

Corrina was born in Quesnel BC and moved to Grande Prairie AB in 2001. Her plan for Grande Prairie was to work and work and work, and work she did. She started with ICE in 2003 and has been a valuable member of the team ever since, only taking a brief maternity leave when her daughter was born.

Corrina started at ICE as a relief staff and shortly after this she signed as a Team Leader. After her maternity leave, Corrina signed up for the first Team Coordinator training class in Grande Prairie, which she completed in December 2006. Around the same time, Corrina started a new position in the Grande Prairie office as the part-time Booking Coordinator. Since then, Corrina has been the glue that holds the office together, keeping in regular contact with staff through her booking duties, and being the Team Coordinator for one, and sometimes two, programs at a time.

When asked how she came to work in this field, Corrina said she went to elementary school with a few classmates with disabilities and that was when she became interested. She also said she had the desire to improve people's lives, or even better, to help them improve their own lives. After high school, Corrina went

EMPLOYEE *Spotlight* Corrina

to college and received a certificate in Social Work. During that time she worked at a woman's shelter, and after moving in with a roommate that worked in the developmental disability field, began working in the field herself. Corrina said that working with people with developmental disabilities is very rewarding, and knowing that she is making a positive impact in her client's lives is what keeps her going.

Other favourite things about working with ICE are the great coworkers, the open and fun atmosphere, maintaining her self-appointed title of "guru of the office" and baking cakes for ICE staff. To get a cake it doesn't even have to be anybody's birthday. Corrina will find any excuse to present people with one of her famous cakes. But it does help if people throw out hints about upcoming birthdays.



When Corrina is not giving her time to ICE (and baking cakes), she gives her time to her four year old daughter. Her daughter is Corrina's number one priority in life and her future goal is to raise her to be successful and happy. In her spare time Corrina enjoys walks and family time.

ECAT

Employee &
Client Assis-
tance Team

780-461-7236

after office
hours



MEETINGS

Health & Safety
Meeting

October 7th, 2009
1:30 PM

RPAC

October 20th, 2009
2:00 PM



TIME SHEET HAND-IN



Hand-in day will be:

October 15th, 2009

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

November 2, 2009

for all shifts worked
between
October 16th and 31st

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Client Success Story – Melinda

This success story comes to you from Lethbridge, Alberta. Melinda, known to her friends as “Mindy” was born in Calgary, Alberta and is one of two siblings. She grew up in a rural town called Coaldale where she completed all her grades and graduated from high school.

A major stepping stone for Mindy was when she had the chance to attend college. Part of the fun was that Mindy got to choose her classes. Her favorite classes were music appreciation, communication, writing, zoology and history.

Those who know Mindy, know that her favorite sport in the whole wide world is Rodeo!!!! Her favorite events are: bull riding, saddle bronc riding and bare back riding. Her goal is to one day travel and see the rodeos all throughout the States. Right now she only travels to rodeos in her own backyard, Lethbridge, Pincher Creek, and Stavely. Mindy’s favorite things are: animals, scrap booking, writing, playing games, completing jig jaw puzzles, camping and dancing just to name a few.

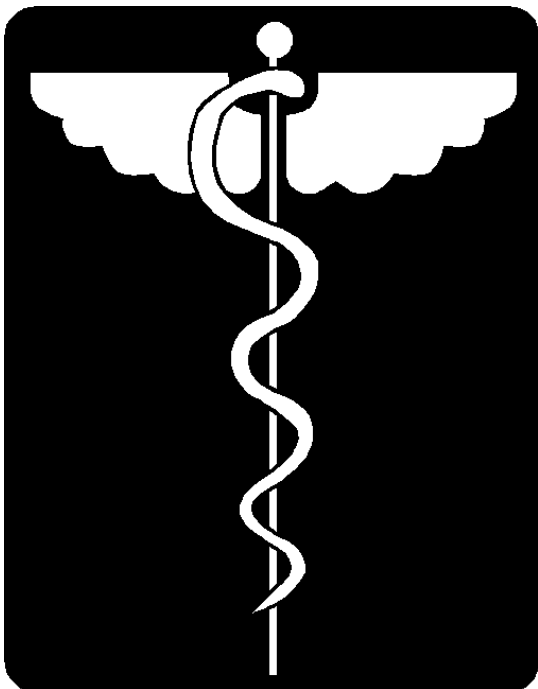
Throughout the last year Mindy is proud to have achieved many accomplishments and goals. Mindy states that she has, “achieved more than enough goals to last a lifetime”. Her accomplishments include volunteering at the Humane Society for four months until the season started at the Rocky Mountain Turf Club. While at the Turf Club, she got a grooms license so that she could groom the race horses. She brushed all the horses that the trainers asked her to. She cleaned stall chains, cut carrots or completed other jobs that came her way.

