

Denise Seilecki has been an ICE employee since 1996, she has worked with several clients and has been the Team Leader at one of our Residential Homes since 2000.

Denise is originally from Poland, when she was a young girl of 19, she came to Canada alone to escape the communist regime. Soon after landing in Montreal she made her way to Calgary. She only knew of Calgary because she had an Uncle whom she had never met living there. Denise says, "I fell in love with Canada before I even spoke a word of English."

Denise learned English at the Alberta Vocational College; where she states the instructors were wonderful people who took the extra time to teach people how to live in Canada. She first held jobs in restaurants and in retail while raising her daughter and twin sons. Denise first got interested in this field because in Poland while she was growing up people with disabilities had no rights and were hidden away, a practice she strongly disagreed with, but felt powerless to change.

It was while working in retail that Denise first met some individuals with disabilities and found she really enjoyed her time spent

EMPLOYEE *Spotlight* Denise



with these individuals. Denise says, "When they smiled they made me feel good." She thought that she would really enjoy working in this field. She knew a couple of ICE employees, so she applied for a position. Now 14 years later she still looks forward to going to work everyday and says she enjoys every aspect of her job, especially the challenges of working with non-verbal clients. In her own words, "I am just

trying to make every day special and different for my clients."

When Denise is not at work she enjoys spending time with her Grandson (who is the light of her life), traveling, reading, gardening and shoveling the snow in the winter.

Last year Denise had a fall in which her leg was broken, this was the first time since 2002 that she had ever missed a shift at work and she was determined to heal so she could get back to her clients. On more than one occasion, her supervisors have jokingly expressed a wish that they could clone Denise, as she is such a loyal, hardworking, dedicated individual. Luckily for ICE, she currently has no plans of retiring.

ECAT

Employee &
Client Assistance Team

780-461-7236

after office
hours



MEETINGS

Health & Safety
Meeting

September 2, 2009
1:30 PM

RPAC

September 22, 2009
2:00 PM



TIME SHEET HAND-IN



Hand-in day will be:

September 15th, 2009

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

September 30, 2009

for all shifts worked
between
September 16th and 30th

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Client Success Story – Chantel

Chantel is a 35 year old woman who lives with two other ladies in Edmonton. Chantel has had a passion for painting and coloring since she was a little girl.

Over the years Chantel has continued to develop her skills in the art of painting when she is at home and part of her busy day has finished.

Chantel participates in her Day Program every day and she still manages to make time to go down to her rumpus room to sit quietly by herself on the sofa relaxing, prepare all her colors, sing a song and then begin painting.

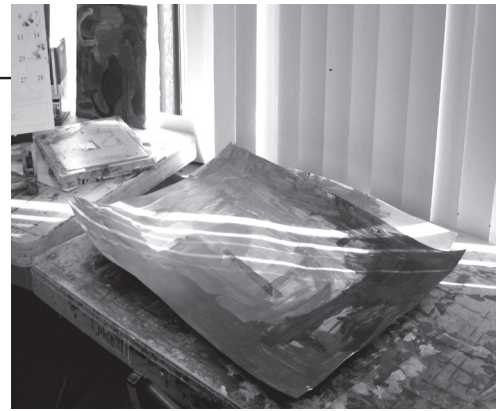
Chantel has the unique ability and love of bright colors and enjoys mixing them to create beautiful images.

Since September 2008 Chantel has

attended the Nina Haggerty Center for the Arts once a week to expand her knowledge of painting arts. Chantel spends about two hours painting when she attends the center.

Chantel receives a lot of support and encouragement from home as well as at the Center for the Arts. In May of this year one of Chantel's paintings was selected for display at the Starbucks on 124th Street. Chantel's painting hung proudly at the coffee shop for a whole month.

A new passion for Chantel has recently developed as well – swimming! Chantel wants everyone to be prepared as she is working towards one day being a contender in the Olympics.



Thank You to All Certificate of Recognition (COR) Audit Participants!

ICE would like to extend a heartfelt thank you to all participants of our internal 2009 COR audit. Many employees and Support Home Operators in Grande Prairie, Calgary, and Edmonton shared information with our internal auditors during interviews and observation tours. This information sharing is important for our ICE goal of continuous improvement of our employee health and safety program.

What happens to the information compiled?

After each COR audit either internal or external, the information is summarized into a written report. This report covers eight key areas of an effective Health and Safety Program: Management Leadership and Organizational Commitment, Hazard Identification and Assessment, Hazard Control, Ongoing Inspections, Qualification, Orientation and Training, Emergency Response, Accident / Incident Investigation, and Program Administration. This report is made available to all ICE employees in the Health and Safety Binders at ICE programs and ICE offices.

