

EMPLOYEE *Spotlight* David



David Abatan has been an employee with ICE Calgary since January 2006.

Originating from Nigeria, David is the father of twin daughters and a son. David came to Canada in October of 1992 and resided in Montreal and worked at a car rental agency before relocating to the Calgary area in September of 2005.

David has had a variety of work experiences since coming to Calgary. He worked for the same car rental company when he first came to the area and since has worked in the construction industry and oilfields. David knew that he wanted to try something different so when he heard about ICE, he decided to take the training and see if it was a career choice that would be good for him. As they say the rest is history.

David has worked with a variety of clients and gained valuable experience that he has certainly put to good use.

David has the ability to learn and retain a lot of information; he is especially great at remembering dates. With his easy going, cheerful disposition and great smile, David has become a valuable member of our staff. His flexibility and willingness to take on extra shifts, some with very little notice have certainly made him an asset to our agency. David works evenings in a staffed home that he really enjoys and also he is kept very busy with all the relief shifts he picks up.

When asked what his long-term goals are he said that he would like to have his own business some day. He would like to be able to have a business much the same as our agency as he really enjoys working with the clients and if not this then a grocery / variety store.

We look forward to having David working within our agency for many years to come.

ECAT

Employee &
Client Assis-
tance Team

780-461-7236

after office
hours



MEETINGS

Health & Safety
Meeting

May 6th, 2009
1:30 PM

RPAC

May 19th, 2009
2:00 PM



TIME SHEET HAND-IN



Hand-in day will be:

May 15th, 2009

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

June 1st, 2009

for all shifts worked
between
May 16th and 31st

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ICE Semi- Annual Planning Session Held in Edmonton

The ICE Management Team is a permanent steering committee that meets as initiated by the President or at least two times per year. The committee met in Edmonton on Thursday, April 16th, 2009 to review agency performance and to plan and develop strategies and goals for ICE operations development and service delivery.

Left - Linna Roem, Manager of Accounts (Edmonton), Right - Michael Rutherford, President.



Sandra McGrath, South Regional Manager.



Breanne London, N.W. Regional Manager in discussion with Muaz Hassan, Quality Assurance and Risk Management Consultant.



Left to Right, members of the Edmonton Management Team, Greg Lane, Wayne Visser, Melissa Robertson, Julie Flemming and Stefania Burnell.



Left to right – members of the Calgary Management Team, Debra Garrioch, Linda Doherty, and Regional Manager, Deanna Rachkewich.



Geneve Fausak, Chief Operating Officer.

Thank You!

EDMONTON REFERRAL INCENTIVE WINNER



Marty Vetsch

Prize: iPod Shuffle
From: CR Manager:
For: Shoveling all the snow and chipped the ice for the driveway and both sidewalks



Leonce Rushubirwa



Jackie Baruti

This month we have 2 recipients receiving the ICE referral incentive. These employees will receive an additional \$50.00 on their pay cheques. Congratulations for your 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?



Mariama Musa

Prize: 13 PC Hampton Forge Knife Set
From: Administrative Assistant
For: Reported an injury that occurred at your program as soon as you became aware of it. Thank you for being so diligent in reporting on Health & Safety issues.



Chamindra Stembo

Prize: Phillips MP3, Video, FM Radio Player
From: Community Support Coordinator
For: Successfully completed a 100% EQA at you Meadowside program. Your hard work is appreciated. Thank you!

Promoting Safety

May 15th, 2009, 9am-12pm

Positive Behaviour Intervention

May 14th, 2009, 9am-5pm

May 28th, 2009, 9am-5pm

TRAINING

Health Corner

An important aspect to reducing risk to employees and clients relates to investigation of incidents. The intent of such investigations is not to “point fingers of blame” but to analyze what went wrong during the activity or process. By identifying the root causes that resulted in an injury or a near miss, corrective steps can be taken to ensure that such an event will not happen again.

Unfortunately many people over-look situations of “Near Miss” which are really “gift” opportunities.

What is a Near Miss? A Near Miss is an unplanned event that did not result in injury, illness or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented harm. Near Miss investigations:

- Allow us to learn at almost zero cost (damages, injuries etc.)
- Are more numerous than injuries and damage incidents
- Are smaller in size than major incidents and therefore easier to deal with.