Mindy reports she loved working with the trainers at the Rocky Mountain Turf Club and the opportunity to work at the track.

Along with her volunteer ventures, Mindy had the honor of meeting the Mayor of Lethbridge. She was asked to be a speaker to help educate the public about how people with disabilities, like all people, have thoughts, feelings, ideas, goals and the determination to reach them. In the coming year Mindy has been asked to travel across Alberta to share her story about the barriers she has faced and progress she has made.

This year Mindy also became self-employed, by starting a business of writing romance stories, children’s stories, newsletters and mystery stories. Lately Mindy has been working on learning life skills, cooking, cleaning, making good food choices to help control her diabetes, learning about portion sizes and exercising regularly to lose weight.

Mindy says she would really like to move out on her own one day. She says she would love to meet a cute, blond haired, blue eyed cowboy to grow old together with, and to have grand babies for her mom to spoil!



Important Training Announcement:

Mandatory Influenza Pandemic Training

Have you taken the Influenza Pandemic Inservice? If not call your supervisor or a booking coordinator (Rhonda 780-453-9667 or Salem 780-732-2348, Home care – Pam 780-732-4449) ASAP to schedule yourself. There are many in-services that are being run and it is mandatory that every ICE employee attend one.

The in-services are 1.5 hours in length and teach about safeguarding against the pending influenza pandemic. Staff will be compensated for their time. The agency is scheduling as many in-services as required to get everyone trained and is targeting a completion date of no later than October 15, 2009. Please schedule yourself into an inservice before then and select a time/date that you will attend.

Please note: Getting all employees trained by October 15th is a huge undertaking. Scheduling yourself into a mandatory workshop is the equivalent of accepting a shift. Failure to attend as scheduled will be considered a “No Show” and will reflect negatively on employee performance.

Thank You!

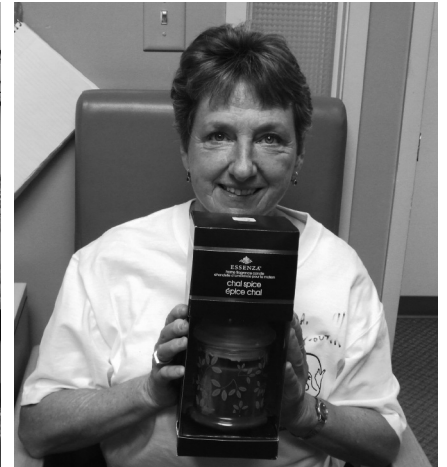
Amina Alis - won a men's electric razor for a card from the CR manager & COR auditor for participating in the interviews for the 2009 Certificate of Recognition Audit. Thank you to all for contributing positively to employee Health and Safety.

Dahabo Hersi - won a Turkey Roaster for a card from the CR manager & COR auditor for participating in the interviews for the 2009 Certificate of Recognition Audit. Thank you to all for contributing positively to employee Health and Safety.

Beyene Atara - won a Heater for a card from the CR manager & COR auditor for participating in the interviews for the 2009 Certificate of Recognition Audit. Thank you to all for contributing positively to employee Health and Safety.



