

# THE ICE PAGE

## May 2005



### General Information

The May Team Leader Meetings are scheduled for:

1. Thursday May 12<sup>th</sup> at 10:00am 'Lunchroom'
2. Wednesday May 18<sup>th</sup> at 1:00pm 'Lunchroom'

The ICE office will be closed Monday May 23<sup>rd</sup> for Victoria Day. All calls should be directed to the ECAT line at 461 - 7236

### Hand-In Dates:

Hand in day will be Monday May 16<sup>th</sup> for all shifts worked between May 1<sup>st</sup> - 15<sup>th</sup> and Tuesday May 31<sup>st</sup> for all shifts worked between May 16<sup>th</sup> - 31<sup>st</sup>

**HAPPY**  
**Mother's Day**  
**SUNDAY MAY 8<sup>TH</sup>**



**ICE WEBSITE**

[www.icenterprises.com](http://www.icenterprises.com)  
CHECK IT OUT!!!



**Training dates  
are as follows:**

**Aboriginal Awareness**  
May 6<sup>th</sup> & May 20<sup>th</sup> 1pm - 3pm

**Promoting  
Independence**  
May 18<sup>th</sup> 1pm - 5pm

**FASD Workshop**  
May 6<sup>th</sup> 9am - 12pm

### **Documentation Workshop**

May 17<sup>th</sup> 1pm - 5pm

**Alzheimer's &  
Dementia Workshops**  
May 8<sup>th</sup> & 16<sup>th</sup> 9am - 5pm

**PBI Workshops**  
May 5<sup>th</sup>, 12<sup>th</sup>, and 19<sup>th</sup>  
All days from 9am - 5pm  
Certificate upon completion

*Please register for the preceding  
six workshops with  
Diann 453-9657  
or Darlene 732-2335*

**Connecting the Dots**  
May 20<sup>th</sup> 9am - 5pm

**Getting Connected**  
(Client Workshop)  
May 27<sup>th</sup> 1pm - 5pm  
*Please register for Connecting  
Workshops with  
Nadine 732-2337*

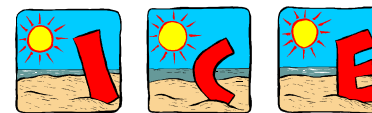
**CPI Training**  
May 3<sup>rd</sup> & 4<sup>th</sup> / May 24<sup>th</sup> & 25<sup>th</sup>  
9am - 4pm (2 day Wrkshps)  
Certificate upon completion  
*Please register for CPI with  
Greg 453 - 9656*



### **Books Training**

Will be done on a one to one basis **as needed**

*Please register for Books Training  
with Sandee 453-9659*



### **Employee Incentive Awards:**

**A Thank You to everyone  
who submitted entries for  
the May Employee Incentive  
Draw.**

**Congratulations to the  
following staff who were the  
May winners:**

**Pamela Holroyd: - In  
appreciation for helping  
with the painting and  
cleaning for a house  
closure.**

**Noel Moulard: - For the  
extra effort put into his  
program.**

**Ursula Prudhomme: -For  
helping out on short notice  
with a client in hospital.**

Please see Colette at the Office  
to pick up your prizes!

## **CET STANDARDS:**



**Creating Excellence  
Together**

### **Glossary/Definitions of CET Terminology Continued:**

#### **1. Autonomy**

- The condition or quality of being autonomous.
- Independence, self-determination, self-governing (in control or directing one's self or one's possessions).

#### **2. Due Process**

- An established set of actions, designed to safeguard the rights of the individual, undertaken prior to restricting one's self-determination, in the development of a procedure employed to address a situation or behavior of concern.

#### **3. Functional Assessment**

- Functional assessment is a process for identifying factors that predict and maintain "behaviors of concern." The three main outcomes it produces are:
- An operational definition of undesirable behavior;

#### **Next ICE Thank You Draw**

- A prediction of the times and situations when the undesirable behavior will and will not occur; and
- A definition of the functions that the undesirable behavior produces for the individual.
- A **"basic" functional assessment**, describes these elements for the most recent instance(s) of the undesirable behavior. (e.g., critical reports, log notes, noted observations etc.)
- A **"complete" functional assessment**, most commonly required when restrictive procedures are part of a planned intervention, includes a description of the history of the individual's behavior of concern along with the strategies previously employed to address it, and their level of effectiveness. (e.g., medical assessments/reports).
- 4. Informed Consent**
  - Individuals must be given an adequate explanation, and can demonstrate comprehension of: the proposed action; the anticipated effects (positive and negative); possible alternative actions and their effects; the effects of no action; and the time frames for which the consent is valid.
  - Consent must meet the criteria, which are being given voluntarily by individuals of legal age, and individuals who

May 13th

at Noon / ICE Office

are able to understand the nature and consequences of the proposed action(s). It must also include the right to refuse to give consent, and the right to withdraw consent, once given.

