

**MARCH 2019**

**EDMONTON/  
NORTH CENTRAL**

## **ECAT**

Employee & Client  
Assistance Team  
**780-461-7236**

Phones do not accept text  
messages— staff need to  
call ECAT.

## **INSIDE THIS ISSUE:**

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## **TIME SHEET HAND-IN**

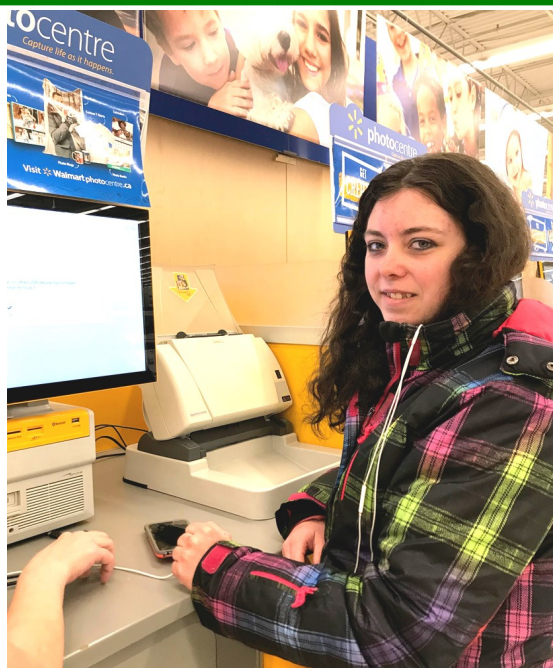
- **March 15 2019**— For all shifts worked between March 1st and March 15th.
- **April 1st 2019**— For all shifts worked between March 16th and March 31st

## **UPCOMING:**

- **HEALTH AND SAFETY MEETING**— March 6th 2019 at 1:30 PM
- **RPAC MEETING**— March 20th 2019 at 1:30PM

# ICE PAGE

**Making it Happen!- Supporting Social Inclusion**



### **Rae Ann.**

Rae Ann is an energetic and personable young woman who has recently graduated high school. Rae Ann has many friends and takes part in many social gatherings the city has to offer. She enjoys riding horses, basketball, and watching the Mud Bogs at the Savanna Fair every summer. Transitioning to adult community support services, Rae Ann was nervous. A meeting was held and Rae Ann decided to have ICE help her to make additional social connections in her community and to help

her become more physically active. Rae Ann also expressed interest in developing skills for employment and independent living.

First ICE set out to match Rae Ann with an ICE support staff that would help her to feel confident and comfortable. Rae Ann was introduced to Jackie and they hit it right off. ICE then gathered information on activities Rae Ann would like to get involved in. Both Rae Ann and Jackie share an interest in yoga and swimming. Rae Ann rides at the Peace Area Riding for the Disabled Society (PARDS) twice a week.

Since starting services with ICE, Rae Ann has attended a course to help her prepare for her Learner's Driver's license and one for pre-employment skills. Jackie helps Rae Ann with budgeting for groceries and other day to day life skills tasks. Rae Ann is making many new connections in the community through the various programs and activities she participates in. Rae Ann is working at Earls three times a week during the evenings and she is now currently seeking day time employment. Congratulations, Rae Ann! It sounds like you are well on your way to achieving your goals.

## **Employee Spotlight**



**Jackie Koponen**

Jackie is a very supportive and caring woman that enjoys spending time with ICE clients. Currently Jackie is the main support staff for Rae Ann. Jackie loves her work. Thank you so much!

## **IMPORTANT TIME CHANGE REMINDER**

**CLOCKS  
"SPRING" AHEAD  
ON SUNDAY  
MARCH 10TH, 2019  
@ 3 AM**



# Policy Review

## 2.7.3 CRITICAL AND GENERAL INCIDENTS

*(Sections of 2.7.3 are included here. Please refer to the Policy Manual for the complete policy.)*

1. A reportable incident is considered to be any event or series of events, real or alleged, that is or has the potential to be life threatening/cause injury. The incident may result in criminal charges, police involvement, legal action, medical intervention and/or further investigation by outside authorities. As a result, the circumstances must be formally documented to ensure the situation is addressed properly. The agency has two types of incident categories: **Critical and General**. Both types require documentation and internal (i.e. I.C.E.) follow up. A **Critical Incident**, in addition to the formal follow up, may be reported to outside sources for external review and/or further investigation. Outside sources may include the funding source for client care, police, and Protection for Persons in Care. Note: all abuse allegations must follow I.C.E. policy (**refer to Policy 2.6.3 Client Abuse**). A critical incident involving an employee may need to be reported to WCB or Occupational Health and Safety.

