

EMPLOYEE *Spotlight* Angelina

Angelina Daniel started working for ICE in October 2006 as a support worker for Non Residential programs in Edmonton. She continues to be a valued staff member with two years of experience at the agency.

Angelina moved to Canada with her husband and four daughters in 2002. She had a nursing background in Sudan, her native country. Angelina still has many close

ties and family members residing in Sudan. She is a bright, talented woman who speaks five languages! These languages include: Dinka, Arabic, Nuer, Chulk and English. Angelina has plans to return to part time studies in the New Year.

Angelina says that she likes to work with ICE and that she receives lots of support to preform her job, "ICE is part of my family and I am proud of ICE." Angelina also notes that she is, "Happy that my client is doing so well." She says she finds it very rewarding to help individuals build success.

Angelina's caring and calm manner builds trust, and her skills in this area have assisted the person she supports in the achievement of their goals. In June, 2008 the individual Angelina supports at ICE was chosen as a participant in the Creating Excellence Together (CET) Survey. Angelina and her client enjoyed the chance to share their successes with the CET surveyors. Recently, Angelina and her client participated in



the Certificate of Recognition (COR) ICE recertification audit in September, 2008. They offered the external auditor the chance to observe ICE staff incorporating health and safety principles and practices into daily work in the community.

Angelina always provides support with a smile on her face. She brings creativity, professionalism, care and compassion to her role every day. Thank you, Angelina!

Did you know?

Sudan, in northeast Africa, is the largest country on the continent, measuring about one-fourth the size of the United States. Its neighbors are Chad and the Central African Republic on the west, Egypt and Libya on the north, Ethiopia and Eritrea on the east, and Kenya, Uganda, and Democratic Republic of the Congo on the south. The Red Sea washes about 500 mi of the eastern coast. It is traversed from north to south by the Nile, all of whose great tributaries are partly or entirely within its borders.

The official language of Sudan is Arabic. Population (2007 est.): 42,292,929

ECAT

Employee &
Client Assis-
tance Team

780-461-7236

after office
hours



MEETINGS

**Health & Safety
Meeting**

November 5, 1:30 PM

Team Leader Meetings

November 20, 1:00 PM

RPAC

November 13, 2 PM



TIME SHEET HAND-IN



Hand-in day will be:

Mon Nov 18, 2008

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

Mon Dec 1, 2008

for all shifts worked
between
November 16th and 30th

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success story: Rob Munro

Rob Munro has had a few careers in his lifetime; at one time he trained as a bartender, he also volunteers at the Stampede and is an honorary "White Hatter". Over the last year and a half Rob has wanted to do something worthwhile that he enjoyed and would find challenging. Rob looked at a few career ideas and the one that he really found intriguing was becoming a canine masseuse. The idea of canine masseuse is common in the United States, although it is relatively new in Canada. Rob has decided that we work hard, play hard and it is our right to have a relaxing massage so if this is true for humans then our canine companions also have stress levels, medical problems and they play hard with us as our companions; therefore they will benefit from a relaxing massage as well.

What makes this an extraordinary opportunity for both Rob and his future clients is that Rob is almost totally blind. He is able to use his hands to help guide his movements for the animal.

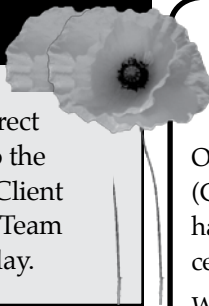
So when you see that your best friend is looking tired or sore remember contact Rob at his new business which is called K9 Therapy the number is 403 612-2053, or if you just want some information you can email him at Charlie@k-9therapy.com.



November 11th

All ICE offices will
be closed for
Remembrance Day
Tuesday
November 11th, 2008

Please direct
all calls to the
Employee Client
Assistance Team
for this day.



ICE Semi-Annual Strategic Planning Meeting Held

An ICE semi-annual Strategic Planning Meeting took place on October 21st, 2008 in Edmonton. ICE management representatives from all regions of the province were in attendance to review outcomes achieved and set organizational goals for the next year.



