about BSE, please check the following websites:

[http://www.breastcancer.org/dia\\_detec\\_exam\\_5step.html](http://www.breastcancer.org/dia_detec_exam_5step.html)

[http://www.cancer.ca/vgn/images/portal/cit\\_86751114/39/41/510656710cw\\_library\\_breastselfexam\\_en.pdf](http://www.cancer.ca/vgn/images/portal/cit_86751114/39/41/510656710cw_library_breastselfexam_en.pdf)

<http://www.komen.org> This website has a video which demonstrates the procedure for BSE.



## SHARE YOUR EXPERIENCE!

"Stories from the frontline" gives a chance for employees to share with others their real life field experiences regarding health and safety.

Help us create hazard awareness within our workplace by submitting your story from the field. It could be selected to appear in the next ICE page!

Guidelines for submission:

- Must be related to health and safety. Stories need to come from field experiences from ICE. The objective is to create awareness for Occupational Health and Safety issues within our workplace.

- Approximately 2 paragraphs in length.
- Grammar and spelling can be corrected with submission.

All stories are very appreciated.

In recognition for those stories selected for the ICE page, the writer will receive a Health and Safety whistle from the ICE Health and Safety Committee.

Please submit your stories to our Health and Safety Manager Elaine Dawson [edawson@icenterprises.com](mailto:edawson@icenterprises.com) or drop off at reception at the ICE office.

For further information please contact Elaine at (780) 732-2343.

## Statistics on Injuries for 2005

A new employee recently asked why we track the number of incidents and injuries reported, and if and how long employees are off work. The answer: We are concerned about the well-being of both our clients and our employees. Each incident may possibly have been prevented had hazard signs been recognized or controls implemented early enough. The number of injuries is significant in determining what control measures are appropriate to prevent similar injuries from occurring. The frequency of incidents, the number of injuries actually occurring, and the number of days lost are all indicators of the serious nature of the hazards involved.

In 2005, across the province, ICE experienced a total of 135 in-

cidents with 50 lost-time injuries resulting in a total loss of 1037 workdays. In 2006, our goal is to reduce the number of incidents, injuries and lost time through programs such as pre-employment trainings, hazard identification and control, incident investigation, modified duties, CPI, Mission Possible, Supervision, and specialty trainings which are situation specific.

Below is a study of our provincial incidents and injuries for the past 6 years to June 1, 2006. It is important to know that in 2006, the information to calculate the total time lost is not yet available, but to date is approximately 70 days for the current 14 lost time injuries.

	Table	2000	2001	2002	2003	2004	2005	2006
Client Behavior	Number of Injuries	23	22	22	21	33	60	25
	Number with Time Lost	16	15	11	10	12	21	10
	Days Lost	993	144	38	121	144	492	0
Slips and Falls	Number of Injuries	10	16	18	9	27	33	12
	Number with Time Lost	5	5	8	6	16	11	2
	Days Lost	113	86	45	44	384	198	0
Client Transfers	Number of Injuries	9	10	5	3	7	20	4
	Number with Time Lost	7	5	3	2	2	12	2
	Days Lost	619	53	61	13	5	260	0
Motor Vehicle Accidents	Number of Injuries	2	2	5	4	9	16	1
	Number with Time Lost	1	2	2	4	2	4	0
	Days Lost	2	10	13	12	123	84	0
Other Injuries	Number of Injuries	1	1	3	2	4	6	1
	Number with Time Lost	0	0	0	1	1	1	0
	Days Lost	0	0	0	2	3	3	0

## CET STANDARDS: CET STANDARD 20

*Individuals who choose to be employed or participate in productive or skill development / maintenance activities are provided with opportunities that meet their expectations.*

*(This Quality of Service Standard # 20 compliments the Quality of Life Standard # 8)*

### About this standard...

For individuals who choose to be employed, participate in productive or skill development activities, or are in the process of employment planning, and require some support, the role of the service provider may range from assessing their interests and skills to providing:

- Information about various options;
- Training in specific work-related skills;
- Opportunities to observe or directly experience various employment options;
- Support on the job;
- Facilitation of relationships with work colleagues;
- Follow-up; and/or
- Transition planning (e.g., preparation for retirement).

Individuals who are retired may need support to remain active and to continue learning until they experience significant declines in health. After that, the focus of support is likely to shift to activities that help them to stay engaged and to maintain their life skills and quality of life.

Four different scenarios are described for this standard. Scenario 1 is relevant to individuals who are employed. Scenario 2 addresses individuals who wish to be employed, and are involved in an employment planning process. Scenario 3 is targeted at individuals who have chosen to participate in productive

or skill development activities, as defined by them. Finally, Scenario 4 focuses on individuals whose aim is to maintain life skills, and engage in personally meaningful activities consistent with their lives. While at least one of these scenarios will be relevant for most individuals, some will find a combination of these scenarios is applicable to their lives.

### SCENARIO 1: FOR THE INDIVIDUAL WHO IS EMPLOYED

Key indicators include...

- The service provider has given information about various employment options in a form that is meaningful to the individual.
- The service provider has honoured and supported the individual's choices and preferences regarding the type of job and work setting she wants, within the limits of the job market and the individual's abilities.
- Staff support the development of relationships with colleagues that carry over into non-work time.
- The service provider supports the individual's continued employment as needed.
- The service provider has a strategy to assess the individual's satisfaction with her job on an ongoing basis, and initiates help / support as required.
- If applicable, the service provider has a strategy to support the individual's transition in or from her employment status.

Find frequently used forms at  
**www.icepage.com**

go to the "ICE Staff" section by entering  
 User name "iceuser" and password "100smiles"