What does the report tell ICE?

The COR audit report summarizes areas of strength where the agency is doing well, and identifies areas where employee health and safety may be further enhanced. The auditors make recommendations for how system improvements may be accomplished.

How is this information used?

The agency's management team meets twice annually to set and review progress on agency goals. COR audit recommendations are an important part of this outcome measurement system. The company's efforts to implement the action plan is also reviewed at the next COR audit.

Thanks again to all participants. Keep working with health and safety in mind!

Your ICE COR auditors:

Corinne Stasiewicz – Health and Safety Specialist

Debra Reed – Manager of Community Rehabilitation Programs

Greg Lane – Quality Assurance and Risk Management Consultant

Thank You!

Afomia Estifanos - who received a thank you for client care and maintaining the cleanliness of the residence.

Grace Li Chan Bian - who assisted in finding support staff to fill in shifts in August.

Lilian Jackson - who assisted a co-worker to stain the deck at an ICE program.



All ICE offices will be closed for
Labour Day

Monday September 7th

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

Proactive Behavior Intervention
September 3rd, 2009, 9am-5pm
September 17th, 2009, 9am-5pm

Documentation and Reporting Practices
September 9th, 2009 9am-1pm

Positive Behaviour Supports
September 24th, 2009 9am-5pm

TRAINING

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.

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

Health Corner

An annual visit to your doctor for a physical is important to your health and well-being. By having a physical every year, certain problems can be caught at an early stage when treatment is easier. Each physical examination is individualized based on the patient's age and health.

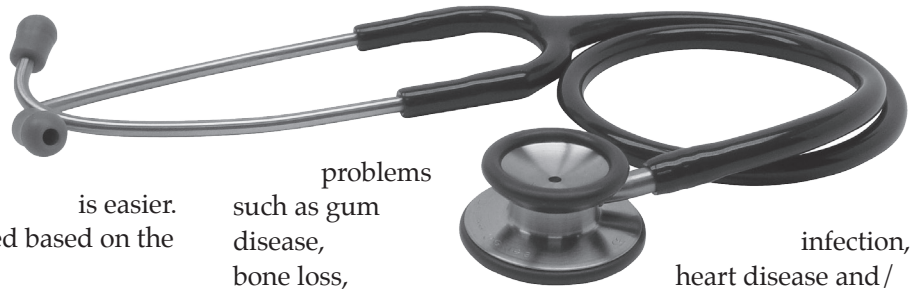
Your doctor may start the examination with some questions regarding your medical history as well as those of your parents'. The information collected may indicate possible risks for certain diseases or medical conditions. The doctor will take your blood pressure each time, since high blood pressure is a major health problem that can affect anyone at any age and can't be detected in any other way. Your height and weight will also be taken. Significant loss of height can indicate acceleration of osteoporosis. Height is lost as a result of compression of the spinal cord. Significant loss or gain of weight without trying can signify serious health problems. Weight gain can signify fluid retention, perhaps heart, liver or kidney disease. Weight loss could indicate infection or cancer.

Your doctor may also give you a requisition for blood work. Yearly blood work should include a complete blood count, glucose to detect the onset of diabetes, thyroid function tests to rule out any thyroid disorder and blood electrolytes which can detect kidney problems and early heart problems. Your doctor may also order some additional tests depending on your personal and family history. Other tests that your doctor may order for men include a prostate exam and PSA (prostate specific antigen) which may indicate prostate cancer.

For women, other tests may include a mammogram (to detect breast cancer), pelvic exam or Pap smear to detect cervical or vaginal cancer, and measurement of bone mass (to detect osteoporosis).

Good oral hygiene is also important, not only for looks, but for general health as well. Poor oral hygiene can lead to a variety of dental and medical

Annual Medical Visits



problems such as gum disease, bone loss, or stroke. Regular check ups and cleaning can prevent oral cancer. Your dentist can help screen for oral cancer which is highly curable if caught early. Gum disease can also be prevented. Gum disease is an infection in the gum tissue and is the leading cause of adult tooth loss. Recent studies have linked heart attacks and stroke to gum disease; therefore, having healthy gums help to maintain good physical health. A dentist or hygienist will be able to detect any early signs of problems with your teeth or gums. Early detection of cavities, broken fillings and gum disease are easily treatable. If these problems go untreated, root canals, gum surgery and removal of teeth could become the only treatment option available. The dental hygienist can remove most tobacco, coffee and tea stains. During the cleaning process, the hygienist will also polish the teeth to a beautiful shine. Dental studies have shown that about 85 per cent of people with persistent bad breath have dental problems that are to blame. Good oral hygiene is essential in preventing bad breath.

