

EMPLOYEE *Spotlight* Phil



Phil Clark grew up in St. Albert, Alberta in a family of 3 brothers and 1 sister. He moved to Calgary 25 years ago and he enjoys life in Calgary. Phil has in the past worked in warehousing, as a fuel attendant, and completed core analysis for the oil and gas industry. He accomplished a degree in electronics from SAIT in 1988 and a degree in massage therapy in 1993 from Calgary Holistic Health. Phil enjoys mountain biking, swimming, and weight training and provides assistance to others in their weight training routines. Phil enjoys traveling to the family cottage in Shuswap B.C several times per year to boat and fish.

Phil has always enjoyed working with people, especially those with disabilities, and he has been employed with ICE full time for approximately 6 years.

Phil uses his easy going manner and dedication to assist his three clients with attaining their goals. The individuals Phil assists have made great strides towards improving their reading skills over time.

Phil is proud of his work with his clientele and his own personal goal is to continue to meet the needs of his clientele.

Did you know?



Calgary and area has a moderate four-season climate, with large variations in temperature between seasons and from one locale to another. Summer days in the city of Calgary are usually warm and dry with cool evenings because of the altitude and proximity to the mountains. However, a summer day in Drumheller is often very hot and dry, approximating desert-like conditions. A summer day in the mountains can be hot but the evenings are always cool.

Alberta has more hours of sunshine in a year than any other province in Canada and Calgary is known for its blue skies. A unique phenomenon called a Chinook wind can raise temperatures more than 20 degrees in one day, turning winter days into spring. A strong wind and an arch of clouds form over the mountains, heralding the Chinook.

Source: tourismcalgary.com

ECAT

Employee &
Client Assistance Team

461-7236

after office
hours



MEETINGS

Health & Safety
Meeting

September 3rd, 10:00 AM

Team Leader Meetings

September 18th, 1:00 PM

RPAC

September 11th, 2 PM



TIME SHEET HAND-IN



Hand-in day will be:

Mon Sept 15, 2008

for all shifts worked
between

Sept 1st and 15th
and

Tue September 30, 2008

for all shifts worked
between
Sept 16th and 30th

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Welcome

I.C.E. is very pleased to welcome Julie Flemming and Becky Litke to the Edmonton C.R. Management Team.

Julie and Becky have worked with I.C.E. for a number of years and bring a wealth of experience to their new positions.

Congratulations to both Julie and Becky, we look forward to working with you in your new capacity.



Julie Flemming on left, Becky Litke on right

success story: David

David came to ICE from Yellowknife in May of 2001. He had been living in a motel there and because of his circumstances there he was underweight and poorly nourished when he arrived.

It took David some time to become acclimatized here in Edmonton, but he thrived in a home environment at 127th residence. In David's words, "I've been here in Edmonton seven years and some of the staff are almost like family. It's nice to have that positive energy around you."

David has struggled with finding employment over the years, but at present is very happy to be working 4-6 hours per week unloading skids and stocking shelves in a local store. He has also recently found extra work helping a tile setter. David says, "It has been a long road but it feels good to get out there and participate in the world."



David is a warm, generous man and would literally give you the shirt off his back. He is always ready to laugh and share a good joke. He has made good friends in the community and often rides his bike to visit them or has them over for a chat and a cup of coffee.

David says he hopes eventually to be independent and on his own. He is a wonderful ICE success story as he has come such a long way since he arrived seven years ago. Good for you David!

ICE Health and Safety Vision

It is the role of management to construct a coherent vision of what health and safety ought to be for an organization. Health and safety requires the control of risk. Luckily, risk is measurable and predictable. By anticipating, identifying, assessing and putting controls in place to manage risk, we give ourselves a clear path forward.

ICE continues to advance new projects and policies designed for successful management of risk for both clients and employees. This is important work and while there are challenges inherent to the nature of our services, with tools like our ICE training courses, enhanced inspection, orientation, monitoring processes, along with our ongoing efforts within the Certificate of Recognition (C.O.R.) program, we are moving forward. The key to our success has always been commitment by all ICE employees. As we participate in the external COR audit this September and October we are offered an excellent opportunity to recharge our commitment and renew our vision for a safer future.



Thank You!