2. A critical incident is an unexpected and unusual occurrence of major concern involving death, serious injury or risk to safety or well-being. It can involve a client, employee or a community member. Examples of **Critical Incidents (CI)** include but are not limited to:

- client missing or unknown whereabouts/(AWOL)
- serious injury accident or illness (client/employee)
- allegations of client abuse
- allegation of workplace harassment, bullying or violence

3. A general incident is an incident/situation that deviates from agency policy/practice involving a client, employee, or a community member. Examples of **General Incident (GI)** include but are not limited to:

- change in overall client health that does not require emergency medical intervention i.e. cough/cold/vomiting
- client verbal/emotional escalation resulting in the employee using de-escalation strategies
- medication error
- environmental hazards i.e. caught out in a storm/flooding in streets/roadway, excessive smoke
- near miss (per **Policy 3.5.6 Investigations of Internal Incidents/Near Misses**).

When a reportable incident occurs, these steps are to be followed:

- Ensure the immediate safety of the client and yourself;
- If necessary, immediately contact the appropriate emergency authorities: (911, poison centre, pharmacy, etc.);
- Contact your supervisor or the ECAT supervisor immediately by phone;

- The supervisor will provide the employee with direction and contact the appropriate I.C.E. personnel to facilitate follow-up;
- Depending on the severity of the incident (i.e. criminal activity, assault / severe escalation of behaviour that is outside the normal realm of the client's behavioural pattern), appropriate I.C.E. personnel will contact the guardian to apprise them of the situation and/or arrange a meeting to discuss the incident and plan follow-up. This will ensure informed consent should further interventions be required;
- The employee will document the incident on the correct reporting incident form. This will either be a Critical Incident Report Form or a General Incident Report Form (see definitions point #2 and point #3);
- Should the incident involve an employee injury or near miss the employee will be required to complete further documentation as per **Policy 3.5.6 Investigations of Internal Incidents/Near Misses**.

The completed incident report will be submitted to the office within 24 hours. If faxing the form, ensure the intended recipient is stipulated on the fax.

Updated February 2019

## Health and Safety Incentive Presentations

Several Health and Safety Committee Members were recently presented with H&S Travel Mugs for their work on the Edmonton Health and Safety Committee.



Innocent Kagabo



Charmaine Hyman



Dusi Rai Sen



Greg Lane

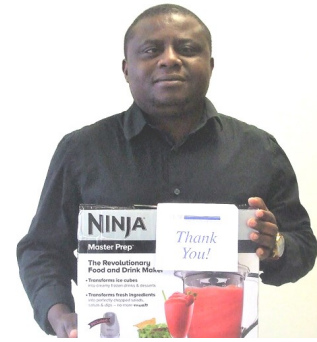
# ICE THANK YOU CARD INCENTIVE WINNERS



Solange Viverra received a Thank You card from her Team Coordinator for her quick response to a client medical emergency. Solange won a Bissell Powerforce Canister Vacuum. Great job!



Charles Hakizimana received a Thank you card from the Quality Auditor for his First Aid efforts during a client medical event. Charles won a Reversible Comforter. Your efforts for client support are appreciated.



Apinjoh Ubarinek received a Thank You card from his CR Manager for excellent care and support provided to an ICE client during a difficult time. Apinjoh won a Ninja Master Prep – Food and Drink maker! Your kindness and care is truly valued.

## Training

### PET (Pre-Employment Training)

March 4-6, 2019

March 18-20, 2019

9:00AM-5:00PM

### PBI (Proactive Behavior Intervention)

March 8, March 22, 2019

9:00AM-5:00PM

As described on the ICE website

## HURT AT WORK?

Employees and Support Home Operators are reminded of their responsibility (as per legislation) to report **all workplace injuries immediately to an ICE supervisor or manager.** In the event of an injury the employee will follow all agency policies and procedures.

