

ICE Christmas Open House and Annual Employee Awards

St Michael's Parish Hall
12918 – 121 Street
(East door),
Edmonton
November 23rd, 2006
12 noon to 4 pm.

Employee Awards will be
presented at 2 pm.



WHERE WHAT YOU DO REALLY MATTERS

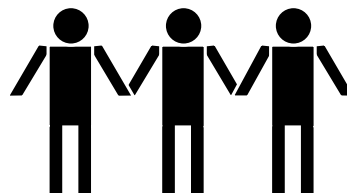
Brand New Initiative! Incentive for Referring Employees

We have always appreciated our employees' referral of their family and friends to I.C.E. In an effort to recognize this we have initiated an incentive program for your continued loyalty and commitment.

Here's how it works!

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

What could be easier!



Empowerment, Integrity, and Caring

ECAT

Employee &
Client Assistance
Team

461-7236

after office
hours



MEETINGS

Health &
Safety Meeting

Thurs, Nov 2, 10:30 AM

Team Leader
Meetings

Thurs, Nov 16, 1 - 3 PM

RPAC

Thurs, Nov. 2, 2PM - 5PM

Thurs, Nov 16 2PM - 5PM

Thurs, Nov 30 2PM - 5PM



TIME SHEET HAND-IN



Hand-in day will be:

Wed, Nov. 15, 2006

for all shifts worked
between
Nov. 1st and 15th
and

Thur, Nov. 30, 2006

for all shifts worked
between
Nov. 16th and 30th

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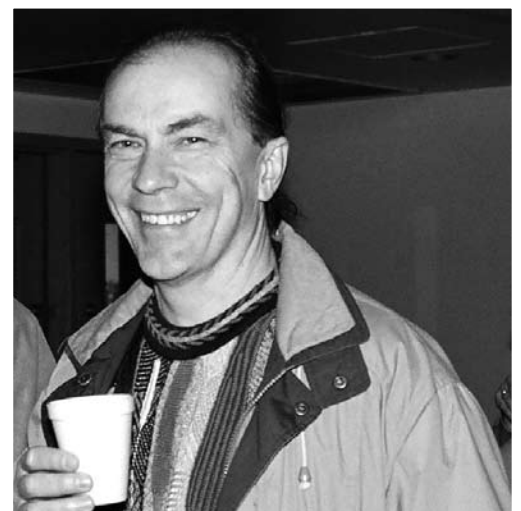
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On Thursday October 26th, 2006 Independent Counselling Enterprises proudly hosted an Open House celebration in honor of the agency's 20 years of service in Alberta. In attendance were individuals receiving supports, families, community partners, and staff. The event was made even more special by the photos and personal memories shared during the event. I.C.E. would like to thank everyone involved for the last 20 years and looks forward to the next 20!



NEW

NEW TRAINING OPPORTUNITY FOR FRONTLINE STAFF

FUNDAMENTALS OF DIRECT SUPPORT

**November 17, 2006
to
March 9, 2007**

HOW ?

TO APPLY:

1. Complete a letter of intent (you can get one at front reception)
2. For "Posting Number" write Fundamentals of Direct Support
3. You will be notified by Nadine or Diann if you have been accepted
4. For more information contact Nadine 732-2337 or Diann 453-9657

WHEN ?

Fridays

November 17, 2006 until March 9th

9:00 am—1:00 p.m.

WHAT ?

Independent Counselling Enterprises is thrilled to offer a training program to all frontline staff.

- ◇ Completion of this program will enhance your knowledge and skill level so that you can perform your job with excellence
- ◇ Participants successfully completing this program will be eligible to apply for Team Coordinator Training
- ◇ Certificate awarded upon completion

WHY ?

