

## Employee Spotlight Muaz

Muaz Hussien Elamin Hassan is an ICE employee with a wealth of knowledge and leadership skills. He was born in Sudan to a middle class military family with 3 brothers and 4 sisters. Muaz studied agriculture in Sudan and later obtained a Master degree in Disaster Management and Refugee Studies. In 2002 he chose to immigrate and selected Canada as his country of choice, arriving first in Montreal. Muaz moved west to Edmonton in 2004 and lucky for the agency applied at ICE his first day in Edmonton. (Muaz and a friend had operated a small center for children with learning disabilities in the Sudan and it was this background experience that brought him to ICE.) Muaz was hired immediately as a Community Support

Worker and he worked shifts across various ICE homes for two years. In 2006 Muaz joined the ICE Employee Client Assistance Team (ECAT) and later moved into a role as a Personnel Coordinator.



Beyond his role at ICE, Muaz is a well traveled humanitarian and activist. He has worked with or as counterpart for United Nations (UN) agencies in Africa, Rwanda, Congo, Zaire, Uganda, Kenya, Ethiopia, Eritrea, Mozambique, and Tanzania. Muaz has visited 90% of African countries as well as Europe, South East Asia, and South America! He has been an active member of many organizations including UNHCR, UNICEF, WHO and UNFPA working with refugees, internally displaced people and dealing with disasters and emergencies and post emergency issues.

Muaz maintains a strong commitment to the humanitarian field and the UN system. His excellent work with the UN continues in various projects. Muaz demonstrates a dedication to helping people that makes him an invaluable member of the ICE family and a true inspiration for us all!

### Did you know?

- The Millennium Assembly and the Millennium Summit held from September 6-8th in September 2000 was a historic occasion where 188 of the Member States of the United Nations gathered to address the challenges of the new century including: six billion plus human beings, rapid globalization, intractable conflicts, genocide and ethnic cleansing, promoting development, combating poverty and AIDS, and controlling climate change.
- From the UN Millennium Summit the United Nations outlined a practical vision for UN activity in a new globalized world. This vision is clarified in the Millennium Development Goals (MDG) that UN members are seeking to meet by 2015.
- WHO – stands for World Health Organization
- UNHCR – stands for UN High Commissioner for Refugees. (UNHCR) protects and supports refugees and assists in their return or resettlement.
- UNICEF – stands for United Nations International Childrens Emergency Fund.
- UNFPA – stands for United Nations Fund for Population Activities.

Learn more about the UN at the following web site: [www.un.org](http://www.un.org)

**ECAT**  
Employee &  
Client Assistance  
Team  
  
**461-7236**  
after office  
hours 

### MEETINGS

#### Health & Safety Meeting

Wed, Nov 7, 10:00 AM

#### Team Leader Meetings

WED, NOV 21, 1 PM

#### RPAC

Thurs, Nov 8, 2PM - 5PM

Thurs, Nov 22, 2PM - 5PM



### TIME SHEET HAND-IN



Hand-in day will be:

**Thur Nov 15, 2007**

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

**Fri, Nov 30, 2007**

for all shifts worked  
between  
November 16th and 31st

### CONTENTS

Success Story .....	pg 2
Training.....	pg 3
Tuberculosis .....	pg 4
Crossword .....	pg 5
Policy Review .....	pg 6

## SUCCESS STORY: KARA

Kara has experienced some big changes in her life recently, and has met these challenges with enthusiasm, with the love and support of her family. She moved from her family home south of Chain Lakes, and now lives with a supportive roommate in High River. Not only did Kara's living situation change, but she started a new day program as well.

When asked how she feels about her recent move, Kara said, "Its working really good, I love it, its perfect." She continues to enjoy spending weekends at her parents' ranch, where she helps out. For example, Kara recently helped finish the garden fence for her mom. Kara is also enjoying her new day program, which she describes as "awesome." Through this program she is learning to cook, and does recycling. When asked about her plans for the future, Kara said she is thinking of finding another job. She has some specific ideas about what she would like to do, and noted, "I love being around cattle and in the kitchen." Kara also seems pleased about the new social opportunities she has been presented with through all of the recent changes, as she points out, "I'm meeting new friends every day."