**THE 2009
ICE STAFF
APPRECIATION
BARBEQUE WAS
HELD AT THE
EDMONTON ICE
OFFICE ON FRIDAY
AUGUST 28TH**



EDMONTON REFERRAL INCENTIVE WINNER



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.

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



THERE WAS FOOD, FUN, AND PRIZES FOR THOSE IN ATTENDANCE!

All ICE offices will be closed for
Thanksgiving
Monday October 12th

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

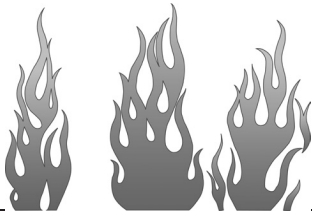
**WILL YOU BE ONE OF NEXT MONTH'S FEATURED
EMPLOYEES RECEIVING A \$50.00 INCENTIVE PAYMENT?**

Fire Prevention Week

Fire Prevention Canada has identified October 4th – October 10th, 2009 as Fire Prevention Week. This is an excellent time for all of us to refocus our efforts on fire prevention. The 2009 theme is “Stay Fire Smart! Don’t Get Burned®”. This theme was selected as every year there are many needless deaths nationwide linked to easily correctable fire hazards and unacceptable behaviors. It is the responsibility of every person to educate themselves on the simple fire prevention measures they can take.

Test your knowledge of Fire Safety by taking the following quiz. (Answers are on page 8)

1. What is the number one cause of home fire fatalities?
 - A. Smoking materials
 - B. Cooking equipment
 - C. Lightning
 - D. Heating equipment
2. Where do the majority of fire related deaths occur?
 - A. School
 - B. Work
 - C. Home
 - D. Vehicles
3. Which of the following time segments account for the largest number of home fire deaths?
 - A. 6pm to midnight
 - B. Midnight to 4am
 - C. 4am to 10am
 - D. 10am to 6pm
4. In what room does the largest number of home fires start?
 - A. Recreation room
 - B. Bedroom
 - C. Kitchen
 - D. Utility room
5. Most fire related deaths result from burns.
 - A. True
 - B. False
6. If a fire occurs while you are asleep, the smoke will awaken you.
 - A. True
 - B. False
7. If your clothing were to catch on fire, you should:
 - A. Run to the tub or shower
 - B. Call the fire department
 - C. Stop, drop and roll
8. If a grease fire starts in a pot on the stove, what should you do?
 - A. Escape and call the fire department
 - B. Pour water on it
 - C. Slide a lid over the pan
 - D. Turn off the heat
9. If you receive a burn while cooking, what should you do immediately?
 - A. Smear butter on it
 - B. Run cold water on it
 - C. Apply ointment
 - D. Pack it with ice
10. In what season does the largest number of home fires occur?
 - A. Spring
 - B. Summer
 - C. Fall
 - D. Winter
11. Modern home fires are more deadly today than those in homes 30 years ago.
 - A. True
 - B. False
12. The time window for safe escape from a home in the event of a fire is:
 - A. 5 minutes or less
 - B. 3 minutes or less
 - C. 6 minutes or less
 - D. 10 minutes or less



1.1.3 CRITICAL AND GENERAL REPORTING INCIDENTS

For all AHS-Capital Health clients Home Care employees will document all reportable incidents using the Critical Incident/General Incident Reporting forms. The I.C.E. Manager of Home Care will transcribe all reporting incidents into a quarterly summary form and forward it to AHS-Capital Health as per the Home Care Contract.

1. A reporting incident is considered to be any event or series of events, real or alleged, that is or could potentially be life threatening/cause injury. The incident may result in criminal charges, police involvement, legal action and/or further investigation by outside authorities. As a result the circumstances must be formally documented to ensure the situation is addressed properly. The agency has two types of reporting incidents: **Critical and General**. Both types require documentation and internal (i.e. I.C.E.) follow up. A **Critical Incident** in addition to the former follow up must be reported to outside sources such as the funding source for client care, police, Protection for Persons In Care, for external review and/or further investigation. Note all abuse allegations must follow I.C.E. policy (**refer to policy 2.6.3 Client Abuse**)

1. Examples of **Critical Incidents (CI)** include but are not limited to: client death/suicide, employee death, client seeking medical attention as a result of injury or poor health outside the normal experience of the client, client hospitalized as a result of injury or poor health outside the normal experience of the client, employee physical injury, client AWOL, allegations of client abuse, disclosure of criminal activity by a client, illegal activity by client, police involvement/criminal charges against client, loss of confidential client/employee information, serious emergency situation or dangerous situation such as fire or break-in, or physical restraint outside of the client restrictive procedures.