**ENHANCE YOUR
SKILLS !**

**UNDERSTAND YOUR
ROLE AS A SUPPORT
WORKER!**

SUCCESS STORY

A view from the Summit

My name is Derrick. I am a self-advocate and I belong to the Self-Advocacy Federation (SAF). I am treasurer and on the steering committee. I am also a member of the Gateway Board of Directors and have been nominated for an award with Gateway. I would like to tell you about the Self-Advocacy Summit that took place in Edmonton on September 29 – October 1, 2006. I was asked to speak at the Summit about the Edmonton Self-Advocacy Federation. I talked about how the SAF started. It started out as a group called Voices for the Future and now has expanded and is called the Self-Advocacy Federation.

The next workshop I went to was about A.I.S.H. Some people talked about how A.I.S.H. asks about too much private information such as how many people you are living with and how much money you have in your bank. People said it “feels like they are invading your space”. Also people said that when they phone their A.I.S.H. worker they don’t return messages.

Another workshop I went to was one about Michener Center. It is a large institution in Red Deer. Michener Center seems to be getting better at getting people out and about in the community.

I really enjoyed the Self-Advocacy Summit staying up to the wee hours of the morning networking with other self-advocates. I learned a lot there. I plan on going to future conferences.

CET STANDARDS: 21

Individuals are supported in their leisure time pursuits.

*(This Quality of Service
Standard # 21
compliments the Quality of
Life Standard # 9)*

About this standard...

Leisure time is not called “free time” because there is “nothing to do.” Rather, it is a time frame that individuals are free to use to engage in fun, enjoyable and possibly stimulating activities. Individuals with disabilities should be able to choose to participate in the same types of leisure activities as people without disabilities in their community. The service provider should provide information about options and opportunities to experience these, and support individuals to spend their leisure time in a way that is personally fulfilling.

Key indicators include...

- The service provider knows what the individual’s interests and preferences are regarding leisure activities.
- The service provider presents information to the individual about potential leisure activities that are compatible with her interests.
- The service provider creates opportunities for the individual to experience leisure activities that are compatible with her interests.
- Staff support the individual to find the right balance for her between being too busy and not busy enough.
- Staff support the individual in her choice of leisure activities.
- The service provider has a strategy for helping the individual to assess her satisfaction with her leisure activities, and takes follow-up action as appropriate.

Announcement

Relief Staff Monthly Meeting

Why: These Relief Staff Monthly Meetings are coming about as away of giving you a forum to:

- Raise and discuss issues of concern
- Meet other relief staffs
- Work as a team with fellow relief staff, Booking Coordinators, Scheduling Manager, and Field Training Specialist among others in resolving issues as the arise.

When: Wednesday, November 15, 2006 1-2:30 pm

Where: ICE Office; Conference Room # 1

Please note, you will be paid for the meeting time, and all these monthly meetings will be held on paydays, for your convenience. For more information/clarification contact Buk Arop, Field Training Specialist @ 732-2342.

Leadership Today Presentation



DATE: November 7, 2006 **TIME:** 11am - noon

LOCATION: ICE Training Room

FOR: Clients, Support staff, guardians

Purpose: To learn about the courses offered by Leadership Today around self-advocacy, which include:

Leadership Training

Over five days, people with developmental disabilities learn about rights and responsibilities, how to make decisions and solve problems, how to communicate more effectively, and how boards work. Participants are also taught how to set their own goals and priorities, and how to work with others toward a common goal.

Partners in Advocacy

This half day workshop is for support workers or others who want to learn how to support people with significant developmental disabilities to make day-to-day decisions and to have their preferences respected. This course is facilitated or co-facilitated by self-advocates.

Supporting Self-Advocacy

This half day workshop is for support workers, families, or any member of the community who wants to learn how to support people with developmental disabilities to take charge of their lives, or take on leadership roles in self-advocacy groups and other community groups. This course is facilitated by self-advocates.

All courses are sponsored by PDD; there is no cost for clients, guardians, or support staff to attend.

Contact your Coordinator/Manager to confirm your attendance.

*Capital Health will have
their flu vaccine
available November 6th.*

*Be sure to pick up their
pamphlet on the flu.*

Thank  You!