CONGRATULATIONS to all ICE employees!

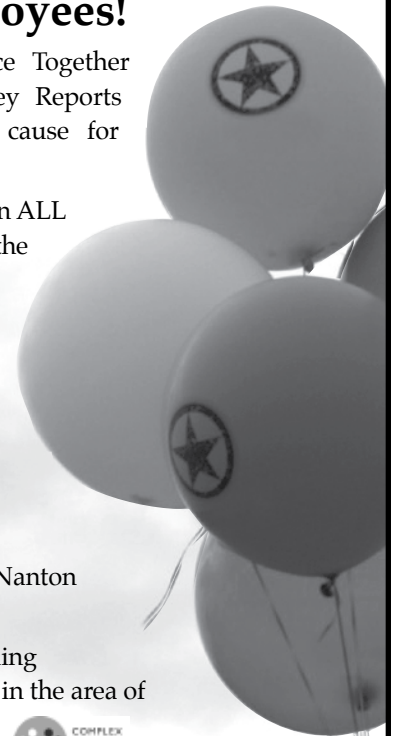
Our 2008 Creating Excellence Together (CET) Certification Site-Survey Reports have arrived and they are cause for celebration.

We have again received 100% in ALL of the six PDD regions of the province.

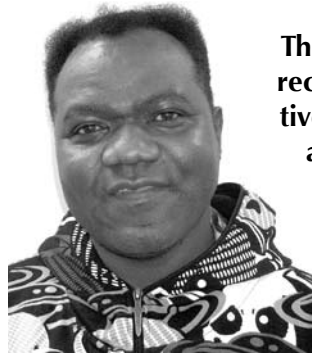
- ✓ ICE Northwest (Grande Prairie & area): 100%
- ✓ ICE Northeast region: 100%
- ✓ ICE Calgary: 100%
- ✓ ICE Central: 100%
- ✓ ICE South (Lethbridge and Nanton areas): 100%
- ✓ ICE Edmonton: 100% including achievement of designation in the area of service to individuals with complex behaviours.



ICE management would like to take this opportunity to thank our employees for their time, skills, and commitment to providing quality service. Your efforts are truly appreciated.



EDMONTON REFERRAL INCENTIVE WINNER



This month we have 1 recipient receiving the ICE referral incentive. James Gaitano will receive an additional \$50.00 on his pay cheque.
Congratulations for your wonderful referral!

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

Thank  You!

TRAINING

Proactive Behavior Intervention

November 6th, 2008, 9am-5pm

November 20th, 2008, 9am-5pm

Mission Possible Aggression and Winter Driving (New Session Starts Nov 25th)

Pt 1 - Awareness Session

November 25th, 2008, 1:30pm-4:30pm

Pt 2 - Education Session

December 16th, 2008, 1:30pm-4:30pm

Mission Possible Education Session for Aggression and Winter Driving

Pt 1 Awareness Session was Oct 28th

Pt 2 Education Session

November 25th, 2008, 9:30am-12:30pm



Ana Gutierrez

Prize: MP3 Player
 From: Booking Coordinator
 For: Always showing dedication and commitment in meeting health and safety standards in your program and ensuring that staff are informed



Edna Radtke

Prize: DVD Player
 From: CR Manager
 For: Showed exceptional dedication to your client by providing him additional care when you were not scheduled to do so.
 Thank you!

INFLUENZA VACCINE

Health Corner

Influenza is an infection of the respiratory tract (nose, throat, lungs) that is caused by a virus. Most cases of influenza occur in the winter months.

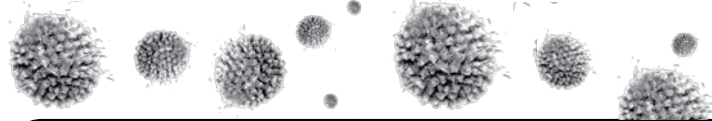
How is influenza spread?

