

Theresa Sanborn is a person who values hard work and enjoys working with individuals with disabilities. Theresa was born in Barrhead, Alberta and moved with her family to Calgary when she was only 3 years old. Other than a short excursion of 1½ years in Edmonton, Theresa has continued to live in our big city. Theresa is a widow, the mother of one, James, and grandmother to the apple of her eye, Cory, who resides in Edmonton.

Theresa has always worked hard and has had a variety of jobs over the years. Due to a work related injury, Theresa was sent to a rehabilitation company that helped her with a job search, referred her for a course and sent her to us at ICE. Theresa started at ICE in September 2004, where she began working in a non-res day program, she remained in this program for 1½ years. In April 2006, Theresa moved to a residence, Forest Heights, as day staff, in August 2007 she became the Team Leader. Theresa is also a very active member in the Health and Safety Committee. She has won several awards including an Incentive Prize in August 2007, the Promoting Health

EMPLOYEE *Spotlight* Theresa



and Safety Award in December 2006, and the Residential Employee of the Year Award in December 2007.

While chatting with Theresa, she shared that she thoroughly enjoyed her job, that she found it fulfilling and that she really liked all the people at ICE, from front line to office staff. She advised that she really liked all the training that she had been able to participate in and would certainly take advantage of any more that was offered in the future. Theresa has a special rapport with her clients; they all really like each other. Both gentlemen that live in the house are very grateful to have someone as caring and kind as Theresa. Watching Theresa with them is really enjoyable as their interaction is relaxed and confident, by simply watching you can tell that they are happy and that they have a trusting relationship. Theresa has a real skill at empowering her clients to speak out for themselves and to enjoy life to the fullest. Theresa is an outgoing, deeply caring, giving person with a great personality and a really great laugh.

Did you know?

Calgary is well-known as a destination for winter sports and ecotourism with a number of major mountain resorts near the city and metropolitan area. Economic activity in Calgary is mostly centred on the petroleum industry; however, agriculture, tourism, and high-tech industries also contribute to the city's fast economic growth. Calgary holds many major annual festivals which include the Calgary Stampede, the Folk Music

Festival, the Lilac Festival, One Yellow Rabbit High Performance Rodeo — Calgary's International Festival of the Arts, Wordfest: Banff-Calgary International Writers Festival, One World Festival (GlobalFest), and the second largest Caribbean festival in the country (Carifest). In 1988, Calgary became the first Canadian city to host the Olympic Winter Games, and one of the fastest ice skating rinks in the world was built at the University of Calgary to accommodate these games. Source: Wikipedia

ECAT

Employee &
Client Assis-
tance Team

461-7236

after office
hours



MEETINGS

Health &
Safety Meeting

Wed, May 7, 10:00 AM

Team Leader Meetings

Tues, May 22, 1-3 PM

RPAC

Thurs, May 8, 2 PM



TIME SHEET HAND-IN



Hand-in day will be:

Thurs May 15, 2008

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

Fri May 30, 2008

for all shifts worked
between
May 16th and 31st

CONTENTS

Success Story pg 2

Health & Safety
Opportunity pg 2

Training..... pg 3

Fire Safety pg 4

Back Pain pg 4 & 5

CET pg 6

Policy Review pg 6

Pets at ICE pg 7

success story: David

David is a friendly, but quiet man who was born in Sudbury Ontario in 1963. After leaving school, David held various short term jobs doing labor intense work, such as snow removal, janitorial work, and construction. In 2002, due to a shortage of work in Ontario, David moved to Edmonton. David experienced some challenges when he first moved to Edmonton. He had no support network and experienced difficulties finding his way around the city and adapting to city life. David took on various short term jobs in construction, but by late 2003, became unemployed. During this time, David fell in with the "wrong crowd". David began living an unhealthy life style and was soon struggling to manage his life.