"Thank You!" Card Incentive Prize Winners

Christine Bittman:

Appreciation of efforts at your program
From: Booking coordinator

Loretta Johns:

Showing your dedication and professionalism.
From: ECAT supervisor

Nelina Antonio

Always helping out
From: Booking Coordinator

TRAINING



CPI Training (2 Days)

November 27 & 28, 9am-4pm both days
As described on the ICE website

CPI Training (1 Day Refresher), Nov. 28, 9am-4pm

As described on the ICE website

Proactive Behavior Intervention,

Nov. 2, 9, 23, 30, 9am-5pm
As described on the ICE website

Mission Possible, Nov. 10, 16, 9am-12pm

As described on the ICE website

Connecting the Dots Nov. 14, 9am-5pm

As described on the ICE website

ODD/ADHD/Conduct Disorder, Nov 30, 2pm-5pm

As described on the ICE website

Autism/Aspergers Syndrome , Nov. 9, 9am-1pm

As described on the ICE website

Schizophrenia Nov. 21, 9am-1pm

As described on the ICE website

Documentation & Reporting Practices,

Nov 30, 9am-1pm
As described on the ICE website

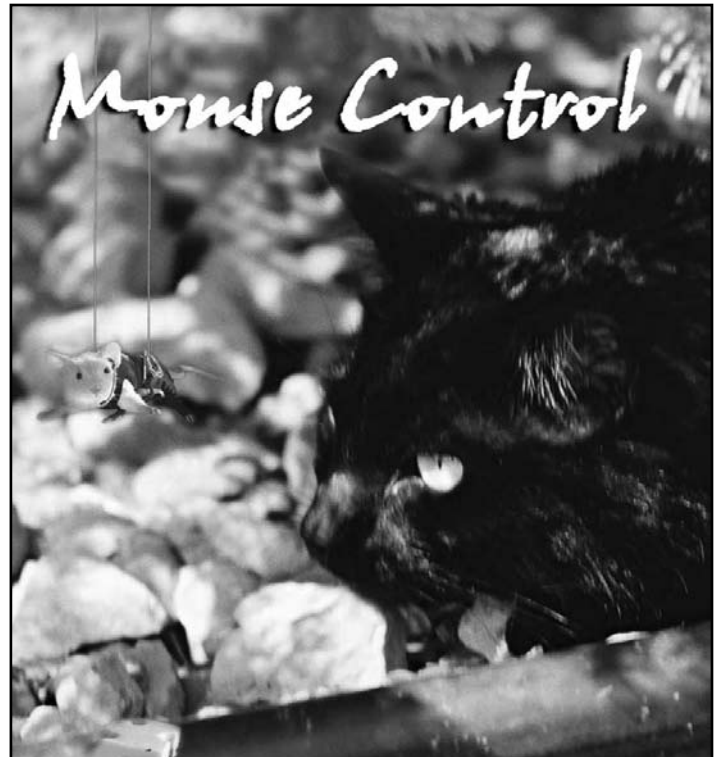
Health Corner

At this time of year, people are not the only ones looking for a warm comfy spot. Mice are too, and slip into any opening looking for warmth and a good food supply. Screens with holes in them, window cracks, or doors being left open while we carry in groceries may provide easy access to our home. It is vital to know how to eliminate and clean up after them.

Hazard Identification: possible exposure to hantavirus in dust from nesting material and droppings of mice (While Deer mice are the ones normally blamed for hantavirus; they are not the only mice that may subject us to exposure). All staff and clients should be aware that this exposure to hantavirus does have severe consequences and all staff potentially exposed **MUST** be aware of the hazards and follow control procedures.

Elimination of Mice

1. Any trap that kills the mouse is best.
2. Place traps in mouse runs (along walls in darkened areas, especially unused ones and in the basement.) make sure all the occupants of the home are aware of the location as well.
3. After trapping, inform others of the hazard, put on PPE (gloves and N95 masks) and spray the mouse and trap with a bleach solution of about 1 part bleach to 9 parts water – 10%) in a bleach bottle. Another disinfectant can be used, as long as it is a powerful germ-killer. Make sure the area is wel dampened, to keep the dust down.
4. Put the trap with the dead mouse into a plastic bag and seal it. Put it into the garbage and take the garbage outside.
5. Secure the home. Check for all possible entry points out-



side the home, from bottom to high where the possibility to climb exists. Mice can gain entry through an opening as small as 6 mm. Identify possible entry points and seal them using materials that are not easily gnawed through. Contact the landlord or ICE Health & Safety for assistance.