Influenza is spread through the air. The virus gets into the air when someone with the disease coughs, sneezes or even talks. Individuals breathe in the virus and can become sick.

What are the symptoms of influenza?

The symptoms of influenza are fever, chills, headache, muscle pains, loss of appetite, cough and sore throat.

Most people get better within a week. Persons with certain chronic illnesses, children under 2 years of age and adults over 65 years of age may develop severe complications from the disease. Severe complications such as pneumonia may require hospitalization or may even lead to death.



How can influenza disease be prevented?

Influenza vaccine is a very effective way of protecting people from becoming sick with influenza. The immunization is needed every year because the influenza viruses change. A new vaccine is made each year to provide protection against the virus most likely to cause illness in that year. The best time to be immunized is in October or November.

Is the vaccine safe?

Yes. The current vaccines used in Canada are made using killed viruses. A person can not get influenza disease from the vaccine.

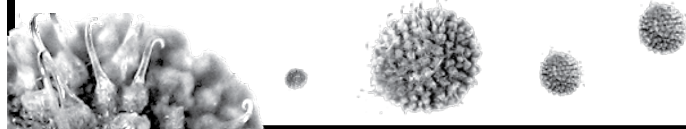
Who should get the vaccine?

Influenza vaccine is highly recommended for people who are at risk of developing complications from influenza. It is also important to immunize people who are capable of transmitting influenza to persons who are at high risk of influenza-related complications.

Influenza vaccine is provided free of charge to:

1. Children 6 months up to and including 59 months of age.
2. Persons 50 years of age and older.
3. Persons who are residents of continuing care or other chronic care facilities.
4. Pregnant women.
5. Persons 5 years up to and including 49 years of age who have a chronic health condition such as:
 - heart disease
 - lung disease including asthma
 - metabolic disease including diabetes
 - kidney disease
 - immunodeficiency or immunosuppression (eg. HIV infection, organ transplantation, cancer)
 - asplenia, splenic dysfunction, sickle-cell disease or other blood disorders
- conditions requiring long-term aspirin therapy
- conditions associated with an increased risk of aspiration.
6. Household contacts of:
 - children less than 24 months of age
 - persons 65 years of age and older
 - pregnant women
 - persons with chronic health conditions listed in #5.
7. Persons who provide regular child care to children less than 24 months of age.
8. Persons who work in hospitals, continuing care and outpatient facilities.
9. Persons who provide home care support.
10. People who, during culling (destruction) operations, have direct contact with poultry infected with avian influenza.

All people can benefit from influenza immunization. Vaccine can be purchased for persons not listed above.



INFLUENZA VACCINE con't

**Immunization takes a second.
Influenza recovery takes WEEKS.**

Protect yourself!

Who should not have the vaccine?

You should not have the vaccine if:

- you have a history of severe allergic reaction (anaphylaxis) to eggs or chicken.
- you have had an unusually severe reaction to the influenza vaccine in the past.

What are the possible side effects of the vaccine?

Most people experience no side effects from the vaccine. If a reaction occurs, it is usually mild and goes away within 1-2 days. Possible reactions include:

- redness, tenderness and/or swelling at the injection site.
- mild fever.
- tiredness or weakness.

As with any immunization, unexpected or unusual side effects can occur. This includes severe allergic reaction (anaphylaxis).

Oculo-Respiratory Syndrome (ORS) is an unusual side effect reported in past years. The reaction includes redness of the eyes (conjunctivitis) and/or respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, sore throat, hoarseness) and/or swelling of the face. These symptoms are usually mild and go away within 24 hours. Persons who have had this reaction with past influenza vaccines are likely to have it again but in a milder form. If you have had ORS before, please talk to the nurse or your doctor.

Guillain-Barré Syndrome (GBS) is another unusual side effect that has been weakly associated with influenza vaccine. GBS is an illness that affects the nerves and results in muscle weakness, abnormal sensation (tingling, numbness) in feet

and legs, and temporary loss of movement. In most cases of GBS, there is complete recovery. The occurrence of GBS is rare, approximately 2 cases per 100,000 persons per year due to all causes. The causes are not fully understood and the association, if any, between influenza immunization and GBS remains uncertain. Studies suggest the risk of GBS in the period following immunization is about 1 more case per million people immunized. If you developed GBS within 8 weeks of receiving influenza vaccine in the past, please talk to the nurse.