Reporting of near misses is an established error reduction technique in many industries and organizations. Think about it. If other industries or organizations didn't bother to report Near Miss incidents and follow up to correct the root causes, how would that make you feel about:

- Jetting off on a vacation knowing Near Miss collisions for planes were not being reported and investigated?
- Undergoing surgery at a local hospital knowing medical personnel were not reporting and investigating Near Miss incidents related to medication administration and/or use of standard precautions?

Near Miss reporting within daily work at ICE also has the potential to prevent injury, illness and property damage. Examples: changes in client behavior showing increased patterns of aggression, appliances or equipment that do not function properly (lawn mower, stove, toaster etc.), rugs or furnishings that are worn (lifting, exposed sharp edges etc.), poor housekeeping practices, use of “short cuts” etc. How would you feel if a client or employee was injured as the result of a

Incident Investigations and Near Miss Reporting

problem you were aware of last week, but did not report?

Given that there is such value in Near Miss reporting, why don't these occurrences consistently get reported? In some circumstances:

- Fear of negative action
- Not viewed favorably by the peer group (considered sissy, embarrassing, or perceived as “tattling”)
- No incentive to report (the perception of increased work rather than a benefit)

Did you know?

- ICE Health and Safety Committees in all regions of the province review Near Miss Incidents every month at Health and Safety Meetings. Worker / program information is not disclosed. The focus of reviewing such incidents is to enhance safety across the company without embarrassing employees.
- Reporting a near miss in your work site could prevent an injury not only to one of your co-workers or clients in that same location, but also at a location in any of our other regions. We learn from every Near Miss reported.
- Supervisors and Co-workers are encouraged to submit Thank you Cards eligible for prize draws in ICE Incentive program for workers reporting Near Miss incidents.

Sometimes it seems like a monumental task to effect change, but it all stems from the first hand observations of all staff, and the completion and submission of an incident report. Please keep all near miss incidents and injury reports coming. We need them.

It is called, working together!





BACK CARE



What causes back pain?

Injuries to the back are very common. One can injure one's back from tripping, falling, improper lifting techniques, or too much twisting of the spine. More severe injuries may follow from car accidents, falls from heights or landing in an awkward position on the buttocks, direct blows to the top of the head, or a penetrating injury.

Back pain can also result from overuse injuries, from improper movement or posture when lifting, standing, walking, sleeping or sitting. In addition to pain, symptoms can include muscle spasms and stiffness.

Some people are more likely to develop back pain than others, such as middle aged males, people with a family history, women who carried a pregnancy to term, smoking, being overweight, being inactive, sitting for long periods, or taking medications that weaken the bones.

Treatment for Back Pain

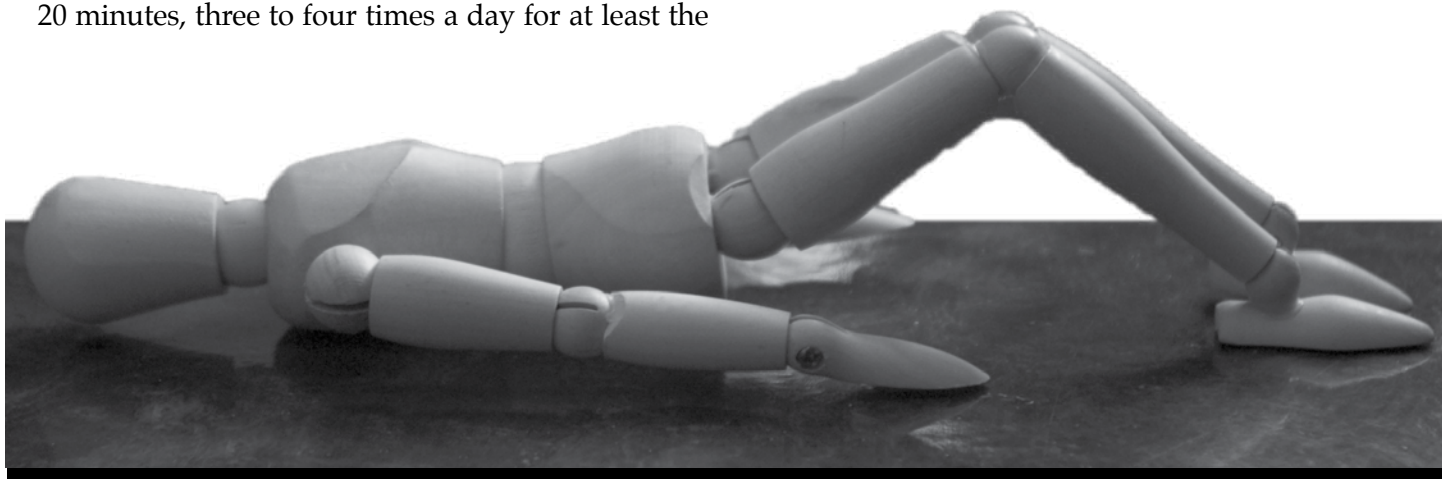
Most pain will go away within four weeks. Tips that can help relieve pain, swelling, stiffness related to back problems:

- Avoid bed rest. Excessive bed rest may delay healing
- Be active. Return to normal daily activities and work as soon as you can, keeping in mind that you may need to limit or modify some tasks
- Ice the injury. Apply cold packs to the injured area for the first 24 hours to 48 hours. Use them for 15-20 minutes, three to four times a day for at least the

first three days. Cold helps decrease the swelling and pain. Do not leave the cold pack in place for longer than 20 minutes at a time.

- Apply heat after 48 – 72 hours, if the swelling is gone. Use a warm pack of heating pad set on low.
- Gently massage your injury. Massaging the injury may help relieve the pain and encourage blood flow to the area. Do not massage the area if it causes you pain.
- Be cautious. Avoid sitting up in bed, sitting on soft couches, and twisting or sitting in positions that make your pain worse.
- Begin moderate exercise. Once the pain begins to lessen, start taking short walks on level surfaces to keep your muscles strong. Avoid hills and stairs. Add to your exercise program every week to slowly build strength and endurance.
- Start pelvic tilt exercises. These exercises gently move the spine and stretch the lower back. Lie on your back with your knees bent and feet flat on the floor. Slowly tighten your stomach muscles and press your lower back against the floor. Hold the position for 10 seconds; then relax. Make sure that you breathe normally.

The information above is for information purposes only. This information should not be used in the place of a medical consultation.



2.4.8 USE OF STAFF VEHICLES

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.

The following is to apply:

1. Employees are not permitted to transport Capital Health Authority, Family Supports for Children with Disabilities (FSCD), Child and Family Services (CFS) clients at any time in staff-owned vehicles.
2. Employees are discouraged from using their personal vehicles in their work duties. This may be allowed under the following circumstances:
 - employees must have a valid driver's license;
 - employees must have a minimum of \$1M of third party liability insurance. A copy of the actual current insurance is on the employee's file
 - the vehicle must be in good mechanical condition;
 - the vehicle must be driven safely, obeying all laws;
 - seat belts and other restraint devices must be used by all occupants of the vehicle;
 - the client will ride in the back seat, passenger side. If this is not practical/possible, an "Agreement To Transport A Client In The Front Seat Of A Staff Driven Vehicle" form must be completed and approved by the appropriate Manager. This form must be reviewed annually.
 - infants or children under 40 lbs. are not to be transported by employees.
3. Employees using privately owned vehicles for business use, approved in advance, will be paid mileage or a monthly stipend according to current Independent Counselling Enterprises practice.
4. A client will never be left alone in a vehicle for any reason.
5. Road and weather conditions should be considered prior to any outing keeping in mind client and employee safety and security.
6. Employees using their vehicles must have an approved First Aid kit in their vehicles at all times.



Transporting Clients with Behavioural Issues:

1. An employee should not take a client in their vehicle if at any time the employee deems it would be unsafe for the client or themselves. Taking public transportation (DATS, ETS, and LRT), walking, or staying home are options with many clients, as appropriate.
2. Mandatory Auto Insurance is required as per Policy 3.1.7 Mandatory Auto Insurance Coverage
3. If any of the following conditions apply:
 - The client has any history of aggression while riding in a vehicle
 - The client is not familiar with riding in a vehicle or can become easily agitated
 - The client has been showing signs of escalation or aggression in the 3 hours previous to the planned trip
 - The client is not agreeable to the planned trip
 Then permission must be obtained from the Community Support Coordinator/Community Team Coordinator. If the trip is to continue, extra precautions will be taken as instructed.
4. In all cases, the following will occur:
 - The employee will be aware of the client's potential behaviours and how to deal with them
 - The client must sit in the back seat, passenger side
 - Any loose objects (ex. snowbrushes, tools, clothes) will be stored out of reach of the client
 - The client will have their seat belt fastened at all times

5. If a client shows any signs of aggression or escalation while in a moving vehicle:
 - The employee will pull off the road as soon as it is safe to do so
 - The employee will attempt to de-escalate the client and/or obtain assistance as appropriate by using available assistance, calling 911 or the I.C.E. office or ECAT if after hours.

Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes

South Region – March 4th, 2009 meeting minutes

Re: near miss, vehicle stuck in ditch, called AMA & Taxi

Recommendations: Requesting additional information be included in regional H&S minutes so that other committee's have specifics necessary to assist in developing recommendations (i.e. road conditions, driver experience, speed, type of tires on vehicle snow vs. all weather tires).

Calgary – March 19th, 2009 meeting minutes

Re: Evaluation of current injuries and near misses. A staff was poked in the back by a client trying to obtain their attention

Recommendations: Requesting additional information re: the situation. (See note above). More mentoring with staff (working along side of staff) PBI/PBS training

Northwest Region – March 12th, 2009 meeting minutes

Re: Near miss on February 26th, 2009: an unknown male requested entrance into a residence to gain access to the building. Staff locked the door and communicated through the window.

Recommendation: Have door looked at all times. Consider installing a door chime, so that staff and client can hear when in a different room if someone has entered the residence. Look at the possibility of getting a automatic lock for the entrance. Review with staff ongoing, and ensuring that staff do not open the door before finding out who is on the other side and why they are there.

3.2 Evaluation of current Injury

March 23rd, 2009 – staff was preparing

clients for their day program and DATS pick up. One of the clients sat down on the floor and did not want to get back up. Verbal prompts were used, client refused to stand up. Staff went to assist the client so the client would not miss DATS. When helping the client staff felt a pain in arm/elbow. Staff did not inform anyone of the injury, phone in to ECAT to cancel the next shift but did not say that it was due to an injury that took place in the residence.

Recommendations: Proper lifting practices not followed. Staff should not be lifting clients up from the floor if the client is able-bodied. If there are positive approaches in place staff should review. Have a plan in place as this may occur again in the future. Offer a chair to client as an alternative during waiting times. Extra training for staff, so they know what is expected of them.

March 26th, 2009 – Staff provided night time medication to a client, the client refused to take the medication. Client went into the other room, staff was in the kitchen cleaning up and heard a noise behind him, he turned to see the client coming towards staff with a office type chair (on rollers). Staff put up arm to prevent the chair from striking staffs face. Staff was hit on the arm, above the eye and nose

Recommendations: Staff to ensure Positive approaches are in place and if they are to review them to ensure they include "medication administration best practices". Provide enhanced training to staff and review of PBI techniques.

March 18th, 2009 – Staff had parked car and was exiting vehicle to attend an appointment with a client, when exiting vehicle staff slipped and landed on knee. The knee was

bruised, scraped and swollen.

Recommendations: Be aware of the weather conditions and footing hazards at all times, traction aids for shoes, proper footwear.

March 16th, 2009 – staff attended the Medi-center with a client for chest x-rays. Client is leery of doctors and not fond of needles, the client believed that the doctor would be giving a needle. Staff tried to reassure that a needle would not be given, client became agitated and bit the staffs' hand breaking the skin and drawing blood.

Recommendations: prepare client prior to going to the doctor. Use communication systems that are most effective for the client (photos, pictures, auditory etc.) to ensure the client knows what will be happening at the appointment to ease anxiety. Staff may consider modeling procedures first at the appointment to put client at ease.

March – client had a container which contained perfume (sample). Staff asked the client for the container because the client should not have glass objects/toxic substances, the client refused. Staff removed the object for safety. The client became upset and went to the garage, client began to strike themselves, client went back into the residence and slapped staffs' face.

Recommendations: Positive approaches be used, ie offer an alternate safe container then remove the toxic substance and return the container to the client. Use PBI techniques i.e. give the client space when upset.

3.4 Review of 2008 COR Audit Action Plan.

The group reviewed Element 2 (page

8)

Element 2 – Hazard Identification and Assessment

Key Strengths: Hazards related to job descriptions and tasks are clearly identified along with control measures to reduce and manage the risk of identified hazards. Hazards are being assessed based on their frequency of exposure, potential consequences, and hazard probability. Staff at all levels sit on the health and safety committee and take part in the master hazard assessment form.

Each residential program has a site specific hazard assessment to communicate relevant hazards, and various methods are available for staff to report hazards. Staff have regular communication with their supervisors and, if needed, can contact ECAT after hours.