6. Continue to look for signs of mice inside the home. Droppings might be found almost anywhere, countertops, inside cupboards, along mice runs. Other signs include scattered nesting materials like dry grass or wood chips.
7. It is wise to store all food in sealed containers . Mice will gnaw their way through a bag, so a metal, glass or plastic container is advantageous. They will climb into cupboards, up into drawers and leave their little messes. Be watchful, as this is the time of year they seek the warmth of your home.



Find frequently used forms at
www.icepage.com

go to the "ICE Staff" section by entering
User name "iceuser" and password "100smiles"

OH&S: September Stats

Year	Month	Total Injuries	Lost Time Injuries
2005	September	6	4
2006	September	9	3

2005 September 6 4

2006 September 9 3

7/9 Injuries in 2006 arose out of client behaviors.

1/9 Injuries was the result of a motor vehicle accident where an employee was rear-ended. (1 Lost Time)

1/9 injuries was the result of a slip and fall, compounded by inappropriate shoes (1 Lost Time)

Our goal is to reduce the number of injuries we are having.

Each injury must be reported.

Each injury must be investigated.

Membership in Health & Safety Committee

An employee recently commented that both the Health & Safety Program and ICE Page are only for those employees working in the residential programs, and I was amazed. All articles for the ICE Page have been written for all employees, and it was obvious to me that she must not have read it if she made that comment. And, if she didn't read it, what other information is she not getting? What about the ICE RRSP contributions?

And would health and safety, by any chance, be bettered by her involvement? Health and safety, for example, relies upon involvement from all areas to discuss and guide us in the issues that need development, and consideration by a team, not just one person or management's perspective. How limited we are if we have only representation from one area. We need involvement from all areas and Home Care, Office, Residential and Day Programs are all welcome to participate. As we are a community of workers and employees under the umbrella called ICE, then we need to support ICE and be active and involved in our organization. It is easy to sit and complain but far more satisfying to take part and involve ourselves in meaningful co-operative work. Thank you to all our members who faithfully come and take part. We wouldn't be ICE without you!

HEALTH AND SAFETY COMMITTEE MINUTES

3.2 Evaluation of current injuries and near miss

1 Lost Time:

Motor vehicle accident: individual turning left and was rear-ended

- Discussed that the incident occurred on the way to work, but was covered because it was outside of normal routine (coming to office rather than house). These judgments come from WCB, however, and do not follow a specific guideline.

• 5 No Lost Time:

Client Escalation: staff was punched in the arm and chest. Experienced acute pain but declined to see doctor at first, but has since. Discussed that when injured staff should see doctor within 24 hours.

Client Aggression: client asking worker to go home, worker stated that he couldn't leave- client tried to bite the top of his head. Discussed that the team needs to work together- there appears to be some difficulty as the two teams recently merged.

Client escalation: glasses were broken

Elaine looking into what may be causing the recent increase in glass breakages- has not found any specific factor.

1 Near Miss:

Back stairs by Payroll are very slippery when wet

4.1 Cigarette smoking at the office

- Clients have access to the butts thrown on the ground or in the open ash trays

Discussed getting cigarette bins- cannot access the cigarette once thrown in and reduces risk of fires

- Smoking at the residences- butts need to be discarded at the end of every shift

Smoking should also be confined to the designated smoking areas- behind the building or on the west side- no smoking in front

4.2 Cleanliness of the lunchroom

- No water in the lunchroom to wash the tables appropriately

Suggestion to get 'wet ones' or 'clorox wipes'

4.3 Equipment Control

- Dolly, steam cleaner, Hoyer lift, etc occasionally go missing
- Need a sign in/sign out for the equipment so it can be easily located
- Need a designated spot to store these items so they are returned
- Reminder: steam cleaner does not leave the office

4.5 Ergonomic

- Elaine will be having a clinic in the next week or two
- Will show everyone how to complete them, then pairs can complete together and Elaine will check once completed.