#### **5. Logical consequences**

- Logical consequences occur when consequences have a logical relationship to the behaviors of concern (e.g., a drink is intentionally knocked over and the individual is directed to clean up the mess). Logical consequences are chosen and arranged for by the caregiver or support person, who must actively participate so as to bring the consequence into effect. A particular logical consequence might also be consistent with the definition of other restrictive procedure labels (e.g., correction, restitution, response cost, loss of privilege). These are often reflected in things like house rules and safety procedures.

#### **6. Natural consequences**

- Natural consequences are the natural and unavoidable results of an action. Natural consequences occur because of the nature of the situation and the way the world is. The caregiver or support person does not initiate natural consequences. For example, if a drink is spilled, that specific beverage is now unavailable to drink.

- (Note: exposure to some natural consequences may involve substantial risk to individuals, and caregivers will have a role in "protection.") To the extent that someone other than the caregiver initiates natural consequences, they are not considered to be restrictive in nature.

#### **7. Prohibited procedures**

- Prohibited procedures include any actions on the part of service providers, caregivers and volunteers which are described as abusive, neglectful, exploitative or inappropriate as per *The Protection of Person in Care Act* and/or the *Person with Developmental Disabilities (PDD) Abuse Reporting and Investigation Protocol*.
- Prohibited procedures include such actions as food deprivation, corporal punishment, the presentation of noxious substances (e.g., washing the mouth with soap), extended isolation, the use of electric shock, and anything that purposefully causes physical pain.

#### **8. Restrictive Procedures**

- A restrictive procedure is an act that restricts the rights, freedoms, choices or self-determination of individuals. It is a response to situations or behaviors of concern that:
- Restrains individuals' normal range of movement or behavior; and/or

- Limits access to events, relationships, privileges or objects that would normally be available to individuals.

#### 9. Qualified Person

- A staff, service provider or caregiver who develops, implements and/or reviews the use of planned positive procedures and/or restrictive procedures must be qualified to do so. A qualified person may be a psychologist with relevant training and experience in behavioral management, or a person with at least two years of relevant training and a minimum of three years of practical experience in behavioral management strategies (including planned positive procedures and restrictive procedures). A qualified person should supervise interventions that use planned positive procedures and restrictive procedures.
- With respect to assistive technology a “qualified person” or “qualified professional” is a rehabilitation specialist with expertise in assessment and prescription of assistive technologies, such as an Occupational or Physical Therapist.

#### 10. Self-Determination

- Direction from within only, without influence or force from without.
- Determination of one’s own fate or course of action without compulsion; free will.

#### 11. The monitoring and evaluating process for

- Planned positive procedures  
The monitoring and evaluating process helps:
- Protect the rights and welfare of the individual receiving service;
- Ensures that ethical and professional interventions are employed; and
- Supports staff and service providers in their efforts to provide quality service through ongoing consultation with a **qualified person** through documentation and verbal representation;
- Reviews the appropriateness of specific restrictive interventions and recommends alternatives;

Community  
Capacity

#### INCLUSION

**Include** – 1. involve, comprise, or reckon in as a part of a whole 2. treat or regard as part of the whole. (The Canadian Oxford Dictionary)

**Inclusion** – 1. the act of including someone or something 2. the fact or condition of being included (The Canadian Oxford Dictionary)



For people with developmental disabilities inclusion is critically important because they are more often excluded than included in all facets of life.

#### Inclusion is....

- Being a part of regular activities, physically, emotionally, and socially, and in community settings;
- Having accessibility to all opportunities and events that everyone else has access to;
- Having access to available support required to be a part of regular activities in community settings;
- Being able to contribute and participate in community activities alongside others who do not have a developmental disability;
- Having your needs accommodated alongside others’ needs when creating new activities, events, or building facilities.

#### Inclusion isn’t....

- Creating separate settings for common activities;
- Creating separate settings and allowing the community to also attend;
- Being allowed to be physically present but not given the support required to be fully engaged;
- Being considered as an afterthought to the accessibility of activities, event, or building facilities.