In May of 2004, with the assistance of a personal advocate, David was able to secure a job at Bakemark working in the warehouse as an order picker. David was also referred to PDD for an assessment. David was approved for funding and contracted supports from ICE. David moved into his first support home in the west end of the city. With supports from this support home operator, David was able to maintain his employment at Bakemark, learn to budget his money and lead a healthy lifestyle. After a year, David moved into a new support home and has experienced more personal growth. David has been able to take two vacations back to Ontario to visit his family, purchase his own computer and pursue other interests such as attending dances, playing cards and joining a gym.



David says that his greatest accomplishment is his job at Bakemark as an order picker. His favorite part of the job is driving the fork lift to load and unload trucks. David values the respect he receives at Bakemark and prides himself on a strong work ethic. David says that he is very happy in his current support home, values the support he receives from his support home operator and feels a part of a loving family. David is currently saving for a trip to the Philippines with his Support Home Operator and another vacation to Ontario to visit his family.

We at ICE, would like to extend our congratulations to David for all his achievements and extend our wishes for continued personal growth and success.

EDMONTON REFERRAL INCENTIVE WINNER

This month we have 3 recipients receiving the ICE referral incentive. These employees will receive an additional \$50.00 on their pay cheque. Congratulations to all for their wonderful referrals!

Here is how the Employee Referral Incentive works!

If you refer a person to us who successfully meets our hiring requirements and completes their three month probation with a minimum of 120 hours worked, you will receive \$50.00. Take advantage of this great opportunity.

**WILL YOU BE ONE OF NEXT MONTH'S FEATURED
EMPLOYEES RECEIVING A \$50.00 INCENTIVE PAYMENT?**

A REMINDER

ICE offices will be
closed for the Victoria
Day stat holiday
– May 19. Please
forward all calls to:

ECAT

461-7236



Attention Team Leaders and Team Coordinators

Fire Extinguisher Training has been
organized for Friday, May 16th. Each
residence will be required to have a
designate attend for their program.

**Please contact your Coordinator/
Manager to make arrangements.**

TRAINING

Proactive Behavior Intervention
May 8th, 15th, 29th, 2008
9am-5pm

TRAINING

Health and Safety Minutes

3.2 Evaluation of current Injury

Office staff member slipped and fell in front parking lot of main office.

Proper footwear. Walk cautiously, look for path clear of obstacles.

Field staff member slipped and fell on front walkway between reception and homecare. Sidewalk was cleared of snow, but water dripping from overhang created a patch of ice.

Continue to clear walk of snow. Periodic monitoring checks throughout the day in the front of the building to check for ice.

Field staff member slipped while pushing a client in a wheelchair down a ramp at the LRT station. Wheelchair was too far in front of staff, causing staff to lose control of chair.

Proper training on controlling a wheelchair (manual/automatic). Suggest that homes have specific instructions on operating a wheelchair. When going down a ramp, turn wheelchair around and back down ramp as opposed to pushing chair down ramp. Be cautious of weather conditions.

3.3 Evaluation of Near Miss Investigations

Relief staff came on shift was given orientation by main staff with client present. Main staff provided feedback within hearing/directly to client that caused client agitation. When relief staff was left alone with client, client escalated – choking

and punching staff. Staff went to basement office and locked the door.

Staff at residence and relief staff to take PBI. Relief staff to be informed of possible complex client behaviors at time they are offered the shift.

Staff should not brief Relief staff in hearing range of client, should instead meet in the office. High behaviors should be noted on Site Specific Hazard ID Document. Team to review how to give orientation to staff for clients with complex behaviors.

Team to assess the need for behavioral intervention plans for this client.