While not all injuries are reportable to WCB, all injuries and work related health concerns are required to be reported within the company. This is done so that health and safety investigation and follow up may be completed for the safety of all parties.



## ICE HAS A TD GROUP RSP PLAN!

Refer to Policy 3.4.18 FUTUREBUILDER RSP

If you are eligible, ICE will match your contributions!

To sign up, please contact:  
Independent Counselling Enterprises at : 780-453-9664

## Looking for Answers?

## Below are some online links you may find of assistance:

<https://www.canada.ca/en/health-canada.html>

Health Canada is responsible for helping Canadians maintain and improve their health. It ensures that high-quality health services are accessible, and works to reduce health risks.

<https://www.albertahealthservices.ca/findhealth/service.aspx?Id=1001957>

Linking Albertans to a wide range of health information and service options.

<https://work.alberta.ca/occupational-health-safetyv.html>

<https://work.alberta.ca/occupational-health-safetyv/ohs-publications.html#laws>

Alberta Occupational Health and Safety works in consultation with industry to help prevent work-related injuries, illnesses and fatalities. The OHS site provides access to a wide range of information bulletins and on-line training options

<https://work.alberta.ca/occupational-health-safetyv/resources.html>



**Health and Safety Meeting Minutes**  
**February 6th, 2019**

*(Minutes have been condensed for publication)*

**3.1 A) Review of Regional Health and Safety Meeting Minutes – Section 3.2. Incident Investigations for Injury, Health and Property Damage**

**Calgary – January 17, 2019 – Meeting Minutes:**  
**December 7, 2018**

Staff exited a restaurant's entrance where they slipped on ice. Staff twisted their right leg and landed on their right wrist. Staff reported the injury to the office and to the restaurant staff. Restaurant staff were using hot water to clean the front entrance and it turned into ice. **Incident Investigation Completed.**

**Recommendations:** Staff reported hazard to building management. Staff should wear shoe grips and pay attention to their surroundings.

**December 7, 2018**

Staff and client parked at a facility with the vehicle's wheelchair ramp protruding. A community member ran over the ramp with their vehicle damaging the ramp. **Incident Investigation Completed.**

**Recommendations:** A traffic safety cone was purchased to place beside the van when loading or unloading. Staff could also put hazard lights on the vehicle. **Additional Recommendations:** Post "loading/unloading" warning signs in the area of the ramp.

**December 19, 2018**

Client and staff were working out at the gym. Staff was walking backwards, tripped and fell over a large exercise ball landing on their back and both hands.

**Incident Investigation Completed.**

**Recommendations:** Staff was reminded to use the hazard identification card before commencing an activity. Staff to read updated HACD for the non-residential program. Scan environment for equipment in between activities and remove potential hazards. **Additional Recommendations:** Avoid moving backwards as there may be potential hazards behind.

**South – January 8, 2018 – Meeting Minutes:** No incident investigations to report.

**North West – January 15, 2018 – Meeting Minutes:** No incident investigations to report.

**3.1 B) Review of Regional Health and Safety Meeting Minutes - Section 3.3 (Near Miss Incidents)**

**Calgary – January 17, 2018 – Meeting Minutes:** No near miss incidents to report.

**South – January 8, 2019 – Meeting Minutes: January 2, 2019**

A client came into the office very upset about a staffing change. The client went into the coordinators office and began yelling and swearing. The client got into the coordinators personal space and tried to push them. The coordinator was able to use PBI techniques to gain more personal space and get the client out of their office and into the main reception area where others in the office were able to assist to calm the client.

**Near Miss Investigation to be completed**

**Recommendations:** Staff in the office to review the office orientation, and be aware of the emergency plans and evacuation routes. **Additional Recommendations:** Consider installing a bell/buzzer system to alert when visitors enter the office as well as a lifeline system, which would connect directly to police. Inform

teams that clients and staff should notify the office prior to visiting. Ensure all staff trained in PBI.

**North West – January 15, 2019 – Meeting Minutes: December 31, 2018**

Staff were transporting a client in staff vehicle approximately 90 km for a family visit. Halfway to the destination staff noticed the client becoming agitated in the vehicle and looked for safe place to pull over. Client continued to escalate and grabbed staff. Staff pulled over and exited the vehicle to allow client to self-calm. Staff contacted office and it was recommended to wait for office staff to come and escort staff and client home. Staff decided to transport client home alone and made two additional stops to allow client to calm.

