

John Brennan has been an Albertan for most of his life but he was born in Ontario and grew up in the Toronto area. It is difficult to say exactly where in Ontario John was born; his birth certificate says "Ottawa", but the truth is he was born on a train somewhere between Toronto and Ottawa. Because the train was closer to Ottawa, they chose that city for his official birth record.

During an upswing in the economy in 1979, John set his roots in the Grande Prairie area. He was touring with his country band, playing a show at a local cabaret. During a break at the show John struck up a conversation with a man who asked if John would like to start a business. They bought a backhoe and some dump trucks and away they went. It lasted two years. The boom died and John was back on the road playing music.

For about six years John lived in Prince George, B.C. making a living with his music playing in a country rock cover band. During this time he went back to college and took courses in social work, worked with people with brain injuries, and volunteered with various agencies.

During another upswing in the economy in 1986 John came back to Grande Prairie. He worked in the oilfields around the area, and settled into a routine driving

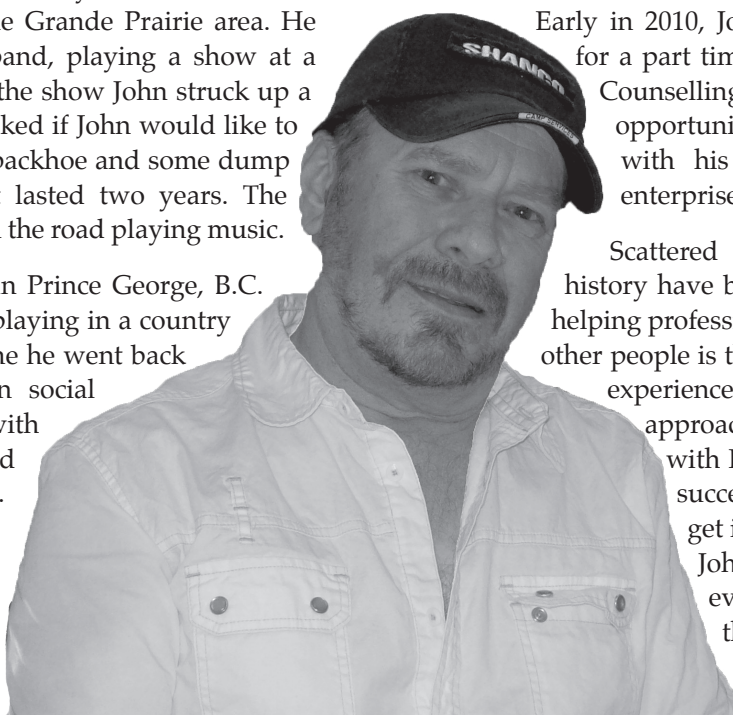
EMPLOYEE *Spotlight* John

a bulldozer for four months of the year and playing music for the rest. He also volunteered for Victim's Assistance. This time John stayed in Grande Prairie for thirteen years until a woman from Missouri drew him away. They got married and he moved to America with her and stayed for seven years until returning once again to Grande Prairie and the oilfields. The oilfields kept John busy until the recent recession.

Early in 2010, John saw an advertisement for a part time position at Independent Counselling Enterprises. This part-time opportunity has worked perfectly with his other personal business enterprise operated with his brother.

Scattered throughout John's work history have been many positions in the helping profession. John finds that helping other people is therapeutic and that his life experience has given him an empathic approach. In his employment with ICE, John has worked very successfully helping one man get involved in his community. John says that this work is eventful and interesting, that there is absolutely

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ECAT

Employee &
Client

Assistance Team

780-461-7236

after office
hours



MEETINGS

Health & Safety
Meeting

JUNE 2, 1:30 PM

RPAC

JUNE 15, 2:00 PM



TIME SHEET HAND-IN



Hand-in day will be:

June 15th, 2010

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

June 30th, 2010

for all shifts worked
between
June 16th and 30th

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Client Success Story – Brett

Brett is a very happy go lucky and likeable fellow. He was raised in Okotoks where he attended Composite High School. Brett is one of the Calgary Flames biggest fans; he also loves rodeo and chuck wagon races. Brett bowls and plays softball with Foothills Special Olympics.

In 1998 Brett moved into a support home on a farm north west of Nanton. This is a regular farm with horses and cows but it is also the home to a number of odd and unusual animals as the Support Home Operator has a traveling petting zoo which is operated in the summer months.

Brett really enjoys petting zoos as he gets to visit with everyone and helps out a great deal by telling people the names of the animals. He is also a big help in the putting up and taking down of the pens and such. His support home operator could not do without his help at the farm or on the road.