3.4 Review of COR Audit

Reviewed Pg. 9 – General Overview continued to Pg.10 Executive Report

Key Recommendations Pg. 9:

- Improve use of communication log book and site specific hazard assessment and control document for reporting hazards by providing further training in their appropriate use
- Commence using non-residential random inspection forms and ensure that workers are consulted for input into hazards on their worksite
- Promoting Safety and Hazard Identification & Reporting course
- Staff need to be reporting hazards
- Discuss hazards control document at all Team Meetings, identifying new hazards, then updating hazards and submitting to office to have

master document updated

- Copy of all Site Specific Hazard Control Documents should be provided to

1. H&S Committee for updating Master Hazard Control Document.
2. To Booking/ECAT team for use in advising employees of potential site hazards. (Corinne will bring up with Managers across regions)

- Workers are updated at every Team Meeting and team minutes recorded.

Key Recommendations Pg. 10:

- The use of controls needs to be monitored and enforced consistently in all worksites
 - Orientation manuals need to be updated, including the cleaning and clients routine sections.
 - Ensure that appropriate footwear is reinforced with all staff.
 - Footwear requirements to be stressed in PET. Poster/sample footwear shown to new employees as a visual is better than words. Employment of consistent corrective actions across organization.
 - Staff to review policy re: proper footwear, reminder that Occupational Health and Safety Act requires proper PPE (footwear) be worn at all times. When Relief staff show up for their shift without proper footwear it is to be reported to ECAT/booking to be recorded on personnel file
- 3.5 Review of hazard assessment and control document

- Ensure Hoyer Lift/Ceiling Track and Wheelchair Checklists are completed as per designated guidelines. May need to develop a method to monitor that these are completed.

- Nurses are working on a training outline.

- CSCs/TC's must check to ensure inspections are completed as per timelines.

Review of Hazard Controls – Page 4

Cooking and Food Preparation

- Suggestion of "Associated Hazards" expand to include types of burns – Chemical, Steam, Grease, Splatter, Contact Burns, Boiling Liquids, Element Burn

- Suggestion of change to "Potential Consequences" change from 2 to 3

- Suggestion of change of "Controls" to include: Proper clothing be worn, maintenance of handle on pots, pans and utensils, and fire extinguisher training

4.1 Health and Safety Article for May issue of ICE Page

Suggestions included: Spring/Summer Maintenance, including BBQ preparation

Corinne to draft article for May ICE Page

4.2 Promoting Safety Training and Hazard Identification and Reporting– Course Revisions

Revisions are expected to be completed by Thursday April 3rd, 2008



Barb Shanari

Prize: Antique Fan
From: Manager of Homecare
For: Thank you Barb for consistently making a positive difference in the lives of all your clients.

Thank  You!

Jennifer Parker

Prize: 20 Piece Dishware
From: Chief Operating Officer
For: Submitted CET examples that demonstrate a high level of quality of service and genuine concern and interest in the lives of the people you support.

Rebecca Perryman

Prize: Magic Bullet Blender
From: Booking Coordinator
For: Always helping out at your program and giving it your all. I really appreciate your hard work. Thank you so much for the wonderful client care!



**Incentive Thank-you
Card Draw Winners**

Health Corner

HEART ATTACK FIRST AID

HEART ATTACK

A heart attack (also called Myocardial Infarction) is when part of the heart muscles is damaged or dies because it isn't receiving oxygen. Oxygen is carried to the heart by the arteries (blood vessels). Most heart attacks are caused by a blockage in these arteries. Usually the blockage is caused by atherosclerosis, which is the buildup of fatty deposits (called plaque) inside the artery. This buildup is like the gunk that builds up in a drainpipe and slows the flow of water.

Heart attacks can also be caused by a blood clot that gets stuck in a narrow part of an artery to the heart. Clots are more likely to form where atherosclerosis has made an artery narrower.

SYMPTOMS

Symptoms of a heart attack include:

- Angina: Chest pain or discomfort in the center of the chest; also described as a heaviness, tightness, pressure, aching, burning, numbness, fullness or squeezing feeling that last more than a few minutes or goes away and comes back. It is sometimes mistakenly thought to be indigestion or heartburn.
- Pain or discomfort in other areas of the upper body including the arms, left shoulder, back, neck, jaw. Or stomach
- Difficulty breathing, shortness of breath
- Sweating or "cold sweat"
- Fullness, indigestion, or choking feeling (may feel like "heartburn")
- Nausea and vomiting
- Light-headedness, dizziness
- Extreme weakness or anxiety Rapid or irregular heart beats.