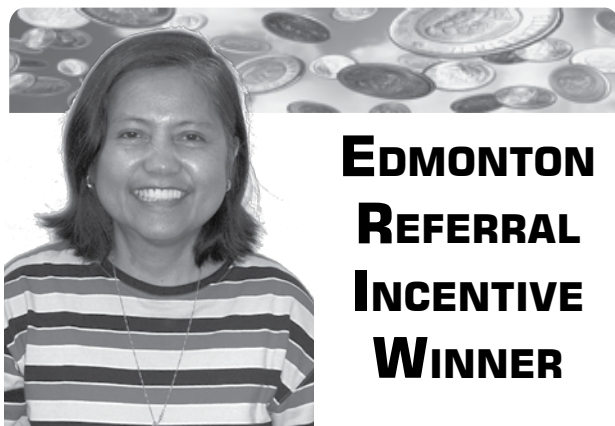
Ada Henry
Prize: Picnic Backpack Set
From: Community Rehabilitation Manager
For: Went above and beyond in assisting with client moving plans and arrangements. Thanks for ensuring your availability!



Nivella Uka
Prize: Dinnerware Set
From: Personnel Coordinator
For: When you were willing to help with the morning shifts at the Stony Plain program. This shows your great dedication to our clients. Thank you!



Ursula Prudhomme
Prize: Candle Holder with Wooden Base
From: Quality Assurance and Risk Management Consultant
For: For an excellent EQA, keeping home up to standards. Thank you for being an excellent TC



EDMONTON REFERRAL INCENTIVE WINNER

This month we have 2 recipients receiving the ICE referral incentive. Maria Luz Gunday and one other employee will receive an additional \$50.00 on their pay cheques. Congratulations for your wonderful referral

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



In Latin, septem means "seven" and septimus means "seventh"; September was in fact the seventh month of the Roman calendar until 153 BC, when there was a calendar reform from the month of the Ides of March to the Kalends, or January 1.



Proactive Behavior Intervention

September 11th, 2008 9am-5pm
September 18th, 2008 9am-5pm
September 25th, 2008 9am-5pm

Mission Possible - Education Session

August 18th, 2008 9am-12pm

Mission Possible - Awareness Session

September 15th, 2008 9:30am-12:30pm

As described on ICE Website.

TRAINING

DIABETES

Health Corner

What is Diabetes?

Diabetes is a lifelong condition where either your body does not produce enough insulin, or your body cannot use the insulin it produces. Your body needs insulin to change the sugar from food into energy.

Types of Diabetes

- Type 1 Diabetes, the body does not produce any insulin;
- Type 2 diabetes, where the body makes insulin but cannot use it properly; and
- Gestational Diabetes, where the body is not able to properly use insulin during pregnancy. This type of diabetes goes away after the baby is born.

Risk for Diabetes

- Are age 45 or over
- Are overweight (especially if you carry weight around your middle)
- Are member of a high-risk group (Aboriginal people, Hispanic, Asian or African descent)
- Have a parent, brother or sister with diabetes
- Gave birth to a baby that weighed over 4 kg (9 lbs) at birth, or have had gestational diabetes
- Have high cholesterol or other fats in the blood
- Have higher-than-normal blood glucose levels
- Have high blood pressure or heart disease

Managing Diabetes

- Diabetes can be managed three ways: proper diet, exercise and medication.
- Food increases your blood sugar levels
- Exercise and medication decrease your blood sugar levels
- Consistent monitoring of blood sugar levels allows you to monitor the effectiveness of your client's regimen

Medication

- Type 1 Diabetes: insulin
- Type 2 Diabetes: may not require medication, or may be on pill form, or insulin
- The amount of insulin prescribed by the doctor will depend on the client's diet and exercise regimens

Hypoglycemia

Hypoglycemia is an abnormally low level of sugar in the blood. The symptoms of hypoglycemia include:

- | | |
|---|---------------------------------------|
| • Shakiness | • Hunger |
| • Sweating | • Pale skin color |
| • Headache | • Clumsy or jerky movements |
| • sudden moodiness or behavior changes | • Seizure |
| • Difficulty paying attention, or confusion | • Tingling sensation around the mouth |
| • Dizziness | |

Treatment of Hypoglycemia

- 3 glucose tablets (you can buy these at the drug store),
- ½ cup of fruit juice, or
- 5-6 pieces of hard candy.
- 15 minutes after treatment, blood sugar levels need to be rechecked.
- **if unconscious, call 911

Hyperglycemia

Hyperglycemia is an abnormally high level of sugar in the blood. This could be caused by not enough insulin or pills, over eating or ingesting the wrong types of food and/or illness. The symptoms of hyperglycemia include:

- | | |
|------------------------|----------------------|
| • feeling very thirsty | • blurred vision |
| • frequent urination | • tired and listless |

Treatment of Hyperglycemia:

- Increase water intake, and
- Exercise

Complications

- Heart Disease-damaged arteries leading to heart attack and stroke
- Retinopathy damaged blood vessels in the retina leading to blindness
- Kidney Disease-damaged filtering units in kidneys
- Neuropathy-nerve damage can either be sensory or autonomic
- Impotence-due to loss of sensation/nerve damage
- Foot ulcer- due to loss of sensation/nerve damage



**There is an abundance of information and that if further information is needed to call ICE Nurses, Public Health, Health Links and/or Family Doctor.