It is important to have your eyes checked by an optometrist or ophthalmologist on a regular basis to maintain good eye sight. The frequency depends on your age and the condition of your eyes. The Canadian Association of Optometrist recommends that by 6month of age, you should have your eyes checked once. If there are no concerns at that time, the eyes should be checked again at 3 years of age, and then again before entering school. Between the ages of 6 years and 19 years, the eyes should be checked annually. From 20 to 64 years, eyes should be checked annually to every two years. For 65 and over, eyes should be checked annually. The optometrist may decide that your eyes may need to be checked more frequently than stated above. Benefits of regular eye examination include: early detection and treatment of eye diseases and other diseases such as high blood pressure, identifying problems that can lead to vision loss, and determining the need for glasses.



4.4.3 QUALITY ASSURANCE AUDITS

Independent Counselling Enterprises has in place several audits that are performed regularly to ensure the highest quality and consistency of service throughout various programs and regions.

A. Environmental Quality Audit (EQA)

The appropriate manager (Auditor) in each office will complete an Environment Quality Audit of all residential programs in that region minimally once per year, or more often as a need is identified. The completed EQA is filed in the general program file at the main office.

The Environmental Quality Audit is comprised of:

1. The Monthly Safety Inspection Checklist, additional items to be reviewed and an Office Checklist
2. Observation Note: The auditor will document his/her review and note items that do not meet expectations. If during the visit a deficient item has been rectified, this is then not an issue and the item is then signed off as meeting expectations. However the auditor will initial in the blank column to the right of the item that he/she or support staff were required to ensure that this item was able to meet expectations. (It is advised that arrangements be made to have staff available to assist during this process. An auditor is not to leave a home if serious issues are apparent unless that issue is rectified or an action plan is in place to rectify it.)
3. Follow up Required:
 - The auditor will list all items that need to be completed. Timelines will be provided at the auditor's discretion and will not exceed 15 days for items to be complete. If any item does exceed this deadline an action plan must be in place to validate this. Structural changes to the physical environment may exceed the timeline.
 - The auditor must have a meeting with the Program Manager following the audit. This meeting is to occur no later than 24 hours after the audit or the next business day.
 - At this meeting the auditor will review all items in point 1 above and provide a copy of the follow –up required section to the manager. It is the Manager's responsibility in consultation with his/her coordinator and support staff in the home to ensure all follow-up is completed. The Manager is to initial each item as complete and return this copy of the follow-up required to the auditor either before the follow –up visit or during the visit.
 - A follow-up meeting is to be scheduled by the auditor to

ensure that items that did not meet expectations are rectified. The time of this meeting and the auditor's follow-up visit will be clearly documented on the Follow-up Required section.

- The auditor will document in C-Views that the audit was done, the date, those in attendance, basic information concerning the audit, whether a Regional Manager or C.O.O. involvement was required and the date of the follow-up visit.
4. Auditor's Follow- up Visit : The auditor will ensure that all items are followed up. Any incomplete items must have an action plan. Once complete the signature section of the audit document is to be filled out. This visit is documented in C-Views as well. The appropriate Unit Manager must ensure that each residential file has the completed EQAs , as per policy, available on file.
 5. During monthly telephone conferences each regional office will summaries the audits completed the previous month and bring forward any incomplete items for discussion. All complete audits will then be filed in the appropriate files.
 6. Please note that each residential program will have a minimum of one EQA scheduled per year. This yearly audit will occur in the same month each year and the scheduling will be the responsibility of Quality Assurance/Regional Manager. Managers are to ensure that they participate in one EQA per year and that monthly safety inspections are completed and correct to facilitate this process.

If service provision or client's well being is in jeopardy the Regional Manager / C.O.O. will be immediately informed of the audit results.

B. Monthly Safety Inspection Checklist

1. Each month residential programs operated by I.C.E. must complete a safety inspection checklist. This will facilitate the compliance and completion of environmental quality audits and promote quality service delivery. In addition to being completed monthly the checklist will also be completed under the following circumstances:
 - Excessive use of relief staff or staff turn over in a particular program.
 - Service complaint by guardian or outside source (not to take place of an internal investigation).
 - Within 2 weeks of moving in to or changing a residence.
 - An increase in general or critical reporting incidents or ECAT involvement.