Women often have different symptoms of a heart attack than men and may report symptoms before having a heart attack, although the symptoms are not typical "heart" symptoms. In a multi-center study of 515 women who had an acute heart attack (MI), the most frequently reported symptoms were unusual fatigue; sleep disturbances, shortness of breath, indigestion and anxiety. The majority of the women reported at least one symptom for more than one month before their heart attack. Only 30 percent reported chest discomfort, which was described as an aching, tightness, pressure,

sharpness, burning, fullness or tingling.

RISK FACTORS FOR A HEART ATTACK

- Smoking
- Diabetes
- Increased age—83% of people who die from heart disease are 65 years of age or older
- High cholesterol level
- High blood pressure
- Family history of heart attack
- Race—African Americans, Mexican Americans, Native Americans and Native Hawaiians are at greater risk.
- Atherosclerosis (hardening of the arteries)
- Lack of exercise
- Stress
- Obesity
- Sex—more males have heart attacks, although heart disease is the leading cause of death for American women.

FIRST AID

A heart attack is a medical emergency.

The average person waits 3 hours before seeking help for symptoms of a heart attack. Many heart attack victims die before they reach a hospital. The sooner someone gets to the emergency room, the better the chance of survival. Prompt medical treatment also reduces the amount of damage done to the heart following an attack.

First Aid

1. Have the person sit down, rest, and try to keep calm.
2. Loosen any tight clothing.
3. Ask if the person takes any chest pain medication for a known heart condition.
4. Help the person take the medication (usually nitroglycerin, which is placed under the tongue).
5. If the pain does not go away promptly with rest or within 3 minutes of taking the nitroglycerin, call for emergency medical help.
6. If the person is unconscious and unresponsive, call 911, then begin CPR.

DO NOT

- DO NOT leave the person alone except to call for help, if necessary.
- DO NOT allow the person to deny the symptoms and convince you not to call for emergency help.
- DO NOT wait to see if the symptoms go away.
- DO NOT give the person anything by mouth unless a heart medication (such as nitroglycerin) has been prescribed.

When To Contact a Medical Professional

- If sudden chest pain or other symptoms of a heart attack occur.
- If an adult or child is unresponsive or is not breathing.

HOW CAN I AVOID HAVING A HEART ATTACK?

Talk to your family doctor about your specific risk factors for a heart attack and how to reduce you to do the following:

- **Quit Smoking.**
- **Eat a healthy diet.** Cut back on foods high in saturated fat and sodium (salt) to lower cholesterol and blood pressure.
- **Control your blood sugar if you have diabetes.**
- **Exercise.** This sounds hard if you haven't exercised for a while, but try to work up to at least 30 minutes of aerobic exercise (that raises our heart rate) at least 4 times a week.
- **Lose weight if you're overweight.**
- **Control your blood pressure if you have hypertension.**



Workplace Safety

ICE Employees have an Important Part to Play in Recognizing and Controlling Hazards

Hazards can be found everywhere in the workplace. Some are quite apparent. Others are so small or seemingly ordinary that they're easily overlooked, and workers are placed at risk in some way.

A workplace hazard refers to any kind of object or situation that could result in injury, disease or death. Some indicators are things we wouldn't immediately consider -- inexperience, for instance. New employees on the job have more of a chance of getting hurt than experienced workers. Another invisible hazard would involve experienced workers who use the same equipment each shift. They're susceptible to repetitive strain injury.

Raise the Safety Bar High

Independent Counselling Enterprises (ICE) has an ethical and legal duty to set a high standard of workplace safety and this is a responsibility that ICE management takes very seriously. As part of this commitment, each employee is required to complete the ICE, Promoting Safety with Review of Hazard Document training course annually. The course trains all employees in their responsibilities related to health and safety including hazard identification and reporting.