Brett likes to be busy and active. In late 2004 with great determination by Brett and his supports he was able to start his own business, Brett's Recycling. Through his business Brett provides Nanton with a much needed service. He is giving back to his community and the environment while operating his own thriving business.



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never a dull moment. He notes he appreciates the opportunity to be out in the community meeting people. John says that he enjoys working for ICE especially the way we treat our clients, and employees. He also enjoys the good humor in company interactions and our empathic approach to the job.

One of John's achievements in the Grande Prairie community has been as an advocate for persons with disabilities at the Leisure Centre (local gym, recreation centre, and swimming pool). There was a five dollar admission to the Leisure Centre except that once a

month people could use their expired bus passes for free admission. John felt that the city should give greater access to persons with disabilities. He spoke to the Leisure Centre, his supervisor at ICE, and City Hall. Eventually, the Leisure Centre agreed that all persons with AISH cards and their staff would be granted free access. John is not sure that the change was due to his efforts, but he is happy that more people now have access to an important part of the community. Another of John's achievements has been getting the Friendship Centre a used acoustic guitar by asking a

local pawn shop if they would give one as a charitable donation. John's client frequents the Friendship Centre.

When John isn't working for ICE he can be found with an acoustic guitar, singing his favourite old-time, jazz, folk, and country songs. John's next musical venture is to record an old Irish folk song his stepfather taught him when he was twenty and submit it to the Smithsonian museum in New York. John wants to make sure the song is not lost as it has been passed down generation to generation by the oral tradition.



Emmel S was given a Thank You card by his TC for his extra efforts exerted to ensure that their program is ready for EQA! Emmel received a Noma Oscillating Tower Fan.

Thank  You!



Leroy B was provided a Thank you card from his TC for his dedication in making sure that his program is ready for the EQA! Leroy received an AutoTrends 6-motor Massage and Heat Cushion for a job well done!

Jackson B received a Jobmate Socket and Tool Set for a Thank You card received from his Manager. Jackson was thanked for shoveling snow to protect people from possible fall risks when he came to the office for training.



Proactive Behavior Intervention
June 10 and 24th, 2010, 9am-5pm

Documentation & Reporting Practices
June 8th, 2010, 9am-1pm

Positive Behaviour Supports
June 28th, 2010, 9am-5pm

Non-violent Crisis Intervention
June 22nd, June 23rd, 2008
9am-4pm both days

TRAINING



Methicillin Resistant Staphylococcus aureus (MRSA)

What is MRSA?

Staphylococcus aureus are bacteria that commonly live on the skin, or in the noses of healthy people. **MRSA** is the term for Staphylococcus aureus bacteria that have become resistant to antibiotics (semi-synthetic penicillins) such as cloxacillin and methicillin. It can also acquire resistance to other classes of antibiotics. MRSA can be acquired in the hospital while receiving care or in the community. In the community, MRSA most commonly causes skin and soft tissue infections. These are **treatable with antibiotics**. MRSA can cause severe invasive infections such as pneumonia and blood stream infections. These severe infections require urgent medical treatment.

For more information, check out the following website:
<http://www.mayoclinic.com/health/mrsa/ID00049>

Community Acquired MRSA

MRSA bacteria are spread through direct person-to-person contact with a colonized or infected person. It can be passed from hands that are not clean to any person, object or surface they touch. Risk factors for community acquired

MRSA infections include: crowded conditions, close contact, lack of cleanliness, sharing common personal items; having compromised or broken skin. For more information on Community Acquired MRSA, visit:

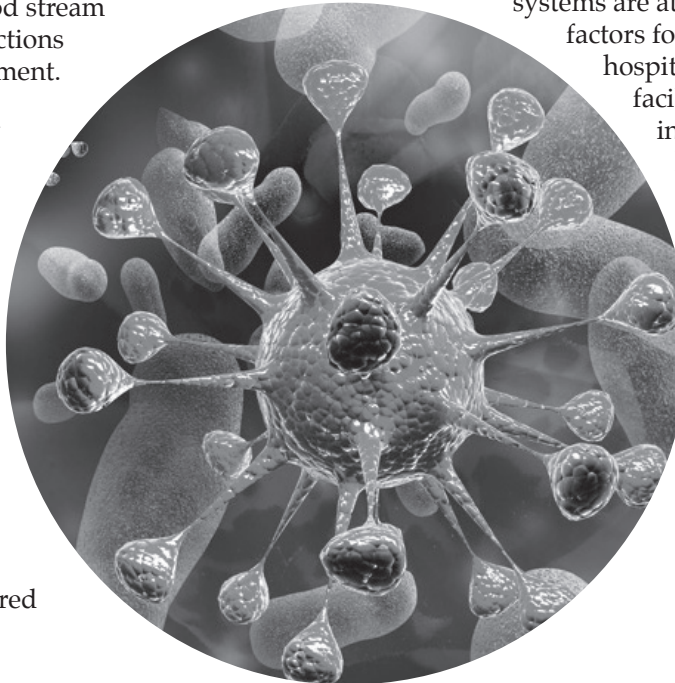
<http://www.health.alberta.ca/health-info/MRSA.html>