2. Examples of **General Incident (GI)** include but are not limited to: Change in overall client health that does not require medical intervention, client aggression, client behaviour escalation, planned restrictive procedure performed, client self injury, property damage by client, verbal threats made by client, medication error, delegated procedure not performed in accordance with

care plan, weather problems, disruption to client living situation such as bed bugs or a near miss.

3. When a reporting incident occurs, these steps are to be followed:

- To the best of your ability, ensure the immediate safety of the client and yourself;
- If necessary, immediately contact the appropriate emergency authorities: (911, poison centre, pharmacy, etc.);
- Contact your supervisor or the ECAT supervisor immediately by phone;
- The supervisor will provide the employee with direction and contact the appropriate I.C.E. personnel to facilitate follow-up;
- The employee is to document the incident on the correct reporting incident form. This will either be a critical incident reporting form or a general incident reporting form (see definitions point #2 and point #3);
- Should the incident involve an employee injury or near miss the employee will be required to complete further documentation as per **Policy 3.5.5. Employee Injury, Work Related Illness, and Near Misses**.

4. Documentation of a reporting incident includes:

- Completing the correct reporting incident form as soon as possible, preferably within 30-60 minutes of the incident;
- 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 Reporting Incident Report to the office within 24 hours. If faxing the form ensure it is stipulated on the fax as to who the fax is to be directed to.

6. If another agency is involved, you may need to complete documentation specific to that agency. Do so using the guidelines outlined above.

continued on page 6

continued from page 5

7. The I.C.E. personnel/ECAT supervisor who directly receives the information concerning the reporting incident must ensure documentation systems, such as C-Views and pager notes, are immediately updated to facilitate completing part two of the reporting incident form. Part two of the reporting incident form is generally completed by the appropriate supervisor of client care. The supervisor of client care will then ensure that follow up is completed and documented in consultation with their Manager. Please note that at times the supervisor may be the Manager.
8. The follow up is dependent on the type of reporting incident and is to include but is not limited to :
 - Action plan is to be devised and implemented as required.
 - CI /GI sent to C.O.O. and President.
 - Unit Manager has assigned an investigator if an employee injury or near miss occurred. Page one of the CI/GI goes to investigator.
 - If WCB involved employee provided with a confidential copy of CI and appropriate ICE personnel informed and process commenced.
 - If Abuse investigation a copy of CI made available for that report and investigation process has commenced.
 - Unit Manager has sent copy of CI/GI to RPAC as required.
 - Unit Manager has provided confidential copy of CI/GI to Health and Safety Chair as required.
 - Copy of CI are only sent to PDD as required and in consultation with the C.O.O. and President.
 - Copy of CI sent to Program/residence for follow up.
- Original client CI/GI is to be filed in the client file at the main office.
- Original CI/GI involving an employee is to be filed in the employee's file.
- If an employee is injured /involved in a Near Miss the CI/GI is to be attached to the Investigation Report and filed in the employee's file
- CI/GI entered into C-Views and internal tracking system
9. Note: If the reportable incident involves a client who is receiving residential services from I.C.E. copies of the CI and GI 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.
10. Delegation errors (as per Home Care) that may have been the result of the employee's error or omission will necessitate the employee being taught again the delegation procedure 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.
11. The employee's supervisor will follow up with the employee as appropriate.