**Near Miss Investigation Completed**

**Recommendations:** Staff were advised to better prepare client for long trips, not to pack client's favorite items in front of him prior to trip as this may trigger past negative memories. Staff will not transport client in staff vehicle until deemed safe by RPAC and a Transportation Protocol written. Client may require two staff in vehicle for long trips.

**Additional Recommendations:** Examine other options for transportation, including the family transporting clients if necessary in the interim until client is deemed to be safe riding with staff.

**3.2 Evaluation of current Internal Incident Investigations for Injury, Health and Property Damage:**

**January 3, 2019**

Staff was in the parking lot with the client when another car backed into her vehicle. **Incident Investigation Completed**

**Recommendations:** Remind staff of defensive driving skills, which include the driver being aware of one's surroundings at all times.

**January 3, 2019**

Staff was driving with client when a parked police car pulled into a U-turn and hit the back side of the car where client was sitting. Staff stated they were okay. Client received medical attention. Police took responsibility for the incident. **Incident Investigation Completed**

**Recommendations:** Discuss with staff the importance of using defensive driving skills.

**January 6, 2019**

Client and his roommate were in the kitchen having breakfast. Client got a bowl for himself but the other client wanted the same bowl which caused an argument between them. As staff tried to redirect the clients, one client punched staff in his right eye and bit him. Staff escaped from the kitchen and call 911 and was able to remove the other client from the kitchen. Police officers arrived and spoke with the client and let him know that he would be charged if it happened again. The client seemed to take the warning seriously and apologized for his actions. **Follow up:** Clients dine separately to prevent escalations. Reviewed with staff lifeline protocol. Purchased bowls the same size. Reviewed PRP/Risk Assessment with staff. Remind client he is not to harm other individuals around him going forward (as client has a brain injury and may forget).

**Incident Investigation to be completed.**

**Recommendations:** Ensure regular monthly review of risk assessment and behavior plans with staff team, including PRP.

**January 18, 2019**

Staff was in the kitchen with a client and after needing to remind client to take his medications several times, client finally took his medications and then requested that staff assist in feeding him. Staff went to the table to assist and the client punched staff in the right eye. Staff then kept distance from the client and contacted supervisor. Staff to retrain in PBI and incident to be discussed at the next team meeting. **Incident Investigation Completed.**

**Recommendations:** Review with staff client risk assessment and behavior plans as appropriate, including signs of agitation. Consult with RPAC.

### **January 27, 2019**

Staff was on shift at one home when ECAT phoned staff to switch their shift to another program. Staff agreed, but on her way to the program slipped and hurt her knee. She went back to the program and contacted supervisor. Conditions were icy in the parking lot.

**Recommendations:** Review with staff using appropriate footwear for icy conditions. Staff to be careful when walking on icy surfaces. Contacted landlord to let them know of icy conditions in the parking lot. **Incident Investigation Completed.**

**Additional recommendations:** Staff to take their time when walking on slippery conditions and do the “Penguin Walk” as per Alberta Health Services (AHS), which includes bending your knees slightly and walking flat footed, pointing your feet slightly out (like a penguin) and taking shorter shuffle- like steps. Remind team to notify landlord prior to incidents happening if they are noticing particularly icy patches/conditions on landlord walkways or in parking lots. Purchase ice cleats for program staff to utilize when they are on shift.

### **January 28, 2019**

Staff slipped in the apartment building parking lot while walking to work. The staff hit their head and hip. Staff went for medical attention. The parking lot conditions were reported to building maintenance.

**Incident Investigation Completed.**

**Recommendations:** Remind staff to ensure that they wear appropriate footwear and to review AHS “Penguin Walk.”

### **January 28, 2019**

Staff slipped on the sidewalk on the way to the client’s support home and then when staff was out with client he slipped a second time at the Clareview Recreation Centre. The employee noted that sidewalk conditions were slippery. The employee hurt his hand, knee and foot. Recommendations included for employee to purchase slip on ice grips for his footwear and gloves for his hands when walking in the community in winter conditions.