4.6 Changing light bulbs

- Must have a spotter if using ladders.
- Do not climb on chairs.

Committee did not feel that this was an issue at the homes. Discussed in TL meetings last year

2.3.12 BLOOD-BORNE INFECTIOUS DISEASE CONTROLS

In regular performance of work duties, all employees and clients may be exposed to the risk of blood borne infectious diseases through contact with an infected individual's blood (wet or dry), non-intact skin, mucous membranes, or certain types of bodily fluids. I.C.E. recognizes that it is not possible to know conclusively which people receiving support have blood borne infectious diseases such as HIV, Hepatitis B and Hepatitis C. In order to balance the risk of transmission, Standard Precautions (previously referred to as Universal Precautions) must be used at all times.

Employees are to assume that each direct exposure to blood (wet and dry), body fluids, non-intact skin or mucous membranes may result in the spread of an infectious disease. I.C.E. requires that in the process of providing personal care, each employee must use Standard Precautions with all clients, thereby protecting both client and employee from potential spread of disease.

When I.C.E. becomes aware of a client having blood borne pathogens which may then place employees at a risk of contact with blood borne pathogens, we will inform employees working with that client. When an employee becomes aware of the previously unknown presence of blood borne pathogens in a client, they will notify management through a critical incident form. Changes will be made to the client profile and other employees working with the client informed.

All employees that will be working with clients with known or suspected cases of the above diseases, will be informed of this risk and have the right to refuse without repercussion.

Controls

1. ICE employees are to follow established administrative controls and wear appropriate personal protection equipment in accordance with accepted Standard Precautions.
2. All employees will have access to appropriate personal protective equipment, at no cost to the employee.
3. All employees will receive training about the transmission of infectious diseases and about the Standard Precautions necessary for working with all clients. This training will occur prior to the employee's first shift with the agency. The training will cover:
 - a. Various diseases, their transmission methods, and the short and long-term effects of the disease.
 - b. Standard Precautions, including hand washing, the use of personal protective equipment, good sharps usage, and aseptic techniques as barriers against infectious diseases.

- c. The procedure necessary to follow if the employee believes he/she has been exposed to disease through contact with a client's bodily fluids.

High Risk Situations

I.C.E. recognizes that specific behaviors (e.g. tissue-piercing biting, abuse of sharps, self abusive behavior that causes bleeding) of an individual may increase the risk of transmission of blood borne infectious disease to others. These situations will be approached differently than the regular procedures described above.

These situations will be managed on an individual basis. This individual management will be the responsibility of the supervisor in consultation with an I.C.E. Registered Nurse. These individual precautions may include any or all of the following: a requirement for testing for blood borne infectious disease, additional education and training provided to employees, refusal to provide all services or certain types of services to the individual, and mandatory vaccination of employees and other individuals exposed to the hazard.

Employees who become aware that they have tested positive for a Blood Borne Pathogen and work in a situation considered high-risk as described above are required to inform the Health and Safety Specialist.

Post- Exposure Procedures

Any employee who experiences a sharp or needle stick injury with exposure to blood and/or body fluids, an exposure to a splash of blood or body fluid in the eye, nose, mouth, open wounds, or to chapped, derided or damaged skin, or a human bite with broken skin shall:

1. Wash the affected area for 10 minutes with soap and water or cleaners to reduce contamination, or flush with water if the eye is affected.
2. Seek medical attention immediately if required, but no later than 24 hours after exposure.
3. Immediately notify your supervisor.
4. Complete an Incident Report including documentation of the route of exposure and the circumstances under which it occurred (see Policy 2.7.3 Critical Incidents).
5. Follow your physician's recommendations
6. Follow Policy 3.5.5 Employee Work Related Injury, Illness And Near Misses.
7. Provide your direct supervisor with regular updates.