## Thank You!

**Jacqueline Pearson won a 5.8 three set Cordless Uniden phone.** From Lorraine Berglund, Community Supports Coordinator. On Sept/25/2007 assisted in developing seizure protocol for her client.

**Louann Linfield won a Philips DVD Player with HDMI and USB ports.** From Lorraine Berglund, Community Supports Coordinator. Attended meeting for the client and assisted with the AISH admin application process.

**Cyprien Nsengiyumva won a Rival Digital Skillet.** From ECAT, Personnel & Training. Demonstrated Client Care, taking last minute shifts, and willing to stay more time helping co-workers.



## Remembrance Day Holiday

Remembrance Day holiday for 2007 is designated as November 11.

All ICE offices will be closed Monday November 12th. Please direct all calls to the Employee Client Assistance Team for this day.

### Occupational Health and Safety Statistics

6 no lost time incidents in September 2007

## EDMONTON REFERRAL INCENTIVE WINNER

**Three employees' will receive an additional \$50.00 on their next cheque. Congratulations go out to the winners with thanks for the referrals!**

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

## Health & Safety Minutes

### Review and discussion of Injury/ Near Miss Investigations

1. Staff cut finger on a razorblade stored in client box of items. Staff reminded to visually inspect any items they are handling before putting hands in. Client and staff will be reminded of proper razor disposal.
  2. While administering medications staff was physically aggressed (punched staff and pulled hair) upon by client. This involved the client entering an unlocked medication cupboard as he disagreed with staff that the other meds in it were not to be administered. Staff should be reminded to keep medication cupboard locked at all times while administering medications. TL needs to ensure that MAR sheets are up to date.
  3. During bath assist a shower curtain rod fell on staff's back due to client using it as support to get in and out of tub. Rod is a tension rod. Contact AADL and get bath bars for tub. Secure shower curtain rod to wall so there is no chance of it falling again. Redirect client if he tries to use the rod again as a support.
  4. Client spit at staff while agitated. Staff followed client to his room afterwards to tell him that spitting was not appropriate. Remind support staff of de-escalation techniques and to give clients space and privacy when they are agitated.
- 3.4 Hazard Assessment and Control Document**
- The group discussed sample ideas for the site specific hazard assessment and control document.
- Example's included for certain homes:
- Interaction between roommates with ongoing power struggles
  - In some homes a small amount of items are kept upstairs and extra items downstairs. This may be due to over consumption by clients and for health reasons. Examples for one home were

coffee; sugar, Splenda and teabags are kept downstairs. Every time the supply upstairs is finished it must be replenished. A client will escalate if he is denied any of these items, so a Site Specific Hazard would mention this process to ensure that staff know to bring these items up and thereby eliminating the hazard.

- Client likes to take apart major appliances including furnace, and water heater.
- Clients that bring friends over specific to that home.
- Monitoring moisture in the basement of that home.
- Driving three clients in your car. Listed in the Hazard should be where each client is seated and a mention of the Front Seat Approval form for which client can sit in the front seat, if applicable.
- At one home the client smashes dishes outside the home. This is a specific behaviour that staff may not come across at other homes.
- Special responses required in an emergency (i.e. client's resistant to leaving, or providing physical support)

All programs must complete a site specific Hazard ID document.

### 4.1 Disciplinary Process

Staffing concerns were discussed and how to handle them. This included support staff refusing to do certain tasks like cleaning, showing up late for work, and leaving shift early. Process was discussed as per Policy Manual.

### 4.2 Post Traumatic Stress Counseling

Kelly discussed this with the group as a staff member had asked her about accessing this support as a result due to injury. Pam explained that WCB should cover counseling as it is due to the accident. The WCB adjudicator will need to make this decision.

## TRAINING

Promoting Safety  
Nov 15th, 9am-12pm  
Nov 29th, 1pm-4pm

Documentation and  
Reporting Practices  
Nov 8th, 9am-1pm

Proactive Behavior  
Intervention  
Nov 1st, Nov 8th,  
Nov 22nd, Nov 29th,  
9am-5pm

Alzheimers & Dementia  
November 13th & 14th,  
2007 (Both days required),  
9am-5pm

Positive Behaviour Support  
Nov 22nd 9am-5pm

All of the above as described  
on the ICE website.