2. Residential staff and clients (as able) will complete the majority of the checklists in a yearly period. However the **Community Support Coordinator/Community Team Coordinators must** complete a minimum of one per year.
3. Once the checklist is completed any items that require action/need improvement must be dealt with immediately and an action plan devised to rectify the situation. Employees are to then initial beside each item once completed if improvement was needed or if it was not satisfactory. The current months fire drill, any additional emergency evacuation drill (if one conducted) and a completed inventory list for the Emergency Preparedness kit will be attached to this document.
4. The completed report as in point number three will then be forwarded to the office no later than the 30th of each month to the appropriated **Community Support Coordinator/Community Team Coordinators/Manager. All items on the checklist must be satisfactory before forwarding to the main office.** The coordinators must ensure the document is correct, review the document and attachments at the monthly staff meetings and sign the document to certify it's accuracy and completion. A copy of the document is to remain at the main office in the appropriate residential file and the original is to remain at the home in the Health and Safety binder under the Inspection section.

C. Random Inspection Reports

1. The appropriate office personnel at I.C.E. will complete Random Inspection Reports to ensure consistent quality throughout regions and throughout programs. **(Refer to the Master forms binder for the report format)** A minimum of 3 per year are to be conducted for residential programs operated by I.C.E.
2. All completed Reports will be forwarded to the appropriate supervisor for correction of any issues. The Report will be reviewed and signed by the **direct supervisor of the program as well the Manager of Community Rehabilitation Program(s)/Regional Manager(s).** The original report is filed in the appropriate house/program file as well as a copy is filed at the **respective** regional office in the Quality Assurance archives.

Office Safety Inspections

1. The Health and Safety Representative in every office will complete these on a bi-monthly basis and complete follow through as required.
2. **The Health and Safety Specialist will complete office safety inspections at all regional offices on an annual basis.**

Ergonomic Checklist

1. A Registered Nurse will complete an ergonomic checklist annually for each office employee. The office employee will be responsible, through their supervisor, to ensure that any necessary ergonomic equipment is purchased or altered as required. The office employee is responsible to immediately report any changes or difficulties with their equipment to their supervisor. The completed ergonomic checklist will be easily accessible at the desk of the employee.

File Reviews

1. The appropriate Community Support Coordinator/Community Team Coordinator in each office will complete reviews on all main office (including residential and non-residential) client files quarterly and **at least one client residential file at each staff meeting.**
2. **The Manager(s) of Community Rehabilitation Programs/Regional Managers(s), as appropriate, will complete reviews on all main office client files semi-annually.**
3. **Team Leaders, or Community Support Coordinators/Community Team Coordinators are responsible for ensuring all non-compliant items are corrected within 15 days of completion of the file audit.**
4. All file reviews are to be documented on the appropriate audit form and once complete filed in the file folder in front of each program in the files.

Updated October 2009

ATTENTION ICE EMPLOYEES:



As part of Independent Counselling Enterprises pandemic preparedness plan the agency will be offering mandatory Influenza Pandemic Training for all staff starting in September. Please watch for course registration information coming soon.

Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes Northwest Region – Meeting minutes date: July 8th, 2009

Review of Employee Injuries

Jun 11th, 2009 Staff strained their back during a client transfer. The equipment (bed) for the client has since been changed to a higher bed which will assist to prevent injuries. Revisions to the transfer process in relation to the new equipment are being developed in consultation with OT / Home Care.

Recommendations: Staff are to be careful and aware of their surroundings at all times and not in a rush.

3.2 Evaluation of current Injury Investigations

July 29/09 A staff person was injured when they reached to test a smoke detector located over stairs inside the home. The staff was tall and chose to reach to test the device. While stretching the staff lost their balance and fell down about 5 steps injuring themselves.

Recommendations: All team to receive training at team meeting regarding the correct process to test smoke detectors that are located over stairs (i.e. using an implement such as a broom handle or using a proper ladder with a spotter.)

3.3 Evaluation of Near Miss Investigations

Apr 18/09 Bottom portion of a cooking pot separated from the upper portion of the pot when the pot was lifted off the cooking element.

Recommendations: Staff at residential programs need to review

the status of equipment (including those used for cooking) prior to each use on an ongoing basis. Bring concerns forward so that faulty equipment can be replaced.

May 28th/09 Staff were being asked to complete manual transfers when new equipment (engineering controls) were available to prevent potential injuries.

Recommendations: Staff working in community sites need to bring new equipment to the attention of their ICE supervisor so that training and authorization procedures may be implemented.

June 4th/09 Staff turned on the oven and placed a food item in to roast, but then a flame was noticed in the oven. Staff turned off oven and the flame when out.

Recommendations: Ovens should be cleaned after use (once cool), to prevent grease build up. It is recommended that all staff inspect ovens (for grease etc.) prior to turning them on to preheat. This should be reviewed at team meetings.