All workers have a part to play in recognizing hazards and a responsibility to report these as soon as they identify them. ICE employees are encouraged to check around their work place and ask themselves questions about the environment. Who comes into the workplace and how would they be at risk? Are the precautions already in place?

The Major Hazards

Workplace safety starts with knowing the major hazards. These include:

- Physical hazards that involve equipment, machinery or tools
- Bio-hazards that involve bacteria, viruses, fungi, mold or plant materials
- Chemical hazards that involve dust, fumes, vapors, gases or chemical mists

- Electrical hazards
- Workplace violence

Employees have many options for reporting hazards:

- Drop a note in the Health and Safety suggestion box in the ICE office
- Record hazards in site staff communication binders.
- Report hazards to your supervisor and inform your co-workers as well
- Report any missing or defective equipment or protective devices immediately
- Report near miss situations and workplace injuries as soon as possible and ensure the proper documentation is completed.



- Discuss hazards at each and every team meeting and identify hazard controls that may be needed. Review the site specific hazard identification document at these meetings. Revise and update this document ongoing with the input of the team.
- Report hazards to any member of your Health and Safety Committee.
- Non-residential and home-care workers are encouraged to report hazards on their timesheets and/or by reporting these to their booking coordinator.

Share information about identified hazards and controls:

- Inform co-workers about hazards and record in the site staff communication binders

- Review the site specific hazard identification document with relief and workers new to your specific work-site. Also use this document to provide an orientation to site hazards to all visitors and contractors. (If you are a relief or new worker to a site ASK TO REVIEW THE SITE SPECIFIC HAZARD CONTROL DOCUMENT with the staff person providing your orientation.)

Employee's Role in Controlling Hazards

As hazards are identified, steps are taken to eliminate, neutralize, minimize or control these hazards. A copy of the ICE Master Hazard Identification and Control document is available to all employees within the Health and Safety Binder at the ICE office and/or at each residential site.

It is vital that workers are active participants in maintaining their own safety by:

- Promoting safe work practices. Set a good example for your co-workers.
- Complying with safe work practices and procedures, policies and legislation
- Assisting to maintain all equipment in a safe condition
- Reporting substandard conditions or equipment.
- Ensuring that all facilities, including bathrooms and eating areas, are clean and germ-free
- Being active learners and taking advantage of training and skill development opportunities.
- Getting involved in decisions relating to health and safety
- Participating in regular safety discussions at meetings.
- Reporting incidents and near misses
- Wearing, and maintaining Personal Protective Equipment.

Worker involvement is a key factor to recognizing and controlling workplace safety. Be an active participant!

3.8.12

Telephone Use

All ICE policies including those regarding Health and Safety can be found in the ICE Policy Manual. In residential programs the Policy Manual will be located in the home's office. Workers in community programs may access a Policy Manual in the reception area at the ICE office.

1. Telephone/Cell phone usage while on duty at either an I.C.E. residence or at the home or facility of any client shall be restricted to emergency and/or official client-related use only. No long distance charges are acceptable. Use the office 800 number if calling from a client's home and you require assistance from your supervisor if long distances charges are applicable.
2. **Telephone use while working during office hours for office personnel is to be for business purposes. Personal calls are to be limited. No long distance charges are acceptable unless business related. A personal cell phone is not to be activated during business meetings. Additionally employees are not to make/receive cell phone calls in their personal vehicles while driving in the course of conducting agency business. If an employee receives a cell phone call enroute they are to let voice mail answer it and retrieve the message(s) when they are able to stop and pull off the road at a safe area.**
3. Emergency calls to the ECAT supervisor or the I.C.E. offices shall be kept to a minimum amount of time and phone lines shall be left open immediately subsequent to the ECAT Supervisor being paged.
4. Should an emergency call need to be made for personal reasons, this shall be authorized by the staff or client of the facility as appropriate.
5. Staff are reminded when calling the ECAT Supervisor, that public pay telephones are not able to receive incoming calls. Therefore it is important to ensure that the ECAT Supervisor can return a call to a telephone capable of receiving incoming calls.
6. Employees working in a residential setting are not to disclose the home's telephone number to non-client related persons. Phone numbers are to be treated as confidential information. All efforts should be made to ensure that the client's phone number is not inadvertently disclosed through the recipient's call display.