## ECAT

A word from ECAT:

### When should employees call ECAT?

ECAT responds to emergency and high priority calls. Staff should clearly state their first and last names, employee ID and the reason for the call when leaving message to ECAT, so that their message could be prioritized accordingly (refer to Policy 3.3.6 EMPLOYEE AND CLIENT ASSISTANCE TEAM {ECAT} SUPERVISION).

### May staff still call ECAT for shifts?

Yes. But remember to keep it as brief as possible. For effective time management of bookings it is advisable for an employee to call-in their availability weekly to the office (refer to Policy 3.4.7 EMPLOYEE AVAILABILITY TO WORK AND TO COMPLETE SHIFT ASSIGNMENTS).

### How much time does an employee need to cancel a shift?

Staff needs to give ECAT or their booking coordinators a minimum of 4 hours notice if unable to work. Remember that employees are called total shifts based on their availability to work, that employee has provided the agency (refer to Policy 3.4.7 EMPLOYEE AVAILABILITY TO WORK AND TO COMPLETE SHIFT ASSIGNMENTS).

### When can ECAT/ Booking cancel your shift?

ECAT/Booking would cancel any shift due to unexpected changes in clients needs (refer to Policy 3.4.1 RATES OF PAY & HOURS OF WORKS).

### May an employee contact ECAT to report lateness or absenteeism?

Absolutely. It is the employee responsibility to notify their supervisor or ECAT (if after hours) for lateness or absenteeism as soon as possible in regard to their own circumstance or that of others (refer to policy 3.4.6 LATENESS AND ABSENTEEISM)



# Health Corner

## TUBERCULOSIS

### A Person with Latent TB Infection

- Has no symptoms
- Does not feel sick
- Cannot spread TB bacteria to others
- Usually has a positive skin test or QuantiFERON-TB Gold test
- Has a normal chest x-ray and a negative sputum smear
- Needs treatment for latent TB infection to prevent active TB disease

Tuberculosis (TB) is caused by a bacterium called mycobacterium tuberculosis. TB usually attacks the lung (50-75 percent of infected), but also can affect other parts of the body such as the kidney, brain, and lymph nodes. There are two types of Tuberculosis: Latent TB infection and Active TB disease.

The differences between latent TB infection and Active TB disease:

### A Person with Active TB Disease

- Has symptoms that may include:
  - a bad cough that last 3 weeks or longer
  - pain in the chest
  - coughing up blood or sputum
  - weakness or fatigue
  - weight loss
  - no appetite
  - chills
  - fever
  - sweating at night
- Usually feels sick
- May spread TB bacteria to others
- Usually has a positive skin test or QuantiFERON-TB Gold test
- May have an abnormal chest x-ray, or positive sputum smear or culture
- Needs treatment to treat active TB disease

### How is Tuberculosis Spread?

Tuberculosis is spread through the air when someone with infectious TB disease coughs or sneezes. Another person may then inhale the TB bacteria into their lungs. People cannot get infected with TB by handshakes, sitting on a toilet seat, or sharing dishes with someone who has TB.

### Who is at Risk for Tuberculosis in Canada?

Anyone who has come in contact with persons who has infectious TB disease may be at risk for TB. To get TB infection, however, a person usually spends many hours every day with the person who has infectious TB disease. People who live in overcrowded housing with poor air circulation may be more at risk of getting TB infection. A person may also be at higher risk because of where they were born, their ethnic origin or where they live or work.

Canadians who are at higher risk of being infected with TB include the following:

- People born in or traveling to countries where TB is common
- People with an Aboriginal background
- Homeless people
- Alcoholics

- People who work or live in a prison or jail
- People over 65 years of age
- People who work with any of the above high-risk groups (i.e., health care workers)

### Tuberculosis Skin Test

A TB skin test looks for TB infection. TB proteins are injected under the surface of the skin. If a person is infected with TB, a hard swelling (indurations) will develop at the site of the injection in 48 to 72 hours. A health care professional must measure the size of the reaction and tell you if the test is positive.