June 12th /09 Staff at the ICE office was attempting to close an office door. They were hurrying through the door and caught their arm on the edge of the "closure plate" causing a scratch on their arm.

Recommendations: Door closure mechanism checked to ensure blunt (not sharp) edges and proper alignment. Worker to focus on task at hand and avoid rushing.

July 8th/09 Staff was at the office and hurried to a washroom to wash their hands. Due to hurrying they missed reading a sign on the door stating that the washroom was

"OUT of ORDER." The washroom cold water tap was not working and the employee put their hands under the tap. They quickly realized the water was VERY HOT and removed their fingers from under the water.

Recommendations: Enhance signage (brighter colours, caution tape etc.) to post outside and inside washrooms when facilities are not working. This should include specifically what is not working i.e. the toilet or the taps so that poor assumptions are not made. Worker to be encouraged to avoid rushing and to obey posted signage. Review this at next office meeting with all staff so reporting to provide signage is completed.

July 6th /09 During a Random Inspection at a residence a staff member had lifted up a rug to sweep under it. There was a cord exposed but the visitor was informed of the hazard on arrival and walked into the residence over the cord. (Near trip)

Recommendations: It is a fire hazard to have cords running under rugs and this cord is to be moved immediately. (Manager was present and informed at H&S meeting for follow up purposes). It was recommended that a longer cord be purchased along with clips to secure the cord around the door frame instead of running it under the rug. Staff to be reminded at next team meeting of the need to immediately inform visitors/contractors of hazards present.

July 12/09 Client became upset when asked to complete personal care routine. Staff did not maintain personal space and client scratched worker on left hand.

Recommendations: Staff to review Positive Behavior support requirements (provide choices, allow space when clients are agitated.) and perhaps re-attend PBI / PBS training.

July 20/09 Worker was experiencing stress in relation to a combination of personal /work factors.

Recommendations: Worker to be encouraged to report stress concerns to their supervisor. Supervisors to provide information on support resources available to workers re stress health concerns.

3.4 Review of COR Audit Action Plan. (2008)

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

Element 6 – Emergency Response:

Key Strengths – Emergency Preparedness skills are actively practiced and monitored by ICE employees. Employees who work in residential homes are required to submit to management monthly fire drills held with their clients. Results are discussed at monthly team meetings and results are posted for staff to review. Office staff complete fire drills bi-annually. Other forms of drills, such as severe weather and power outages are held quarterly. Evacuation plans are observed throughout the office and at residential homes complete with emergency phone numbers. The emergency response plan and a formal tour of emergency exits and muster point location is part of the visitor orientation.

Key Recommendations: Provide training for Fire Emergencies (Fire Extinguisher training)

Conduct emergency training with Weekend and Overnight staff

Discussion was held regarding a suggestion to have staff (all

including weekend, Day and overnight staff) practice drills according to scenarios provided by the agency. These scenarios could be assigned as part of a monthly requirement. Scenarios to include various challenges that teams could face i.e. client without shoes, client refusals etc.)

3.5 Review of Master Hazard assessment and Control Document

The committee reviewed Job Type: General Pg. 11. The committee gave recommendations for additions to activities and Frequency and Priority Ratings

Recommendations:

Activity and/or Task:

Client Seizures

It was recommended that the title of this section be revised to Supporting clients during seizure activity.

No rating changes were recommended.

Professional Boundaries (Clients involved in personal Life, Calling Staff at home)

It was recommended that this heading be expanded to Clients and Staff...

Controls were then also recommended to expand to include use of * 67.

No rating changes were recommended.

Visitors entering the Building

It was recommended that this heading be expanded to "Visitors at the Worksite" as the concern also applies to other than office sites.

Potential Consequences- recommended a change from 1 to 2. The resulting Total would change from 5 to 6 making it a 2nd Priority Rating.

4.1 2009 Internal COR Audit

- Dates have been set for the internal COR Audit

- o Edmonton & Calgary – August 17th – 21st, 2009

- o Grande Prairie – August 10th – 14th, 2009

Staff to review their knowledge of ICE Policies and the Promoting Safety course.

4.2 Review of H1N1 Precautions and Updates as per AB Health

All workers to continue to use precautions as outlined. ICE management is continuing to plan for H1NI requirements for the fall.

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

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

4.3 Health & Safety Articles for September

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

The following suggestions were received:

- A review of fire safety requirements
- Health – the importance of regular health appointments ie. Doctor, Eye, Dental (key for both staff and clients).

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

4.4 Policy Review

Policy 4.4 2 Risk Management was reviewed by the committee

Programs to review Policy 4.4.2 in team meetings.