#### For all of us - Inclusion is...

- Living in communities that are potentially safer because of an increased level of mutual awareness, respect, understanding, and acceptance.
- Experiencing the benefits of each person’s presence and contribution;
- Living in a community that recognizes and supports interdependence;
- Essential to everyone’s well being;
- Everyone’s responsibility

DDRC

#### ICE would like to extend

a warm **WELCOME** to the following New Office Team Members

Angela Helliwell

Community Support Coordinator

Allison Conroy

Community Support Coordinator

David Eveleigh

Community Support Coordinator

Faisal Ahmed

Community Support Coordinator

Pamela Marcoux

Community Support Coordinator

Jacqueline Falt

Booking Coordinator

Lisa Estensen

Community Support Coordinator

Congratulations to Natalie  
Bishai for her promotion to

CR Manager!



## A Changed Policy

### 2.5.1 BEHAVIOUR MANAGEMENT CONTINUED FROM APRIL ISSUE

#### Planned Procedures in Response to Anticipated Situations or Behaviors of Concern

**Planned procedures are implemented to address anticipated behaviors or situations of concern.**

Rationale:

I.C.E. recognizes that restrictive procedures limit the rights of clients and shall ensure that planned procedures are developed, implemented, and monitored by knowledgeable and trained staff.

Procedures:

1. Prior to the development of a planned procedure, a functional assessment must be completed that includes; the past history of the client as it relates to the behavior of concern and possible medical causes.
2. If a planned procedure is recommended as a result of the functional assessment, the planned procedure must be submitted for review and approval by the Restrictive Procedures Advisory Committee and Benchmark Resources.
3. All planned procedures must be ethical and professional, and meet the requirements as defined by Abuse Prevention and Response Protocol and the Protection for Persons In Care Act.
4. All planned procedures must be reviewed yearly by the Restrictive Procedures Advisory Committee, they will make recommendations on whether the plan will be continued, discontinued, or amended.
5. The Planned Procedure and the Planned Procedure Review documents are to be used.
6. If a positive procedure has been utilized and deemed to be ineffective and medical intervention has been investigated, staff will develop a planned procedure that incorporates restrictive procedures to address behaviors of concern, in consultation with the client's support network.

Updated February 10, 2004

## Restrictive Procedures in Response to Emergency Situations

In the event of an unanticipated behavior or situation of concern ICE staff trained in Proactive Behavior Intervention/CPI will respond in the least intrusive manner, ensuring the health and safety of themselves, the clients, and others in the area.

Rationale:

ICE is committed to ensuring the health and safety of its staff, clients, and the community.

Procedures:

1. An unanticipated behavior or situation of concern occurs when a client
  - Places his/her self or others at risk of immediate physical harm
  - Engages in significantly inappropriate, socially unacceptable, or illegal behaviors that may jeopardize their ability to safely participate in the community
  - Engages in actions that could cause significant property damage
2. Though it is an emergency situation, staff are expected to respond in the least restrictive manner possible to resolve the behavioral issue.
3. In the event of an emergency staff will:
  - Focus on the their safety and that of the client(s)
  - Maintain a safe physical distance/environment
  - If appropriate, use natural supports to assist
  - Provide calm, clear, and consistent direction
  - Use verbal repetition, calming gestures, and a non-confrontational stance to diffuse the situation
  - If necessary call the Police for assistance
  - Determine what caused the situation

- Provide the client choices/options

4. After the crisis has passed

- Staff are to reconnect with the client
- Re-establish communication, recognize the clients emotional state
- Provide verbal /physical reassurance
- Attempt to process the escalation with the client
- Problem solve with the client, develop a strategy for the future
- Do a thorough de-briefing with all involved

5. Staff will call 911 when:

- There are weapons involved
- There is an imminent risk of physical assault towards self or others
- There is an extremely dangerous situation

6. Staff need to contact their supervisor immediately, if after hours they will call the On-Call Supervisor.

7. Staff are to complete a Critical Incident Report, the supervisor will call the Client's guardian and all others pertinent. The supervisor will forward the Critical Incident to the Restrictive Procedures Advisory Committee for review and follow up.

8. Based on the review of the client Critical Incident report the Restrictive Procedures Advisory Committee will make recommendations for follow up. Recommendations could include: ABC data collection, functional assessment, development of a positive approach or a positive planned procedure or a planned restrictive procedure. The Restrictive Procedures Advisory Committee oversees the development, implementation and review process.