A positive TB skin test usually means that you have TB infection. More tests should be done to make sure you don't have TB disease. Your doctor may order a chest x-ray or a test of your sputum (phlegm) to look for TB bacteria. A positive test without TB infection can happen in people who have been vaccinated with BCG or who have been infected with other TB-like mycobacteria

A negative TB skin test usually means a person is not infected with TB. A negative test can happen in a person who has been recently infected. It usually takes 2 to 12 weeks after exposure to a person with infectious TB disease for the skin test to become positive

[illegible]

**ACROSS**

1. Name the CEO of ICE
2. The weekday that the health and safety meeting is held
3. An example of a sharp that should be locked up
4. Type of inspection report
5. Policy 3.5.4
6. Environmental quality audit
7. Who you should go see when you are hurt

**DOWN**

8. Type of lift
9. "Blank" and safety committee
10. A hazard control name
11. Need one on every level of a home in case of fire
12. What to wear when you enter a home
13. Type of first aid kit you need in your car
14. Last name of ice's coo
15. Another type of hazard control
16. 3rd type of a hazard control
17. Workplace hazardous materials identification system
18. A close call where you could have been hurt but were not
19. What to wear on your hands when doing personal care
20. Name of audit (hint initials for certificate of recognition audit)

## 2.3.4 Client Residence

In keeping with the last two months articles in the ICE Page regarding “Minimum Housing and Health Standards” please review the following policy:

The residence is recognized as the client’s and as such he/she has the right to be involved and control their physical environment to the extent that they are cognitively, physically and financially able. The following policies apply:

1. The Home and its Contents: I.C.E. will assist the client to obtain suitable and affordable accommodation in the terms of a rental situation as I.C.E. does not own the facilities/homes. It is the financial responsibility of the client to furnish the home with the exception of the contents of the staff room and the fire extinguishers. I.C.E. will not assume financial responsibility for the personal property of the client and this includes furniture. I.C.E. will assist with the purchase and maintenance of the furniture but not financially.

Any maintenance for the actual physical structure is the landlord’s responsibility and the client must assume the financial responsibility for damages/destruction that is of their doing.

2. Client Involvement: The client has the right to control the temperature of the physical environment to the best of their abilities at a temperature that supports the comfort of the majority of the residents.
3. Client Involvement: The client has the right to be involved in the menu planning and preparation to the best of their abilities. When planning menus client choice and physical well-being must be considered. Three meals must be provided between the time the client is awake in the morning until 7 p.m. daily. Snacks and fluids must be available. The client is financially responsible for food purchases and staff will assist with the budgeting and purchasing as required for the same.
4. Each residence holds monthly client meeting to solicit feedback from the client in a formal manner other than what is provided on a daily basis. The meetings are documented and kept on file. In addition the I.C.E. Communi-

ty Liaison will meet with clients to encourage and obtain their input and feedback about their current living situation and their well being. Guardians are welcome in the home at any time and they do have a key to the home in order for them to provide feedback and assistance to the staff. Formal feedback is obtained from the guardian at the annual planning meeting.

5. Licensed Homes: It is I.C.E.’s responsibility to obtain Licenses as per legislation and to ensure that government standards are met as they apply to the agency as a service provider. A copy of any license and or certification as it applies to the above must not only be present in the home but a copy kept in the residential file at the main office.
6. Prior to any residence moving into a home/residence the Minimum Housing and Health Standard form from I.C.E. must be completed and in compliance. For **Support Home Operators** this document is done at the onset and attached to the service agreement and completed yearly thereafter. Should a client move bedrooms within the facility, there is construction in the home or his/her home is relocated a new form must be completed during the year. Once the support home operator complies with the form an I.C.E. representative must validate the accuracy of the document. For Residential programs operated by I.C.E. the Minimum Housing and Health Standard form must be completed prior to the client moving into the home. It will only be completed thereafter should a client move to a new home or change the location of his/her bedroom in the existing home. This document is then attached to the lease and filed in the residential office at the main office. Any correspondence to the landlord or from the landlord in regards to Minimum Housing and Health Standards must be in the section of the file as well. All contact with the landlord in regards to these Standards must be supported by written documentation.



Find frequently used forms at  
**[www.icenterprises.com](http://www.icenterprises.com)**  
 go to the “ICE Staff” section by entering  
 User name “iceuser” and password “100smiles”