**Incident Investigation to be completed.**

**Recommendations:** Remind staff to wear appropriate footwear and to utilize AHS “Penguin Walk.” If weather conditions are very poor causing slippery walking conditions, outing could be postponed.

**3.3 Evaluation of near miss investigations.** No near miss incidents to report.

**3.4 COR report and review** – Review of COR 2017 – 2018 COR 1 year action plan – **Score was 90%**

### **3.5 Hazard Assessment and Control document (H.A.C.D.) – Calgary – January 17, 2019 – Meeting Minutes:**

The group reviewed pages 16-19 in the Master Hazard Assessment and Control document and made recommendations: Community Access: add smoke (from forest fires) to the Biological Hazards section

Elevator Use: Add pets as a hazard under the psychological/ physical hazards. Add wheelchair/scooters/walkers to the physical hazards

### **South – Meeting Minutes:**

The group reviewed pages 34 –39 in the Master Hazard Assessment and Control Document

Shopping – Recommend adding a point about taking clients with behavioral issues shopping (i.e. see Site Specific High

Behaviour HACD for more information on going shopping with clients in specific programs)

### **Northwest – Meeting Minutes:**

Reviewed pages 2-7 of the High Behaviour Section . No recommendations.

### **Edmonton:**

Appendix A-4: Safe Practices for Control of Slips, Trips and Falls - Recommendation to remove the following from the “Controls for Falling Hazards” Section as all overnight shifts are awake night shifts – Remove the following section: “Ensure that lights are within easy reach for access by ICE staff working overnight shifts so that they may be turned on without having staff to navigate across a room to reach a switch.”

Appendix A-5: Road Safety Practices: Recommendation to add the following sentence to the “General Road Safety” section: “Drive for the road conditions, including reducing speed, keeping a safe distance from the driver in front of you, and breaking early when driving on icy conditions.”

**3.6 Policy review – 3.5.2 Worker Right to Refuse Dangerous Work and Assignment of Health and Safety Responsibilities** – the committee reviewed Section A of the policy and discussion took place regarding the committee member’s role in dealing with situations where employees report health and safety concerns to health and safety committee members.

### **4.0 Other Business**

**4.1 Health and Safety Committee** – Co-chair elections were held – Greg Lane (employer co-chair elected by employer representatives) and Charmaine Hyman (worker co-chair elected by worker representatives) were chosen.

### **4.2 Health and Safety Committee – Training Updates.**

OHS has clarified it’s training requirements.

**Part One Training** – Greg confirmed that 5/7 members present have completed their H&S certificate training from the Canadian Centre for Occupational Health and Safety (CCOHS).

**Part Two Training** – OHS has clarified this is a full day course and Co-chairs will be required to take this training.

**Workplace Inspections Training** – it was confirmed that all health and safety committee members had taken this training and as a result, are able to complete inspections.

**4.2 Worker election** for vacant worker seat on the H&S Committee. There has been a resignation and is now a vacancy on the committee requiring election of a new member. This will be posted in next month’s ICE page. Amanda stated she would be interested in putting her name up for nomination.

### **4.3 Addition of a Standing agenda item for the H&S Committee new role in completing inspections, “Inspections completed”**

Random Inspection completed as a result of health and safety concerns  
General Random Inspections completed”

**4.4 Inspections Schedule** – More clarification to be provided at the next meeting regarding the number of inspections that committee members would be completing. Committee members discussed each member completing one inspection every other month as reasonable for the committee to achieve.

**4.5 Next Emergency Drill** to be completed: Winter Storm Drill (January through April 2019)

**4.6 Canada Food Guide 2019** – The new 2019 Canada Food Guide was discussed. The website link to the new food guide is: [Canada.ca/FoodGuide](http://Canada.ca/FoodGuide)

**4.7 City of Edmonton Corporate Wellness Program** – ICE participates in the City of Edmonton Health and Wellness program—information was shared on this program.