9. Staff understand that emergency responses include but are not limited to:

- Giving verbal support and setting boundaries
- Using physical interventions i.e. maintaining a safe distance, allowing the client space, keeping others at a safe distance
- Using physical interventions if the client is at risk of harming him/her self or others i.e. 2 person elbow escort, basket hold, minimal physical guidance (if they have been trained and if by using these techniques would not put anyone at further risk).

Updated February 10/05



## Emergency



### ATTENTION!

**It is critical that all Timesheets, Contact Notes, and Monthly Reviews for this and any other month be on time and correctly completed. Errors and late reports may result in delayed payment of employee wages.**



## C.R.

## UPDATE

The **Residential Hand-In Dates** will be  
Thursday May 12<sup>th</sup> for all shifts worked between  
May 1<sup>st</sup> – 15<sup>th</sup>  
and  
Friday May 27<sup>th</sup> for all shifts worked between  
May 16<sup>th</sup> – 31<sup>st</sup>

### Residential Petty Cash & Other Expenses



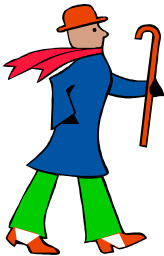
Please do not use highlighters, tape, and jel pens, on receipts for Petty Cash or other expenses. These items degrade the print and make it illegible. Please use a regular pen and underline or circle the amount.

Thank you!

## People Tell Their Stories: *Disability*

### Living With Spina Bifida: A Poet's Story

By Robert M. Hensel



I grew up with a birth defect known as spina bifida, a disability that affects my sense of balance, causing me to walk with a limp. Not only does it affect the function of the legs, but it also has an impact on the kidneys, causing them to deteriorate.

The disability has had its ups and downs. As a young child, I can remember the way other children would look at me and stare because of the way that I walked. There were many times that my schoolmates would laugh at me and call me names simply because of their lack of understanding of why I was a little different, especially back in the mid 70s and early 80s. Children then were just unwilling to take the time to learn why one of their classmates might walk, speak or seem noticeably different from themselves.

Now that I am an adult, I have noticed that the stares and names have begun to fade, and judgments that once were negative have begun to turn toward acceptance. Now I look beyond what I can't do and focus on what I CAN. I have learned that limitations open doors that have been closed, showing other ways to meet our needs.

I have always looked at life as a challenge, grasping each obstacle with open arms. There is nothing in this world that comes easy. I must stand tall and look forward, to be ever so ready for what still lies ahead.

People often feel sorry for those who were born with some type of disability. But their compassion is misplaced. Yes, I may not be able to run as fast or perform certain tasks, but my disability gives me a better look at life and all that's around me. I want to

**Notice:** Certificates for Connecting the Dots Training can be picked up at Reception in the main office.

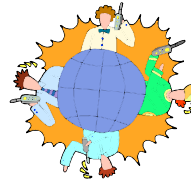
be seen not as a disability but as a person who has, and will continue to, bloom. So I decided to become an advocate on behalf of persons with disabilities, to fight for our rights that for so long have been ignored. I feel that it only takes one powerful voice to change the minds of many nations, and as long as I have a mouth to use and a mind to think I will continue to work to bring peace within the community for those that are disabled.

### "PEACE OF MIND"

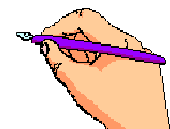
Carry me out to the ocean,  
where my drifting thoughts flow free.  
Guide them to a far distant land,  
that only the mind can see.  
There I shall paint a great portrait,  
of what this world should be.  
A place without senseless wars,  
and human poverty



Robert M. Hensel was born in Rota, Spain in 1969. Currently a resident of Oswego, NY, he is an international poet-writer. On October 1st of 2000, Robert was honored when the mayor of his home town declared a week for the disabled, "Beyond Limitations Week", in his name.



### The importance of Stories



Stories are a way of helping us discover the ways that people are participating in their community. Collecting stories about people being included and participating in groups, classes and clubs, is an excellent way for us to know that we are successfully helping people discover and pursue their dreams, desires and interests. We need your help to collect stories. When someone is contributing and participating in their community in a positive way we want you to write a few lines about how they started and what they are doing. This could be meeting new friends, getting a volunteer position, getting a job, learning a skill, or any other milestone or success.

All staff who submit stories will receive a "Thank you!" card and their name will be entered into the incentive draw for a prize. So have fun!