What should you do if you have a reaction to the vaccine?

- apply a cool moist towel where the needle was given to reduce the pain and swelling.
- take acetaminophen (e.g. Tylenol™) to reduce the pain or if a fever develops.
- report any unusual reactions described above to Health Link Alberta.

Where can I get the influenza immunization?

Drop-in clinics for influenza immunization are held each year in the fall at Health Centres and community sites throughout the region. Dates and locations of the drop-in clinics are announced through local newspapers. Information can also be found online at www.capitalhealth.ca.

Influenza vaccine is also available through most doctors' offices or outpatient medical clinics.

For health advice and information 24 hours a day, seven days a week, call Health Link Alberta at 780-408-LINK (5465) or outside the local calling area, call toll free 1-866-408-LINK. Visit www.capitalhealth.ca for health information online.

Primary Care Division, Public Health Division

ARE YOU READY?

It's coming, cold weather, icy driving and walking conditions and yes, SNOW!

Each year we have programs and people who claim to be caught off-guard by fall and winter weather conditions. We live in Alberta, Canada. One of the few things in life that we CAN count on is that there will be ice, snow, sleet, and cold weather. In fact the provincial weather records note that July is the only month that Alberta has not had snowfall recorded. Global warming may suggest long term future changes in weather trends, but believe it; very soon you will feel cold and see ice and snow.

All programs and employees need to complete steps now to be ready for the coming cold weather:

Yard

- Rake the leaves and remove dead branches / prune as necessary.
- Store all tools, hoses, BBQ's mowers and gas appropriately (NOT in the house.) For programs without appropriate storage locations on site, contact your manager and problem solve for alternate arrangements i.e. at another program with a garage.
- Stock up on salt and sand for use on walkways.
- Have snow shovels available, in good repair and accessible to be located easily by any staff on shift.
- Ensure all staff persons understand their responsibilities for clearing walkways and for hazard and control recording in the staff communication log book.

House

- Ensure that the furnace / hot water tank has been inspected by the gas company this year.
- Replace the furnace filter, if necessary.
- Ensure the pilot light(s) are on.
- Remember, fireplaces are NOT to be used.
- Clients (and employees) need to plan appropriate clothing for cold weather. Everyone should have warm coats, gloves or mitts, toques, scarves, and boots with good grips ready for when they are needed. Clients may not recognize the need for warmer clothing so it is important that staff guide them to make safe choices for the weather.

Car

- Prepare your vehicle for winter in advance. Don't wait to have your battery, belts hoses, radiator, oil, lights, brakes, exhaust system, heater/defroster, wipers, and ignition system checked. The condition of your vehicle's tires is also important. Worn and damaged tires can hamper your ability to drive safely. Have them checked or replaced before winter weather begins.
- Plan alternate means for getting to work if your vehicle is unreliable or if you prefer not to drive in snow. This could mean lining up a ride with a friend or family member or researching the bus route and timetables ahead of time.

Remember, our clients count on us for reliable support even when the cold weather and snow arrives. Don't wait, get ready now. You'll be glad you did.