Refer to Policy 3.5.5 Employee Injury, Work Related Illness, and Near Misses

Refer to Master Forms Binder Section E or F

Updated October 2009

Find frequently used forms at
www.icenterprises.com

Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes Northwest Region – Meeting minutes date: August 20th, 2009

Calgary Region – Meeting minutes date: August 20th 2009

Review of Employee Injuries

August 17/09 – An employee was carrying a couple of items and slipped on a rock when she stepped off the curb. Employee strain resulting in shoulder pain.

Recommendations: Maintain awareness of surroundings and not carry numerous items at the same time.

Additional recommendations: footwear for community walking. Make more than one trip or request assistance rather than carry too much.

Review of Employee Near Misses :

July 21/09 Client threatened supportive roommate. Supportive roommate removed self from situation. Sharps were later removed and placed in a locked container.

Recommendations: Functional assessment and planned procedure will be written.

Additional recommendations: Follow up on possible client health concerns (i.e. Mental Health) prior to planned procedure development.

July 31/09 Step at staffed residence had come loose and needed to be repaired.

Recommendations: landlord contacted and repaired the issue.

Additional recommendations: Employ use of hazard signage / procedures to alert staff to hazard until landlord is able to complete repairs

3.2 Evaluation of current Injury Investigations

August 28th /09 - a worker was standing on a small landing at the top of a set of stairs at the office about to enter a door when another employee pushed the door open from inside the second floor area. The worker at the top of the stairs lost their balance and strained their back reaching for the banister to save them from falling.

Recommendations: Signage posted immediately at location to advise all employees of potential hazard and of the need to take care when entering or leaving through this door. Explore the option (cost) to reverse the door to open inwards to the second floor area or to have a window inserted into the door so that staff on either side could see people coming on the opposite side.

Encourage staff to use the alternate front stairwell option for safety. This should be brought forward at the next office meeting.

August 11th /09 - A worker was washing dishes at the sink in a "galley style" kitchen. A client entered and opened the dishwasher door (to put in a cup) behind the staff without the staff being aware. Staff turned to leave the area and tripped over the open door of the dishwasher and fell forward injuring them self.

Recommendations: The client appears to have a good knowledge base that staff may further enhance to teach them to close the dishwasher door after inserting their dishes. Perhaps a small mirror may be added near the sink so are able to remain aware of actions behind them, or a sound device added to the door of the dishwasher (i.e. making it jingle when it was opened etc.) Workers to be reminded to pay careful attention and visually check for hazards before walking.

3.4 Review of COR Audit Action Plan. (2008)

The group reviewed Element 6 (page 13) Executive Summary.

Element 7 – Accident and Incident Investigation:

Key Strengths

- Employees are expected to report all incidents, accidents, illnesses and near misses. Employees are given recognition by receiving small gifts or thank you cards when a near miss is reported.

- Employees are aware that they are to report to their supervisor or ECAT supervisor immediately if an injury occurs.

Key Recommendations:

- Communicate the importance and value of reporting all types of illnesses. Illnesses include fatigue and exposure to ergonomic hazards.

- Monitor the Quality of Incident investigations
- Provide Incident Investigation Training

3.5 Review of Master Hazard assessment and Control Document

The committee reviewed Job Type: General Pg. 12. The committee gave recommendations for additions to activities and Frequency and Priority Ratings

Recommendations:

Activity and/or Task:

Intruders entering the Office or Residence

It was recommended that the title of this section be revised to Working in Community (office or residences) where intruders may enter.

Hazard additions and revisions: Loss of Property or confidential information. Addition of exposure to infection diseases.

Rating changes recommended: Potential Consequences increase from a 3 to a 4, Total revised to a 7 from a 6.

Entering or Leaving worksite after dark

Hazard added: Loss of personal property / confidential information.

Rating changes recommended: Frequency of Exposure increased from a 2 to a 3, Potential Consequences increase from a 3 to a 4, Total revised to a 9 from a 7.

Controls added: Co-worker monitoring/ buddy system, Recommend to all workers that they carry

a personal safety device (whistle, car keys with a panic button.)