**NEXT MEETING DATE – Wednesday, March 6, 2019 at 1:30 p.m.**

## Awareness and Prevention of Burns, Including Scalding



Each year, thousands of Albertans suffer from burn injuries including from scalds, flames, sunburn, frostbite, chemical or electrical, most of which are preventable. Very simply, a burn is damage to the skin and underlying tissue. Children and older adults, by virtue of their thinner skin, sustain burns at lower temperatures and in less time than adults. Children, seniors and the disabled are less likely to survive burn injuries and usually spend longer in hospital, and have more difficulty recovering. Up to 60% of burn injuries happen in or around the home. The vast majority are preventable.

### Types of Burns

- **First-degree** – affects only the outer layer of the skin. The burn site is red, painful, dry and with no blisters. Long term tissue damage is rare. Generally heals in 3-5 days with no scarring.
- **Second-degree** – involve damage to the top two layers of the skin. The burn site appears red, blistered, and may be swollen and painful. Generally heals in 10 – 21 days.
- **Third degree** – destroy all layers of the skin and may also damage the underlying bones, muscles, and tendons. The burn site appears white or charred. There is no sensation in the area since the nerve endings are destroyed. Skin grafts are required.

### Burn Causes

- **Tap water scalds** – Scalds are the number one cause of burns in Alberta. Scalds result when one or more layers of skin are destroyed by contact with hot liquid or steam. Tap water scalds are 100% preventable. The severity of the injury depends on two things: the temperature to which the skin is exposed and the length of time the skin is exposed to the burning substance.  
◇ For hot water to cause 3<sup>rd</sup> degree burns:
  - At 60 degrees C it takes one second
  - At 55 degrees C it takes five seconds
  - At 50 degrees C it takes five minutes
- **Flame burns** – Burns can be caused from contact with flames or hot objects, or through the inhalation of superheated gases that can damage tissues in the airways and lungs. Flame burns can be caused by clothing catching fire from a stove burner, match, candle or an open flame.
- **Chemical burns** – occur when living tissue is exposed to a reactive chemical substance such as strong acid or base.
- **Electrical burns** – occur when an electric current passes through the body

### Scald Prevention Tips

- Ensure that you are testing the water temperature at the sinks and tubs as per ICE policy 2.3.15 Overall Facility Water Temperature Monitoring and Safe Practices. Overall water facility temperature is not to exceed 49 degrees C.

- If you are providing a bath assist, follow the safe bathing procedures in the home. These include turning the cold water tap on first, ensuring that you agitate the water to evenly disperse tap water as the bathtub fills, test the temperature of the water by measuring it with a thermometer and if it is the correct temperature, by putting your elbow or forearm in the water to double check prior to the client getting in the tub. **The water temperature must not exceed 40 degrees Celsius. See Policy 2.3.14 Bath/Shower Safe Water Temperature Monitoring.**
- Avoid flushing toilets, running water, or using the dishwasher or washing machine while anyone is showering to avoid sudden fluctuations in water temperature.

### Burn Prevention Tips

- Carry pots to plates, not plates to pots
- Keep all pot handles turned back and away from the stove edge.
- Check handles on appliances and cooking utensils to ensure that they are secure
- When removing lids from hot foods, remember that steam may have accumulated. Lift the lid away from your face and arms.
- Wear short sleeves or light-fitting clothing while cooking.
- Always use oven mitts or pot holders when moving pots or hot liquid or food.
- Heat food in containers or dishes that are safe for microwave use only.
- Steam builds in covered containers can easily result in burn injuries.
- Puncture plastic wrap or use vented containers to allow steam to escape or wait at least a minute for steam to escape. When removing covers, lift the lid away from your face and arm.
- Ensure that all chemicals are securely stored away from the furnace.

### Burn Care

- **Immediately cool the burn with water.** Pour cool water on burns or soak them for at least 3 – 5 minutes (30-40 minutes for chemical injury).
- **Never use ointment or butter.** This may allow the burn to retain heat
- **Cover the burn.** Apply a soft, clean, dry dressing, bandage or sheet to the burned area.
- **Don't break blisters** as this could lead to infection.
- **Seek medical help.** If there has been an incident involving you/ your client, ensure that you or your client gets medical attention as soon as possible, including calling 911.

## **Referral Incentive Recipient**

**Employees or Support Home Operators who refer a person to ICE who successfully meets our hiring requirements and completes their three month probation with a minimum of 120 hours worked, receive \$100.00!**



**This month's  
winner  
Karamo Fofana**