Key Recommendations:

Communicate Hazard Assessment to Staff Employees need to be made aware of the hazards and the controls in place to better prepare them to protect themselves from the hazards in the workplace. Ensure that the Master Hazard Assessment and Site Specific Hazard Assessments are being reviewed with staff when changes are made or when staff work in a program for the first time. (Ref 2.7)

Track Hazard Assessment Training –Ensure members of the health and safety committee have received training to provide valuable input into the hazard assessment process. Ensure all employees who are involved in reviewing and making changes to the Master Hazard Assessment and Control document are being provided with hazard assessment training. (Ref 2.6)

Continue to Improve the Use of Log Books – Hazard log books are meant

to be used in residential programs for workers to record changes that need to be made to the site specific hazard assessment or to add new hazards that they identify.

4.1 Health and Safety Article for May issue of ICE Page

Employees reporting health hazards (i.e. mould, air quality, health concerns, allergies)

1st Aid Kits - Corinne

4.2 Policy Review**MANDATORY FIRST AID KITS**

All employees of Independent Counselling Enterprises using their vehicles during

working hours (with or without clients) must have a "Type P" First Aid kit in their vehicle at all times. New employees are to purchase this kit prior to their first working shift.

All I.C.E. operated, facility based programs must be equipped with a No.1 kit and this is to be located in the medicine cupboard. This kit will be checked for completeness on a monthly basis by the Team Leader/Team Coordinator or designated staff member. Missing items will be replaced in a timely manner by the Team Leader/Team Coordinator or designate. After the onset of employment if the employee commences using their vehicle during working hours it is the employees responsibility to ensure the appropriate First Aid Kit is in their vehicle.

First Aid Record forms are located inside the first aid kits. These are to be completed by the employee when the employee sustains a work related injury that requires them to use any of the supplies within the first aid kit.

4.3 Health and Safety 2009 Policy Review

Next Policy review meeting

tentatively set for April 6th, 2009 at 10:00am

4.4 First Aid Kits

Mandatory First Aid Kits were discussed as per Policy 3.5.6

If staff are traveling by vehicle with or without clients it is mandatory that they have an Alberta Type P (Personal) First Aid Kit

Soft Case Kits (Green) can be purchased at the ICE Edmonton Reception desk at cost for \$13.87. The hard case kits can be purchased at cost for \$11.03

Sterile packaged items should be replaced yearly.

TC's/Managers/CSC are required to follow up with staff to ensure these kits are in place.

First Aid supplies are on site for the use of ICE staff but employees are required to fill out and submit a First Aid Record for each use of supplies.

If First Aid supplies in ICE program, Employee First Aid kits are missing, call Corinne (Staff will be asked to submit first aid record forms to account for supplies used).

4.5 Hazard Assessment Training for Health & Safety Committee

Hazard Assessment Training has been identified as an area for improvement in the COR Audit. Discussion was held on the value of having an ICE person with Hazard ID and Assessment "Train the Trainer" credentials in each region to offer training in this area to ICE Personnel. Brent currently has this qualification in Edmonton.

Discuss this with the other regions at SWOT or a Teleconference. Develop a plan for training H&S committee members and other personnel (i.e. Coordinators.).

Success Story: **Richard**

Richard is a quiet friendly man. He started services with Independent Counselling in 2000 when he moved from Red Deer into an ICE shared residence in Edmonton. Since 2005, Richard has been living in his own suite in a support home. Richard enjoys his current living situation and spending time with his roommates. He is proud of the progress he has made with his personal goals and is pleased that this success facilitated his move from a shared residence into his current living situation. Richard continues to build his life skills.

Richard is very connected to his family and regularly visits his siblings (his brother and his two sisters) and their families. He is a proud uncle to several nieces and nephews. Richard loves chatting and visiting with family, friends and members of his support network. He also enjoys quiet time at home watching his favorite news and food shows on television.

Richard is a helpful person with many talents. While living in Red Deer, Richard received training in basic woodworking; he now uses these skills to make small repairs around his home. Richard is also an excellent cook. He loves to pick up new cooking tips and recipes from the Food channel. Richard is always willing to pitch in to lend a hand for functions and events like the annual ICE Open House celebration.



All ICE offices will be closed for
Victoria Day

Monday May 18th

Please direct all
calls to the Employee Client
Assistance Team for these days.