2.7.3 CRITICAL INCIDENTS

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. A critical incident is considered to be any event or series of events, real or alleged, that is or could potentially be life threatening/cause injury, resulting in charges being laid, legal action and/or further investigation by outside authorities.
 2. Examples of critical incidents include:
 - A. physical injury or accidents involving clients or employees;(note that if an employee injury further documentation may be required for WCB claims management **Refer to Policy 3.5.5 Employee Work Related Injury, Illness, And Near Misses**
 - B. deterioration of client's physical well being e.g. Emergency medical attention, hospitalization
 - C. client death
 - D. physical assault
 - E. disclosure of criminal activity by a client;
 - F. disclosure of abuse by a client;
 - G. restraint situation
 - H. property damage by client
 - I. severe verbal threats made by a client;
 - J. allegations of theft, fraud, damage, or other misconduct by a client/employee towards an employee
 - K. client AWOL;
 - L. suicidal behaviour by a client;
 - M. assigned procedure not performed in accordance with the care plan
 - N. medication errors (including omissions).
 - O. loss of electronic/confidential/hard copies of client or employee information
 3. When a critical incident occurs, these steps are to be followed:
 - P. To the best of your ability, ensure the immediate safety of the client and yourself;
 - Q. If necessary, immediately contact the appropriate emergency authorities: (911, poison centre, pharmacy, etc.);
 - R. Contact your supervisor or the ECAT supervisor immediately by phone;
 - S. The supervisor will provide the employee with direction and contact the appropriate I.C.E. personnel to facilitate follow-up;
 - T. The employee is to document the incident on a critical incident form.
 - U. Should the incident involve an employee injury the employee will be required to complete further documentation as per **Policy 3.5.5 Employee Work Related Injury, Illness, And Near Misses**
 4. Documentation of a critical incident includes:
 - V. Completing a Critical Incident Form as soon as possible, preferably within 30-60 minutes of the incident;
 - W. Provide a clear, brief account of what happened leading up to the incident and the action you took as a result. Use the guidelines for routine recording on Contact Notes;
 5. Unless otherwise directed, submit the completed Critical Incident Report to the office within 24 hours;
 6. If another agency is involved, you may need to fill out a Critical Incident Report for them. Do so using the guidelines outlined above.
 7. The I.C.E. personnel/ECAT supervisor who directly receives the information concerning the critical incident must complete part two of the critical incident form and follow up with the appropriate supervisor of client care. Should the incident involve an employee injury refer to **policy 3.5.5 Employee Work Related Injury, Illness, And Near Misses** for any subsequent documentation\follow up. This person will then ensure that follow up is completed and documented.
 8. Manager of client care will ensure that the documentation is complete and that an action plan is devised for follow-up as required. The Manager of client care will ensure that the critical incident report is returned to the residential program and a copy will be filed in the client and employee file as appropriate in the main office files. Note that if the program is not residential then the original remains at the regional main office. If an employee injury is involved then the employee is to receive a copy of page one of the report.
 9. Managers will forward a copy of critical incidents involving employee injury to the Health and Safety Specialist for follow up. This may involve review by the Health and Safety Committee. The copies of these reports are filed in the office of the Health and Safety Specialist. Should there be a WCB claim as a result of a critical incident then the C.I. becomes part of the employee's personnel file.
 10. Managers will forward a copy of any Critical Incidents involving client aggression and property damage as per **Policy 2.5.1 Behaviour Management** to the Restrictive Procedures Advisory Committee for follow up.
 11. Managers will review the incidents weekly at unit meetings and provide the Chief Operating Officer with a summary of incidents for review with the President
 12. Assignment errors (as per Home Care) that may have been the result of the employee's error or omission will necessitate the employee being re-assigned at the next shift with that client. If the incident involved a client transfer, that transfer will be evaluated by the nursing supervisor both at the next shift the employee has with that client and the next shift any employee has with that client.
 13. Note: If the critical incident involves a client who is receiving residential services from I.C.E. copies of the critical incident form are in the staff room of each residential program. For any other situation the form must be obtained from the main office should the employee not have the proper documentation form.
 14. The employee's supervisor will follow up with the employee as appropriate.
- Refer to Policy 3.5.5 Employee Work Related Injury, Illness, And Near Misses**
- Refer to Master Forms Binder Section E or F**

Open House Annual Awards

This year's Christmas Open House and
Awards Presentations will be held

Thursday, November 27th.

at St. Michael's Parish Hall

12918 121 Street (East Door Entrance)

Edmonton

The Open House will begin at 12:00 pm, with annual awards
and 10 year service longevity awards to follow at 1:00 pm.