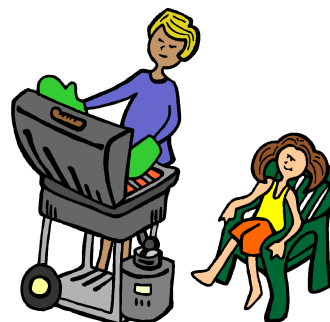
Resource Center (Edmonton), Gonny (Calgary), Susan (Grande Prairie) and Sandra (Lethbridge/Nanton)

## Test Yourself: Gas Barbecue Basics

© 2003 Canada Safety Council

1. When is it safe to use a propane barbecue in a garage?
  - a. If it is too rainy or cold to stay outdoors for long
  - b. On the condition that you do not leave it unattended
  - c. If it is the location most convenient to the eating area
  - d. Never
2. How do you test for leaks?
  - a. Brush leak detector solution such as soapy water onto connections and valves. Rising bubbles indicate a leak
  - b. Use a match or lighter. A flame indicates there is a leak
  - c. Smell the apparatus. A distinct odor like rotten eggs or boiling cabbage indicates a leak
  - d. Use any of the above methods
3. What maintenance is necessary before using a barbecue for the first time in the spring?
  - a. Thoroughly inspect, clean and repair it
  - b. Replace worn or rusted parts
  - c. Check all cylinder connections for leaks
  - d. All of the above
4. When lighting your barbecue, which of the following actions comes *last*?
  - a. Turn on the burner
  - b. Open the lid
  - c. Use the igniter switch
  - d. Use the service valve on the propane cylinder to turn on the gas supply
5. Where should you store cylinders when they are not in use?
  - a. In an enclosed space, such as a garage or shed, which you can lock
  - b. Outdoors away from sources of ignition, in a well-ventilated area
  - c. Under or near the gas grill where they are convenient
  - d. Any of the above locations would be safe

# Health & Safety



# Happy BBQ

### Transport, Store and Handle Cylinders Properly

Transport cylinders in a secured, upright position, and in a well ventilated space.

When transporting or storing disconnected cylinders, plug or cap all cylinder outlets.

Keep cylinders out of the passenger space or living area of your RV or camper.

Store cylinders outdoors, and off the ground on a base that will not burn.

Never smoke while handling a propane cylinder.

[www.safety-council.org](http://www.safety-council.org)

### Answers to Gas Barbecue Basics

1. **d.** Only use your gas barbecue outdoors in an open, well-ventilated area, at least three meters (10 feet) away from windows or doors, far from combustibles or anything that might obstruct the flow of air around the grill. It is never safe to leave a barbecue unattended, no matter where it is located.
2. **a.** Use a commercial leak detector solution or a mixture of 50% liquid soap and 50% water. Repair all leaks before using the grill. *Never use matches or lighters to check for leaks!*
3. **d.** As with all such equipment, make sure your barbecue is clean, in good repair and properly adjusted. If the fittings, flex hose or burners are worn or rusted, replace them. Replace any missing or worn "O" rings. Use a flexible brush (made for the purpose) to clean the tubes between the gas valve and the burner.
4. **c.** With the lid open, turn the cylinder service valve on. Next, turn on the burner. Only then, use the igniter switch.
5. **b.** Store cylinders outdoors away from sources of ignition, in a secure, well-ventilated area, always in an upright, vertical position. Never bring cylinders indoors or into an enclosed space, or keep them where they could be exposed to high temperatures.





## COMMUNITY NEWS

### RESOURCE CENTER AND COMMUNITY CONNECTION UPDATE

#### Aboriginal Sweat

ICE has partnered with the Edmonton Native Healing Center To organize a Sweat for both the people we support and their staff. A Sweat is a native spiritual ceremony led by an Elder. It takes place at a ceremonial ground. Transportation to the Ceremonial grounds will be provided by the Edmonton Native Healing Center. It will be the responsibility of the client or support staff to arrange transportation to the Native Healing Center. The date has been changed.

**NEW DATE: Wednesday May 11, 2005**

**For more information please contact Nadine at 732-2337**

#### Getting Connecting Workshop

**This workshop is for people supported by ICE**  
*(bring your staff so they can learn too).*

**DATE:** Friday May 27<sup>th</sup>, 2005

**TIME:** 1:00 p.m. – 4:30 p.m.

This workshop will help you find out what you want and then how we can help you get what you want.  
Space is limited.