Smoke Detectors Save Lives

In the event of fire, properly installed and maintained smoke detectors help save lives by giving early warning and allowing time for occupants to reach safety. Experts report that people cut their risk of dying in a home fire in half simply by having a working smoke alarm in their homes.

All smoke detectors advertised and sold in Canada are governed by the Hazardous Products Act and required to meet performance regulations set out in standards developed by the Underwriters' Laboratories of Canada (ULC).

Installation and Mounting

- Install at least one smoke alarm on each floor of the house or residence and outside all sleeping areas. Some fire safety advocates recommend installing smoke alarms inside each sleeping area if residents choose to sleep with the door closed.
- Smoke detectors should be mounted high on a wall or on the ceiling as smoke rises. If mounted on the wall it should be 8 to 12 inches from the ceiling. In stairways with no doors at the top or bottom, position the smoke detector anywhere in the path of smoke moving up the stairs. Always position smoke detectors at the bottom of closed stairways, such as those leading from the basement.
- Read and follow the manufacturer's installation and maintenance instructions exactly.
- Don't install smoke detectors too near a window, door or forced air registry where drafts could interfere with the detector's operation.
- NOTE: If smoke detectors cease to work, they must be removed and replaced immediately with new working detectors. (Never leave a non-functioning smoke detector mounted in any ICE residential program.)

Testing and Maintenance of Smoke Detectors:

- Make sure each unit is secure and unobstructed.
- Test the alarm monthly or after being away from the home for more than a few days by pressing the 'test' button.

- Install a new battery in the alarm once a year or whenever the low-battery warning sounds. Smoke detectors make a "chirping" sound when batteries are low in power.
- Don't allow anyone to disconnect or "borrow" the batteries from installed smoke detectors. A smoke alarm can't work unless it's connected to a power source.
- Never paint smoke detectors. Paint, stickers, or other decorations could keep the alarms from working.
- Clean detectors by gently vacuuming the outside of the unit for battery-operated alarms. For electrically connected detectors disconnect the power to the unit, open the alarm cover and gently vacuum the inside of the alarm, and then reconnect the power to the alarm.
- Replace the detector immediately if it fails to operate properly when tested. (Be sure to remove smoke alarms that do not work and that have been replaced by new detectors.)
- Replace smoke detectors at least every 10 years.

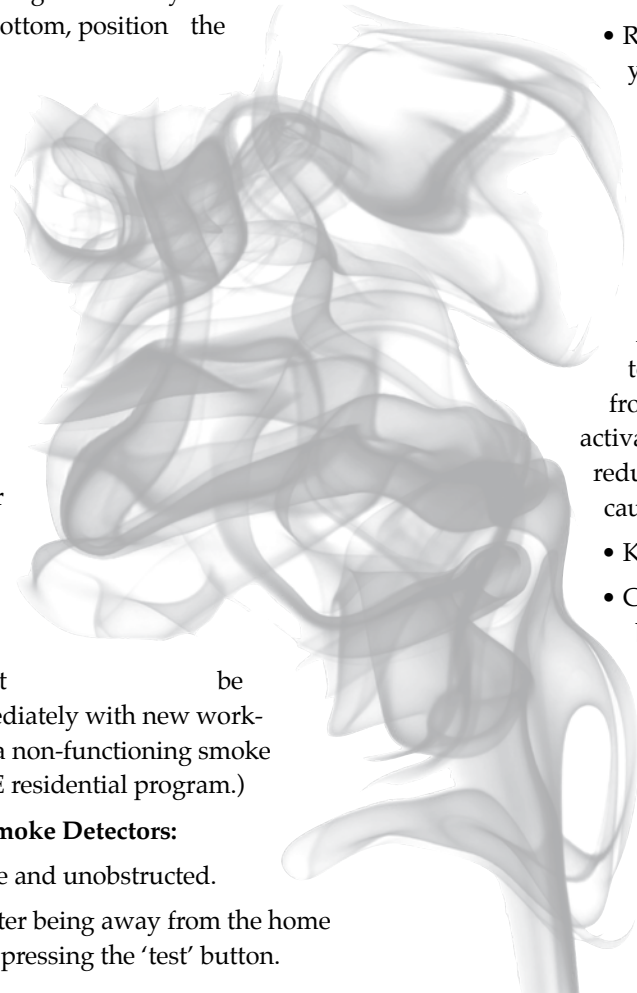
Dealing with Nuisance Alarms:

Statistics report that more than half (54%) of smoke alarm failures are due to missing or disconnected batteries and nuisance alarms are the leading cause of people disabling their smoke detectors. A nuisance alarm is when smoke from a toaster, an open oven door or even steam from a shower causes a smoke detector to activate. Simple steps that can be taken to help reduce or eliminate some nuisance alarms caused by cooking activities include:

- Keep ovens and stovetop burners clean;
- Clean accumulations of crumbs from the bottom of toasters and turn down the timer setting;
- Use the fan on the range hood when cooking to help remove steam and combustion particles from the air.

In the event of unexpected nuisance alarms, use the opportunity to practice emergency response actions.

Information source – National Fire Protection Association.



3.5.9

HAZARD ASSESSMENT AND CONTROL DOCUMENT

All ICE policies including those regarding Health and Safety can be found in the ICE Policy Manual. In residential programs the Policy Manual will be located in the home's office. Workers in community programs may access a Policy Manual in the reception area at the ICE office.

The Master Hazard Assessment and Control Document is a continual evolving document that details all hazards known to the employees of Independent Counselling Enterprises and the controls in place to mitigate them. Employees at all levels of the organization are involved in the creation and updating of this document.

All tasks that an employee may be required to perform are listed in this document. For each task the potential hazards are identified and are rated based on frequency of exposure, potential consequences, and the probability of the consequences occurring. This rating determines the priority of that hazard to eliminate/mitigate and control. All controls (Administrative, Engineering, or Personal Protective Equipment) in place are listed for each hazard.

In residential settings in addition to the Master Hazard and Control Document, there is a site based assessment and control document that details the hazards specific to that setting. Community Support Coordinators/Team Coordinators or the appropriate Manager will update the site based hazard assessment under the following circumstances:

1. With the receipt of critical incident reports indicating employee injuries or near misses
2. With the identification of new hazards
3. With a change in work procedures
4. With the occurrence of renovation/ construction
5. With the introduction of new or update to equipment
6. Change in support requirements due to client behaviour

The site based hazard assessment document will be utilized to update the Master Hazard and Assessment Control Document. The master document will be updated at a minimum annually, or as required due to the above circumstances or, with the report of workplace health and safety concerns in the community (e.g. flu). The Health and Safety Committee will be responsible for ensuring that the Master Hazard Assessment is updated.

In non-residential settings a hazard assessment checklist (as part of the Non-Residential Random Inspection) will be completed by a supervisor, or designate, in each new work site. All employees working in these sites will be responsible for ongoing hazard assessment and reporting new hazards

to a supervisor utilizing their "Identify Hazards/Utilize Controls" card distributed at the time of beginning of the non-residential shifts. For each location, each non-residential worker will document that this was completed on a contact note. Hazards of these sites will be documented on C-Views and reviewed with each new employee at the time of booking.

In home care settings, each home support worker will be required to assess and control hazards on each visit to the location, utilizing their "Identify Hazards/Utilize Controls" card distributed at the time of beginning home care shifts. For each location, each home support worker will document that this was completed on his/her Time Sheet Verification form. Any new hazards will be reported to a supervisor and documented in C-Views. All known hazards to the location will be reviewed with the employee at the time of booking.

In each new support home the Intake Specialist, or designate, will complete an Initial Contractor Checklist form to assess the hazards in the home. Ongoing hazard assessment will be completed via the Monthly Contractor Checklist. All known hazards will be documented in C-Views and reviewed with employees prior to visiting the site.

New employees will be advised about the Hazard Assessment and Control Document and how to assess hazards in the workplace during Pre-employment Training. All employees will be required to review their section on the Hazard Assessment and Control Document in their probationary period. Employees will be informed of their site-specific hazards and controls during orientation.

A copy of the Hazard Assessment Document will be available at all sites where more than one employee works, in all Health and Safety Binders, and in every office.

All employees are responsible to ensure that the document remains an accurate reflection of the Hazards and Controls of the agency.