Ascending / descending stairs

Add hazards: trips, slivers from faulty banisters.

Potential Consequences- recommended a change from 3 to 4. Hazard Probability decrease from a 3 to a 2.

Wet / slippery surfaces (ice or snow) (obstructions on floor)

Revise Heading title to "Walking on Wet / slippery surfaces (ice or snow) (Walking around obstructions on floor).

Add Hazard: sprains and strains. Add Controls – Signage for wet floors. Add Sand or Ice melter. Add as a recommendation of the agency to staff (staff choice) purchase personal treads or shoe grips.

4.2 Review of H1N1 Precautions and Updates as per AB Health

- All ICE employees are required to take Mandatory Pandemic Influenza training. The target date for completion of this is November 30th.

- Letters will soon be going out to all stakeholders and employees regarding the H1N1 2009.

- Supplies are being collected and further response actions planned by the company.

- ICE recommends a flu shot for employees and clients as soon as these are available.

- Staff are requested to make preparations for their families and for supplies as required for ICE clients.

- Precautions should be reviewed at all team and unit meetings ongoing.

- Continue to educate clients on hand washing, cover your cough information.

- Staff to plan for their families in relation to the pandemic (i.e. back up child care etc.)

Further updates will be provided by ICE as further information is shared by Public Health

4.3 Health & Safety Articles for September

ICE Page Health and Safety Article Suggestions for October ICE Page.

Health – Will continue the focus on preparations for H1N1 2009.

Safety – October is Fire Prevention Month so Fire safety will be the focus.

Health and Safety articles and minutes to be reviewed at Team Meetings with staff.

4.4 Policy Review

Policy 4.4.3 Quality Assurance Audits was reviewed by the group.

Programs recommended to review Policy 4.4.3 in team meetings as follow up processes to Inspections could be better understood by front line staff.

Answers to Fire Prevention Week - Safety Quiz:

1. A. Smoking materials. Most fire-related deaths are from residential fires ignited by smoking materials such as cigarettes.
2. C. The majority of fire related deaths occur in the home.
3. B. The time segment that accounts for the largest number of home fire deaths is midnight to 4am.
4. C. The largest number of home fires start in the kitchen.
5. B. False. Most fire-related deaths do not result from burns. The majority of fire-related deaths (70 percent) are caused by smoke inhalation of the toxic gases produced by fires. Actual flames and burns only account for about 30 percent of fire-related deaths and injuries.
6. B. False. If a fire occurs while you are asleep, the smoke will not awaken you.
7. C. If your clothing were to catch on fire, you should stop, drop and roll. This will smother the fire.
8. C & D. If a grease fire starts in a pot on a stove, you should slide a lid over the pan and turn off the heat. Never pour water on a grease fire.
9. B. If you receive a burn while cooking, you should immediately run cold water on it which will help to prevent further skin damage. Keep running cool water on burns until after the pain stops. Salve or butter only traps in heat.
10. D. The largest number of home fires occurs in winter. Residential fires and related

deaths occur more often during cold-weather months, December through February, due to portable or area heating equipment.

11. A. True. Newer homes and furnishings are more deadly than those 30 years ago as today's homes are made with more synthetics which make fires ignite and burn faster. They also release more toxic gases when burned. Deadly conditions are reached far more quickly now than in the 1970's when more natural materials were used in homes and furnishings.
12. B. The time window for safe escape is 3 minutes or less. Over thirty years ago a study was completed that showed smoke alarms generally provided the necessary escape time for different fire types and locations. A more recent study in 2005 revealed that the amount of safe escape time was consistently shorter and the fire growth rates were faster. It is thought that synthetic materials currently found in homes contributed to this change. The study concluded that because

fires can now be more aggressive, the time needed to escape from home fires has been reduced from approximately 17 minutes to as little as three minutes.

This timeframe is shorter than the Fire services estimated response time of 7 minutes. The message is clear; everyone must plan to be safely outside within the 3 minute window!

Information resources: Fire Prevention Canada, Alberta Fire Commissioner.