To Register phone Brian 732-2342



#### ABORIGINAL CULTURAL CIRCLES

Edmonton Native Healing Center

#101, 11813 – 123 Street

**Monday and Tuesday evenings**

**7:00 p.m. – 9:00 p.m.**

Experience and learn about traditions such as dancing, crafts and drumming.

For more info  
Contact Nadine  
732-2337



#### CALLING ALL FISHERMAN (AND WOMEN)

**Spring is here and the weather is fine.**

**A perfect time to go fishing.**

Fort Saskatchewan Fish and Game Association has a stocked Trout Pond (wheelchair accessible) for anyone in the community to use **FREE OF CHARGE**. No license required. To access the site all you have to do is call Brian at 732-2342 for combination lock number and directions.



# Health Corner



## The Health Benefits of Gardening

"Go for Green" - The Active Living and Environment Program, encourages outdoor physical activity that protects, enhances or restores the environment. When we "Go for Green", we improve our own health, through active living and the health of the planet, by being good environmental citizens. The following is a series of facts, to help you make informed, active, and "green" gardening decisions.

### FACTS

*Join the crowd:*  
of exercise in  
It is second only  
lifelong  
contributor to the



Gardening is the second most popular form Canada, attracting 48% of Canadian adults. to walking. It offers the opportunity for participation, and can be a positive natural environment.

*The Lure of the Tube:*

On average, Canadians spend only 0.8 hours a day on sports and hobbies, whereas we spend 2.3 hours (or 42% of our free time) watching television.

*Green Growth:*

Between 1981 and 1988, gardening experienced the fastest growth in participation of any form of exercise. A higher percentage of males reported gardening as a form of exercise than females...so don your gardening gloves, gals!

### Health Benefits

Numerous studies have shown that regular physical activity reduces your risk of premature death, heart disease, obesity, high blood pressure, adult-onset diabetes, osteoporosis, stroke, depression and colon cancer. Gardening and yard work contributes to healthy active living, and are part of all three types of physical activity - endurance, flexibility, and strength activities. Heavy yard work like raking and carrying leaves contributes to both endurance and strengthening activities, while all those stretches and contortions in the garden can help increase and maintain your flexibility.

### FACT



*From Field to Table:*

Studies reveal that gardeners consume most kinds of vegetables more frequently than do non-gardeners.

And the benefits are not all in the body; they're also in the mind! There's a whole field of practice called horticultural therapy, which explores the way that gardening helps people heal, physically and emotionally. Horticultural therapists have discovered that gardening provides a form of emotional expression and release, and it helps people to connect with others. The psychological benefits of being outdoors, working in the sunshine and fresh air, are also clear.

Indeed, studies have shown that just looking at trees and plants reduces stress, lowers blood pressure and relieves tension in muscles.

### Stretch, and Stretch

As with any form of properly and ease into the



### Again

exercise, it's important to warm up activity carefully.

- Do some arm, back, neck and leg stretches before you begin your gardening session.
- Take stretching breaks throughout the time you spend in the garden.
- Don't hold any one position for too long--move around and shake out those muscles.
- Don't strain yourself by lifting heavy objects.

Remember to bend from your knees and keep your back straight (and don't twist your body) when lifting anything. And why not reward yourself--and your muscles--with a soothing hot bath after a satisfying afternoon in the garden? You've earned it. Gripping tools and digging in compacted soil can lead to repetitive strain injuries in the hands, wrists, arms and elbows. If you're experiencing any twinges of pain, contact your doctor or a physiotherapist.

### FACTS

- Horticultural therapists have found that, for elderly patients in particular, gardening can stimulate all the senses--providing interesting sights, sounds, textures and scents--and stimulate memories and connection with the past.
- According to the Canadian Horticultural Therapy Association, "people working at computers in an office with plants were 12% more productive and less stressed than people doing the same job in an office without plants."

### Drink

It's easy the body outside in your stint



### Up:

to get caught up in gardening activities and forget that needs replenishing with fluids, especially when you're the sun. Drink a glass of water before, during, and after in the garden.