Healthcare Acquired MRSA

Most MRSA infections occur in hospitals or other health care settings, such as nursing homes and dialysis centers. It's known as **health care-associated MRSA, or HA-MRSA**. Older adults and people with weakened immune systems are at most risk of HA-MRSA. Risk factors for HA-MRSA include: recurrent hospitalization, living in long-term facilities, having invasive devices, invasive procedures performed in the hospital, and recent antibiotic use.

Prevention

- Wash hands frequently
- Wear PPE
- Maintain good personal hygiene
- Do not share personal items
- Cover all wounds with a dry, clean bandage
- Seek medical attention at the first sign of an infection

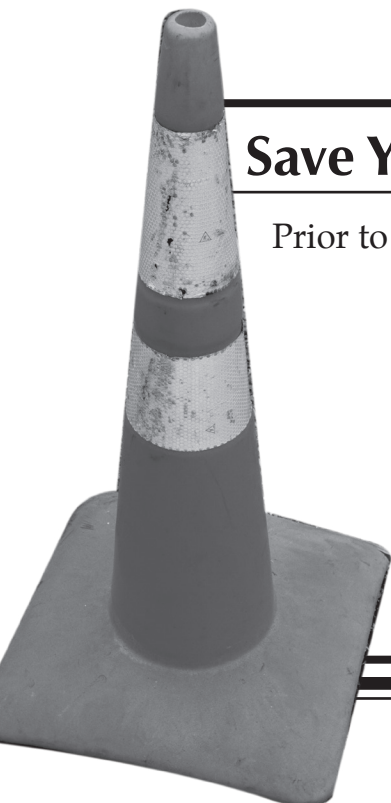


Save Yourself or Someone Else from Harm

Prior to starting a task ask yourself the following questions:

- ☐ Do I clearly understand my task?
- ☐ Am I physically and mentally prepared to do the task?
- ☐ What could go wrong?
- ☐ Is there a risk to others or myself?
- ☐ What can change that could create a new risk?
- ☐ Could other persons, equipment or conditions pose risks to me?

Remember workers have the responsibility to protect themselves and other workers.



Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes

Northwest Region

Meeting minutes date: April 8, 2010

Review of Employee Injuries

March 15 – Staff came on shift and was assisting the clients with taking the garbage out. Staff was pushing down on the garbage to compact it to fit in the bag, and she cut her finger on broken glass that had been placed in the garbage earlier in the day by a client.

Recommendations: Do not use hands to compact garbage. Coordinator to review proper disposal of sharps with clients and staff.

March 27/10 – Client's behavior escalated with staff in regards to household chores. Client hit staff with a duster, leaving a small cut on the staff's wrist.

Recommendations: Review Positive approaches with staff and PBI refresher. Coordinator followed up with client.

Additional recommendations: Consider a positive planned procedure if incidents of aggression warrant it.

Review of Near Miss

March 20/10 – Client tried to hit staff, and staff held the clients hands to prevent the client from hitting him.

Recommendations: Coordinator will review PBI procedures at the team meeting and will discuss the best way to manage the client's behavior.

March 20/10- A water fountain was left running in a client's bedroom while client went home for a family visit for 3 days. Staff heard the fountain making loud noises, noted it had run dry and was a potential fire hazard. The fountain was unplugged and removed from the bedroom at that time.

Recommendations: Staff will remind client to unplug all electronics when they are not in use.

Additional recommendations: Check client's room with them prior to their departure/absences. This will ensure security (i.e. windows closed and locked) and safety.

South Region

Meeting minutes date: April 7, 2010

Review of Employee Injuries

March 18, 2010 –no lost time injury
Staff reported that she had a sore arm and felt it maybe from assisting her client with employment (cleaning). Staff re-called lifting tables and feels this may have been cause of pain.