Updated July '08

Find frequently used forms at
www.icenterprises.com

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

It was hot outside but ICE Staff were chillin' in the shade!

Staff Appreciation BBQ
August 15th, 2008



Health and Safety Minutes

3.2 Evaluation of current Injury

• Staff was in the process of dressing client when client unexpectedly rolled to the opposite side of the bed. Staff was reaching over client at the time of roll and strained shoulder

Recommendations: Engineering and administrative controls to be revised. Bed can be adjusted or pulled out to avoid reoccurrence of such injuries. This is recommended to be written up in the Assistive technology guidelines for use of the bed and will be addressed in staff training.

• Staff reported to shift (overnight/sleep) and was informed that a client may have consumed alcohol earlier in the evening. Client entered living room and wanted to watch T.V. staff attempted to redirect client as it was time to sleep. Client was insistent on watching T.V. staff compromised with client to turn the volume down. Client became aggressive and advanced on staff, punching staff several times

Recommendations: More information required surrounding client use of alcohol and current support plan. If not in place, recommend getting plans in place re: alcohol concerns and anger management course for client. Inform client/staff of rights and possible consequences re assault. Follow up by Manager/Coordinator with employee for debriefing and with RPAC re behavioral concerns.

3.3 Evaluation of Near Miss Investigations

• Client was frustrated after finding out that plans to visit parents for the weekend would be changing. Client attempted to punch staff, staff ducked to avoid contact and moved away from client. Staff tried to redirect client but client continued to threaten staff with injury

Recommendation: Agree with team's plan to address change in schedule with parent as this behavior has occurred previously when plans have been changed at the last minute. Recommend having parents call 2-3 days ahead if they know ahead that plans are going to be changed. With advance warning staff may inform client when additional support is present (2 staff for safety) and can be ready to offer alternate activities plans for the weekend.

Use of social Stories to help this client develop coping skills for dealing with scheduling changes.

3.4 Review of COR Audit

Reviewed Pg.12 – Element 4 – Ongoing Inspections

Key Recommendations Pg. 12:

• Non-residential inspections need to be completed more consistently and a guideline developed to specify the appropriate number to be completed in different settings. Ensure that the new residential random inspection is used to allow for staff input into hazards in these settings.

New process is in place and being followed.

• The hoist lift/ceiling track and wheelchair inspection need to be done consistently and monitored to ensure compliance.

TC's and TL's to check lift/wc inspection sheets daily and initial chart. TC's and TL's to delegate this monitoring and documentation responsibility to other staff persons in circumstances when they are away/on holidays

Reviewed Pg.13 – Element 5 – Qualifications, Orientation and Training

Key Recommendations Pg. 13:

• Orientations are not documented. Recommend the development of a sign off for the staff after they have been orientated

Orientation process for regular staff previously established. Implementation needs to be completed across employees consistently. Coordinators require a refresher in these requirements. Managers to provide this review.

Have recently begun implementing Site Specific Orientation for relief staff in programs with sign off.

Employee evaluations have a consistent process for review. Request to have all employees review H&S responsibilities (as per Policy 3.5.1) at time of annual evaluations and when signing terms for positions.

3.5 Review of hazard assessment and control document

The Committee reviewed submissions of

the recently updated Site Specific Hazard Documents as per annual program review of same submitted by the Teams/ Coordinators) for additions/ revisions to the master document. A follow up meeting to complete the review of the rest of the submissions will be struck next week. Robin offered to assist. The other regions are completing this same process for their regions and are to have their revision recommendations in to Corinne by Aug 21/08.

Several possible additions were noted. These will be shared with the other regions once a complete list has been generated. The master control document will need to be revised this August.

4.1 Health and Safety Article for July issue of ICE Page

Smoke Detectors
Corinne will prepare the article.

4.2 Promoting Safety Training

The course will go ahead as revised this Spring. Client Risk Management will be covered in separate training.

4.2 PPE - Safety Glasses

Safety Glasses have been dispensed to the CR Managers for distribution into programs which complete lawn/ outdoor equipment (lawn mowers & weed eaters).

Safety Glasses will need to be added as additional PPE to information noted in the Master and site specific hazard control documents.

4.3 Signage for hot water taps

Have been distributed to the programs, need to be posted at taps where hot water is present (re potential for scalding/burns)

If programs require more signs please let the specific CR Manager know

Your ICEPAGE

Is there something you would
like to see in the
ICE PAGES?

Do you have an idea for a column?

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