# INDEPENDENT COUNSELLING ENTERPRISES

## Health and Safety Committee Meeting Minutes

April 7, 2005

### Edmonton Region

**Present:**

Faisel Ahmed  
Roberta Jaggard

Alice Romanchuk  
Noreen O'Donoghue

Gordon Filipchuk

**Recorder(s): Gordon Filipchuk**

Chair: Gordon Filipchuk

**Regrets:** Kelly Guan-Wong (Mat. Leave), Colleen Callahan, Marj Filion, Greg Lane, Pam MacDonell, Debra Reed, Haris Sunagic, Carol Szydluk, Colette Tancsics

**cc:** Gonny Debski (ICE Page), post to H&S Bulletin Board, Program Mailboxes, other Regional H&S Committee Chairs and, main ICE office Health and Safety Reference Binder

**1.0 *Approval of the Agenda***

The agenda was approved with the following additions:

*New Business :*

**4.1 Employee incentive program for recognition of safety in the workplace.**

**2.0 Review the Previous Minutes / Business Arising from Minutes**

- Review of current committee member attendance list/New Committee member follow up/member ID cards/member duotangs&labels/membership incentives (Debbie/Gordon)
  - **ID card provided to Roberta.**
- Review of proposed timelines/time keeper identification (Gord)
  - Section 2.0 - ½ hour maximum
  - Section 3.0 - 45 minutes maximum
  - Section 4.0 - 15 minutes
  - Timekeeper for today: Gord
- Updates re: - **discussion of finalized 'supply lists'** (Gordon/Committee members)
  - The committee discussed storage of emergency supply. Waterproof, lidded containers or tubs would have to be purchased by each residence. Storage site also discussed. Debate as to whether storage should be inside or outside residence. This depends on the type of emergency. If there is an emergency such as a tornado warning, staff would escort and maintain clients in a "safe room", which would be the location for storage of essential equipment and supplies. If, on the other hand, residents and staff are forced to evacuate, there should be some type of emergency supply located outside the home. Discussion will continue - now looking like homes should each have two locations of emergency supplies, one in the home, and one outside.
- 'research' updates – **Environment Canada Weather Emergency Procedures** and **Capital Health Emergency Procedures**
  - These items were tabled to the next meeting
- Updates from sub-committee re: **"debriefing methodology"**

The committee decided to dissolve the sub-committee and instead utilize time during H&S Committee meetings to develop debriefing method. Discussion today centred on debriefing services provided by community emergency services, and other agencies. Alice noted that Edmonton Police Service employs Victim's Services to debrief and counsel victims. This led to discussion on other potential debriefing providers in the community: physicians, psychiatrists and psychologists; the WCB; The Support Network; others.

The committee decided that a member would approach such an agency to receive information and possibly training, which might possibly be extended to ICE field and administrative staff. It was agreed that such training is to be financially feasible and practicable to the needs of our agency. The option of staff receiving debriefing service was also discussed and a list of available community resources will be drawn up.

The committee agreed on the importance of debriefing to help our staff cope with psychological trauma resulting from a multitude of causes. It is necessary for supervisors to recognize and help staff and clients when necessary. Another goal of these discussions is to ensure all staff recognize symptoms in themselves and co-workers, and seek help by informing supervisors.

Another goal of the committee's discussions on debriefing is to produce procedures and possibly policy which would facilitate recognition and response as necessary by supervisors to the needs those requiring such services. Such procedures might include the relief of affected staff

- Updates re: progress towards '**stress workshop**' (Colleen)  
Colleen was unavailable. It was noted that Colleen is producing written material on the subject for publication in ICE Pages.
- Discussion re: next **Health and Safety contest process** (Committee members)  
Discussion on criteria for judging is postponed until the committee decides what the next contest or competition should involve. It is agreed that these contests are to involve all participants in residential programs. The committee also discussed that prizes of any monetary value should not be awarded.

Agenda Topic	Discussion	Action	Person Responsible	Due Date
<b>3.0 Standing Items</b>				
<b>3.1</b> Review of 'Regional Health and Safety Meeting Minutes'	<ul style="list-style-type: none"> <li>➤ <b>Nanton</b> – the committee members reviewed the meeting minutes from Nanton's March 17, 2005 Health and Safety Committee meeting.</li> <li>➤ <b>Grande Prairie</b> – the committee members were not in receipt of Grande Prairie's meeting, which was held on March 30, 2005</li> <li>➤ <b>Calgary</b> – the committee members reviewed the meeting minutes from Calgary's March 17, 2005 Health and Safety Committee meeting. The Edmonton committee was impressed with the Calgary committee's detailed evaluation of <i>current injuries and near- misses</i></li> </ul>	<ul style="list-style-type: none"> <li>➤ provide positive feedback to the Calgary committee members</li> </ul>	Gordon	April 2005
<b>3.2</b> Evaluation of current injuries and near misses	<ul style="list-style-type: none"> <li>➤ There were 9 '<i>no-lost- time injuries</i>' reported in Edmonton in March 2005. 6 of these injuries were reported to the WCB. Discussed were the following: <ul style="list-style-type: none"> <li>• A staff received a minor injury when she slipped at a bowling alley while retrieving and errant ball. Discussion centred on hazard awareness while on outings.</li> </ul> </li> </ul>	<p>Ensure CSC's reinforce to staff that they must always be alert for hazards, even while on "fun" outings. In this case, specifically, the staff should not have chased the ball in her bowling</p>	Gordon	April /05