Refreshments will be served.

Everyone is welcome to join us in congratulating
these individuals.

Award recipient's names will be featured in the
December 2008 ICE Page.



Health and Safety Minutes

Review of current committee member attendance list / New Committee member follow up / member ID cards / member dues & labels / membership incentives:

- Current member attendance: New field membership will be sought for the committee. Hopefully the time change will make it easier for potential new committee members to attend.
- Corinne has ordered more mugs for the incentive program.

Review of previous minutes and assigned follow up:

- Team Leader Meeting: Robin attended for the H&S committee but attendance at the TL meeting by TL's was very low. It was suggested that clarification be sought from CR Managers whether the TL meetings will continue or if they will be absorbed into CR - TC Unit meetings. Brent or Corinne will bring this forward.
- Identification of 'agenda items' for the October Team Leader meeting. Robin to attend on October 16th, 2008

New field staff members are needed for the Health and Safety Committee. Members are paid for their time.

3.2 Evaluation of current Injury

- A residential staff person had a respiratory reaction after the program they work at was fumigated. Note: All safety steps as outlined by the Fumigator had been followed.

Recommendations: Plan necessary fumigations carefully in advance and make sure all staff are well aware of the potential hazards. Temporarily re-assign staff who indicate they have respiratory concerns i.e. asthma. Extra measures for precaution are recommended – I.E. if the fumigator says it is safe to go in after 6 hours. Send a staff person in briefly at that time to open windows and install fans

to clear the air and then have them leave again. Return only once the air quality is clear. Update site specific hazard ID sheet and electronic file so all employees are aware of the hazards.

- An overnight residential staff person developed a rash surrounding bed bug bites believed to come from the staff bed. Staff saw a physician. Bed bug fumigation process initiated. Furniture infested has been addressed.

Recommendation: Bed bugs are becoming an increasing community hazard. Programs should check furnishings ongoing in order to identify possible infestations at the early stages. Follow treatment recommendations for this hazard as outlined in H&S binder. Update site specific hazard ID sheet and electronic file so all employees are aware of the hazard and hazards associated with the control treatment.

3.3 Evaluation of Near Miss Investigations

- One client threatened staff verbally with physical harm from a weapon. (Client did not have a weapon at the time.) ECAT was called.

Recommendation: Team review to call 911 rather than ECAT if there is imminent danger (i.e. if client is believed to have a weapon.) Immediate review of security of sharps and other potential weapons at the program. Mental Health / behavioral follow up to be completed by CSC re client supports.

3.4 Review of COR Audit

- Review of recent external COR recertification audit feedback.

Agency strengths: Management visible commitment to H&S, Incentive program, Staff Training, Hazard Assessment and Control Document Master and Site Specific,

ICE Page (including sharing incident investigations and near misses), ergonomic assessments.

Areas for improvement: Review of Hazard assessments at sites. PPE availability, Inspection training for front line staff, tracking training, staff recruitment, communication with relief staff, incident investigation (front line staff) to find underlying causes, Incident investigation management review & sign off.

Formal report to be completed and provided to ICE by Kestrel Resources in November.

3.5 Review of hazard assessment and control document

The 2008 revised version of the Master Hazard Identification and Control document has been drafted. This will now be reviewed by all regions and then the final revised copy distributed.

Discussion was held re informing the office and entering information in the Site Specific Hazard ID and Hazard log if there will be spraying (weed control) outside of apartment buildings (grass outside) due to the hazard this presents to persons with respiratory conditions coming to work at such sites.

4.2 Capital Health In- Service on Outbreak prevention and control in Home Living and Supportive Living sites.

Stefania, Kelly, Jackie and Corinne attended an in-service on Oct 8th sponsored by Capital Health on Outbreak Prevention and Control in Home Living and Supportive Living sites. Discussion was held on the importance of infection control.

Information will be promoted on infection control (hand washing, hygienic habits for coughs and colds). Staff will be informed of flu clinics and encouraged to get immunized.