Recommendations: Staff not to lift heavy objects. Clarification of client employment and staff role in client employment. Injury resulted from staff performing duties outside of regular responsibilities without authority to do so. It was mentioned that Tendonitis is due to repetitive injury and staff works at another job doing cleaning.

Additional Recommendation: Remind all staff that before each task they should assess their own capacity to complete the work safely.

Calgary Region

Meeting minutes date: March 17, 2010

Review of Employee Injuries

1) March 2/10 – Staff accompanying client in community. Staff slipped on ice, fell and banged knee resulting in small scrape.

Recommendations: Staff reviewed policies in regards to maintaining hazard awareness.

2) March 3/10 – Staff person twisted their ankle, stepping onto a curb.

Recommendations: Staff to maintain hazard awareness and monitoring of

this program will be increased.

Review of Near Miss

Feb 17/10 – Staff was in parking lot having just dropped client off, hadn't started driving yet, when driver in another vehicle "bumped" into them. No damages to vehicle

Recommendations: Parking lot is a problem area due to locale and condition of alley behind it, creating access problems. Staff to look at alternatives. Staff to attend additional Mission Possible sessions as available

3.2 Evaluation of current Injury Investigations

Client who has mobility issue laid down on the floor and refuses to get up. Staff decided to lift client and hurt himself.

Recommendation:

- Staff to let client stay on the floor, he will get up when he is ready. Staff should be reminded that no one is to lift someone or something that is more than 50lbs.

Client being very affectionate took advantage of staff by hugging her inappropriately.

Recommendations:

- Consider staffing the program with male staff if this is a repeated pattern of behavior towards female staff.

3.4 Review of COR Audit Action Plan 2009

The group reviewed Section 5.0 (pages 44-45) – Hazard Control

5.6 and 5.7 had key recommendations

3.5 Review of Master Hazard assessment and Control Document

Corinne distributed Hazard Assessment and Control documentation – site specifics for the office and the group provided assistance in reviewing Edmonton office site specific hazards and controls.

1.1.1 EMERGENCY PROCEDURES (All SERVICES) & EMERGENCY PREPAREDNESS PLANS (RESIDENTIAL PROGRAMS OPERATED BY I.C.E.)

Emergency Services (All Programs)

All employees must ensure that the following procedures are followed in an emergency situation:

1. If the emergency is imminent and deemed life threatening to anyone on the site, call 911 IMMEDIATELY.
2. DO NOT PANIC ... remain calm and give clear, concise direction/information
3. Ensure the immediate safety of yourself and the individuals in your care, unless you are in imminent danger you are **not** to leave the clients unattended.
4. Locate the nearest safe area and retreat to that location. This area would vary depending on the emergency. For example:
 - Fire, or gas leak/gas smell – leave the building, and retreat to a designated Safe House or Meeting Place as outlined in the residential program's Emergency Evacuation Procedures. For non-residential programs, go to the nearest neighbor or business.
 - Tornado warnings – go to the lowest level of the house and gather in the smallest room that doesn't have a window, i.e. a closet or bathroom. **Refer also to Health and Safety Binder**
 - Loss of heat during blizzard or extremely cold weather – Gather together at the highest level of the building in a small windowless room (i.e. bathroom or large closet). Ensure everyone is wearing several layers of clothing.
 - Home invasion – do not confront any intruder. Call 911 and attempt to evacuate the home if safe to do so.
5. If possible take the client green file(s) to be used as a portable record of information, if not possible the duplicate file(s) at the main office will be used. The client green file includes: the full name of the client, name/address/phone number of the parent/guardian, the name and phone number of the emergency contact person (as designated by the parent/guardian), information regarding medication, health concerns/allergies, and a recent photograph of the client.
6. Call the I.C.E. office, or if after hours, the ECAT Supervisor as soon as possible and advise a supervisor of the situation. Calmly, clearly and concisely, report all actions that you have initiated as well as the status of all individuals involved thus far.

EMERGENCY PREPAREDNESS PLANS (RESIDENTIAL PROGRAMS OPERATED BY I.C.E.)