<p>3.2 <i>Evaluation of current injuries and near misses, continued</i></p>	<ul style="list-style-type: none"> <li>A staff was bitten by a client. It was severe enough to produce swelling and bruising, but did not break the skin. Staff employed emergency techniques as trained in PBI.</li> </ul>	shoes.		
	<p>➤ There were 5 '<i>lost time injuries</i>' reported in Edmonton in March 2005. discussed were the following:</p> <ul style="list-style-type: none"> <li>A staff lost two front teeth due to client behaviour while on an outing. Restraint technique employed is under investigation, as is the whereabouts of the second staff</li> <li>A staff was assaulted by a client in the residence. Client was concerned about what was being written about her in her logbook, and took her logbook. Staff tried to retrieve logbook.</li> <li>A staff was assaulted by her client while on a regular outing at a swimming pool. The client had apparently not shown any aggressive tendencies toward staff prior to this incident</li> </ul>	<p>Gordon met with staff and discussed staff's emergency measures taken. The incident is being reviewed by RPAC to produce a planned procedure.</p> <p>Incident under investigation. The Committee stresses the importance of following planned procedures to the letter.</p> <p>Formulate planned procedure to ensure this does not recur. Ensure that coordinators reinforce to all staff at team meetings the importance of avoidance of power struggles</p>	Gordon RPAC	ASAP
		<p>Reassessment of client medical condition; implementation planned procedure for behaviour of concern. Reinforcement by coordinators and trainers to all field staff that it is the <b>potential of injury by client, based on size, strength and condition</b>, not client history that should dictate readiness of staff response.</p>	Coordinator, RPAC	ASAP
			Gordon	ASAP
	<p>➤ There were at least three reported instances of property damage.</p> <ul style="list-style-type: none"> <li>One was especially devastating: a resident's room in an apartment building was destroyed by fire. There was one staff on-duty who was able to safely evacuate her two clients and herself</li> </ul>	<p>Await the fire department's investigation of cause and then provide remedial solutions. Ensure all residential staff are trained in the use of fire extinguishers, and ensure fire drills include shutting of all doors</p>	Gordon	ASAP
	<p>➤ There was one notable near miss: a client snuck a number of strangers into the residence. This obviously caused the staff on duty much distress.</p>	<p>Ensure staff at the home are able to safely secure the perimeter of the home, and if necessary, call police. This incident is under RPAC review for a planned procedure.</p>	Gordon, Coordinator, RPAC Committee	ASAP

	The strangers fled after the staff announced that she had called the police.			
<b>3.3</b> Review and updates of a section of the Hazard Assessment Document	➤ This item was tabled to the next meeting			
<b>3.4</b> Review of a section of the action plan for the COR Audit recommendations	➤ This item was tabled to the next meeting			
<b>3.5</b> <b>A)</b> Review of completed Environmental Quality Audits and Random Inspection Audits  <b>B)</b> Review of completed 'Follow Up Site visits' by Health and Safety Committee members.	➤ The committee did not review any EQA's due to Debbie's absence.  ➤ There were 4 "Follow Up Site visits" completed and submitted to Gordon	➤ 139 Street ➤ Kaskatayo ➤ 150 Street ➤ 48 street		
<b>4.0 New Business</b>				
<b>4.1</b> Employee Incentive	The committee will not "reinvent the wheel", and will continue to use the current incentive program. However, the committee discussed the possibility of increasing the frequency of awards, and increasing the frequency of recognition celebrations. It was agreed that staff must be recognized to ensure that they understand they are indeed appreciated.	Discuss at managers' meeting	Gord	Next managers' meeting

## 5.0 Next Meeting: May 5, 2005 @ 10:30a.m.