Updated April, 2008

Creating Excellence Together (CET)

As you are aware we are preparing for a CET survey for certification on June 3rd – 6th, 2008. There are forty-six standards that ICE will be evaluated on. The standards are divided into three areas: Quality of Life Standards, Quality of Service Standards and Organizational Framework Standards.

The Quality of Service standards are linked to the Quality of Life

standards. They look at the role of staff who are closest to the individuals, and how those staff support the individual to achieve each of the Quality of Life standards. In the March ICE page the first six standards for the Quality of Life and Quality of service were reviewed.

The Last Six Standards In Quality Of Life Are:**Community Inclusion**

Standard 7: Individuals are included and participate in their communities

Work and Community Options

Standard 8: Individuals who choose to be employed or participate in productive or skill development/maintenance activities have opportunities that meet their expectations

Leisure

Standard 9: Individuals enjoy their leisure time

Health and Safety

Standard 10: Individuals take care of their health

Standard 11: Individuals are safe from physical harm

Standard 12: Individuals are free from abuse

The Last Six Standards In Quality Of Service Are:**Community Inclusion**

Standard 19: Individuals are supported to participate in their communities

Work and Community Options

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

Leisure

Standard 21: Individuals are supported in their leisure time

Health and Safety

Standard 22: Individuals are supported to take care of their health

Standard 23: Individuals are safe from physical harm

Standard 24: Individuals are free from abuse

Please look at these standards in regards to your clients and talk to your Team Coordinators or CSC with concerns we need to address. We would also appreciate any great examples of meeting the above standards. (ie: contact notes, meeting minutes, log book entries etc.)

Start reviewing your CET Audit tool book and policies now.

It is important that we pass this certification for the overall continued success of the agency.

Any further questions please call: Colette Tancsics @ 453-9825 or email @ ctancsics@icenterprises.com

BOOKING / COMMUNITY SERVICES COORDINATOR

(Community Rehabilitation)

POSITION LOCATION: **Edmonton Office**
 POSTING DATE: **April 23, 2008**
 CLOSING DATE: **Open – until suitable candidate is found**

TERMS OF EMPLOYMENT:

Hours: **Full Time; 37.5 hours per week-day shifts**
(may include occasional evenings/ weekend hours)
 Wage: **To be discussed at time of interview**

**Employment
Opportunity**

Job Description:

This position is responsible for:

- The scheduling of casual and relief shifts for all client services
- Supplying staff with direction and assistance in their role as community support worker while providing community service
- acting as a liaison between clients, staff and Community Agencies
- providing follow-up regarding clients' satisfaction with their services
- working in a fast-paced team setting
- coordinating individual programs and staff assigned
- evaluation of staff on a regular basis (after 3 month probation and annually)
- monitoring programs to ensure they meet client needs and follow care standards
- schedule and chair case conferences for clients on a regular basis
- Clients documentation as required by Independent Counselling Enterprises policies
- liaison with guardians and other service providers as required
- other duties as required

Requirements:

- Post-secondary education in related field
- Minimum 2 years experience in a community group home setting required
- You have advanced time management, organizational and effective interpersonal skills
- Keyboarding and data entry skills required
- Ability to work independently as well as in a team setting required
- Advanced time management, organizational and effective interpersonal skills required
- Clear Police Security Clearance and ability to be bondable required

Please apply with cover letter and letter of intent to Colette Tancsics, Manager Community Supports. We would like to thank all applicants for applying, however **only successful applicants will be contacted for an interview.**

Closing Date: May 5, 2008