General Plan

1. All residential programs are to have available an emergency kit that will contain emergency supplies for a 72 hour period and for the number of residence plus 2 staff. The kit contents are reviewed monthly as part of the safety inspection checklist and for the months of January and July any food items and water must be removed and replace with new ones. On the top of the lid the contents of the kit will be outlined and the kit will be located in the staff room wherever possible. The location of the kit will also be documented on the posted floor plans. The kit contents are as follows:

- ☐ 1 manual can opener
 - ☐ 1 crank flash light
 - ☐ 1 portable radio either crank or battery operated. If battery operated 2 sets of additional batteries.
 - ☐ 4 rolls of toilet paper
 - ☐ hand sanitizer
 - ☐ 4 large garbage bags
 - ☐ small first aid kit that contains bandages/sterile dressings, antibiotic topical ointment
 - ☐ personal hygiene products for the client if required – diapers or feminine hygiene products
 - ☐ latex gloves 5 pairs and more may be required dependent on client support requirements
 - ☐ medication summaries for each client as well as pharmacy phone number
 - ☐ whistle
 - ☐ paper plates/cups/plastic cutlery- enough for 3 meals for each resident and for 2 staff
 - ☐ plastic containers maximum 3 and at least one is a bucket with a lid
 - ☐ water – 1 gallon potable (safe to drink) water per day for each of the residents and 2 staff. If any pets allow 1 gallon of water per day
 - ☐ nonperishable food supplies – consisting of cereals, cereal bars, granola or fruit bars, canned fruit, canned meats, canned beans, canned vegetables, crackers, tetra juice boxes.
- Refer to Emergency Kit contents sheet in Residential Monitoring Manual.**

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- ❑ Client specific adaptive equipment/ medical equipment such as a Gor J tube.
- 2. In addition each resident is to have a spare blanket in his/her bedroom closet.
- 3. An extra 7 day supply of medication is available and remains in the locked medication cupboard.
- 4. Flashlights are available on each level of the home.
- 5. Each home has a designated safe house and the telephone number and location are posted in the emergency phone numbers and by the telephone.

Specific Emergency Plan

In all cases refer to points 1-3 in emergency plans above. In addition all clients are to be informed of the situation.

Loss of Water/Disruption to Laundry Services

1. Use the water available in the emergency kit.
2. If Laundry Services are required access the nearest laundry facility and funds are to be used from petty cash.
3. Call the I.C.E. office, or if after hours, the ECAT Supervisor as soon as possible and advise a supervisor of the situation. Calmly, clearly and concisely, report all actions that you have initiated as well as the status of all individuals involved thus far. Arrangements will be made to either repair the water supply in the home or to remove the clients to a suitable location until water service is restored. Office personnel will ensure that guardians are contacted and appraised of the situation.

Loss of Heat

1. Gather together at the highest level of the building.
2. Ensure clients are dressed warmly – layer clothing and use the extra blankets in each residents room.
3. Call the I.C.E. office, or if after hours, the ECAT Supervisor as soon as possible and advise a supervisor of the situation. Calmly, clearly and concisely, report all actions that you have initiated as well as the status of all individuals involved thus far. Arrangements will be made to either repair the situation in the home or to remove the clients to a suitable location until the heating service is restored. Office personnel will ensure that guardians are contacted and appraised of the situation.

Loss of Power/Disruption to Hot Meals

1. Gather together in the general living area of the

home if during the time the clients are awake and the building is in darkness as lighting will be limited and it is easier to maintain a safer environment.

2. Use available flashlights easily accessed in the home and in the emergency kit as required.
3. Food supplies are available in the Emergency kit as required.
4. Call the I.C.E. office, or if after hours, the ECAT Supervisor as soon as possible and advise a supervisor of the situation. Calmly, clearly and concisely, report all actions that you have initiated as well as the status of all individuals involved thus far. Arrangements will be made to either repair the situation in the home or to remove the clients to a suitable location until the power service is restored. Office personnel will ensure that guardians are contacted and appraised of the situation.

Excessive Heat

1. Ensure all window coverings and windows remain closed.
2. Have fluids available and access emergency kit supply as required.
3. Avoid excessive physical activity.
4. Access any city emergency cooling centers if available.
5. Call the I.C.E. office, or if after hours, the ECAT Supervisor as soon as possible and advise a supervisor of the situation. Calmly, clearly and concisely, report all actions that you have initiated as well as the status of all individuals involved thus far. Arrangements may be made to remove the clients to a suitable location until the situation is under control. Office personnel will ensure that guardians are contacted and appraised of the situation.

Loss of Staff

1. Relief staff will be arranged to complete or fill the shift assignment.
2. Should regular staff not be available The C.O.O. in consultation with the appropriate Regional Managers and the President will determine if service delivery will be terminated. **Refer to Policy 2.1.6 Termination of Service to Clients and Policy 2.1.9 Client Referrals to Other Agencies**

See Policy 3.5.11 Fire Emergency Procedures

See Policy 2. 3.11 Emergency Medical Situations

See Policy 2.5.1 Behaviour Management