

ICE PAGE

NORTHWEST

2016

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Health and Safety Meeting

March 10th, 2016 @ 3:00 pm

RPAC Meeting

March 1st, 2016 @ 1:30 pm

TIME SHEET HAND-IN:

March 15th, 2016

For all shifts worked between March 1st and March 15th, 2016

March 31st, 2016

For all shifts worked between March 16th and March 31st, 2016



ECAT

Employee & Client
Assistance Team

780-512-3129

after office hours

Phones do not accept text messages. Staff
need to call ECAT.

Making it Happen!

Supporting Social Inclusion

Jayden joined the ICE team last spring. He wanted to make new friends and be able to socialize with them. He was extremely shy and struggled with going out into the community, meeting and talking to people. At first Jayden did not even want to leave his house. With the support of his day staff, Denise, Jayden is now active in the community.

The first week of services, his staff would come to his home and they would chat until he was comfortable getting into her car. From the car they started to meet a few peers for coffee in the morning. Jayden would always have his music on loudly so he did not have to listen to others.



Slowly with support he turned the music down. Soon he would still have his earplugs in but the music was off. The next step was Uno. This card game seemed to work magic. Jayden learned how to play and soon he was actively competing against his peers. This was followed by talking and then laughing. This led to him

becoming involved with several different groups of peers from multiple agencies. They go to movies, play darts, pool, basketball, bowl and talk about music, computer games and drums. Jayden is an accomplished drummer.

Jayden volunteers at Any Time Fitness and the Airdrie Library. He was reluctant to volunteer at the library until his staff asked him to help his peers. Every Wednesday morning the library hosts a program where clients play Wii bowling and participate in a story. Jayden now sets up the chairs, the screen, the Wii game, and assists his peers to play the game. His knowledge of computer games allows him to be an excellent aide.

Jayden is now comfortable with his peers, he has made numerous friends and he has become a social butterfly.

Staff Spotlight - Denise F.

Denise has been with Jayden since he started at ICE. She has taken the time to learn about computer games to open the communication door with Jayden. She watched him closely to ensure his growth continued through any difficulties. By telling Jayden “I’ve got your back no matter what happens you are safe”, she gave Jayden the feeling of security he needed to open himself up to others. When you sit and speak with Denise about Jayden, her eyes shine with pride, all of her comments are positive and you can tell that she genuinely cares for him. She is a dedicated, caring and extremely supportive individual. Thank you Denise for all of your hard work and dedication.



**ICE offices will be closed
Good Friday, March 25th, 2016
and Easter Monday, March 28th, 2016 for
Easter**



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

**Incentive Award Winner!
February 2016 Thank-you Card Draw Winner**

Gisele Reay

Gisele received a Thank you card from the Personnel and Training Coordinator for extra work at her residential program. She won a an adult colouring book and colour pencils.

ICE has a TD Group RSP plan!

Refer to Policy 3.4.18 ICE FUTUREBUILDER RSP.

If you are eligible, ICE will match your contributions! To sign up, please contact

Linna Roem at 780-453-9664



Spring Time Change

**Daylight Savings Time begins Sunday March 13th at
2:00 am!**

Turn your clock AHEAD one hour



Policy Review

2.3.5 COMMUNITY REHABILITATION- ADMINISTRATION OF MEDICATION

(Below are sections of Policy 2.3.5 please refer to the ICE Policy manual for the complete policy.)

Employees:

1. **Consent/Training/Storage:** Independent Counselling Enterprises employees cannot administer medications outside an Independent Counselling Enterprises facility or home until the proper consent has been obtained and the employee has been trained in the administration of medications. Training includes review of policies, training of actual drug administration, accurate completion of a medication quiz and a medication shadow. At all times I.C.E. policies and procedures must be followed. This will ensure that medication can be properly secured and stored for accurate administration and the safety of all those in the environment. The medication will be bubble/pouch packed and stored in a locked medication cupboard. Liquid medication safely stored. Medications will be clearly labelled and organized by client. Documentation system is in place. **(Refer to Section B for further clarification.)**
2. **Consent Forms:** Consents will be required to be signed annually, and filed in the client's file, in order for medication to be administered to the client by I.C.E. employees. Typically I.C.E. does not administer medications in a non-residential setting however if deemed necessary consent must be obtained.
3. **Medication Delivery/Training:** All medication delivery must comply with the Administering Medications procedures that follow this policy. All residential employees and all other employees that may need to administer medication must complete the medication administration training and shadowing process (see **Policy 3.3.4 Mandatory Employee/Support Home Operator Training**).
4. Designated I.C.E. personnel who are knowledgeable of I.C.E. medication policies and procedures provide all medication training. A health professional reviews all I.C.E. medication policies and procedures on a regular basis.
5. I.C.E. employees cannot take direction from anyone other than I.C.E. personnel /health professional in the administration of medication in any setting, and under any circumstances. This is applicable to Support Home operators administering medications to dependent clients.
6. **Medication errors** include both omissions and commissions. The following circumstances are all medication errors:
 - Drug is either not administered or it is given to the wrong client.
 - The wrong drug is administered.
 - The drug is not given at the right time.
 - The drug is not given by the proper route.
 - The wrong dosage is administered.
 - Administered expired medication.
 - Not signing the MAR sheet after administering medications.
7. All medication errors will be carefully documented on the appropriate reporting incident form as soon as they are recognized. A supervisor will be informed at once.

8. As per **Policy 3.3.4 Mandatory Employee/Support Home Operator Training** re Medication Administration Training, all residential employees, upon completion of training and subsequent on-the-job shadowing, will be subject to the following error limitations:
 - Two (2) med. errors within a 60-day period will result in a re-shadowing of med. procedures.
 - Four (4) med. errors within a one-year period will result in complete re-training, including successful completion of written exam and shadowing.
 - Four (4) med. errors within 6 months will result in complete re-training, and corrective action (see **Policy 3.7.1 Process of Corrective Action**).
 - Medication errors are tracked in C-Views.
9. Any employee who either accidentally or knowingly and deliberately fails to report a medication error will be subject to disciplinary action. (see **Policy 3.7.1 Process of Correction Action**).
10. **Client Status- Independent or Dependent:** I.C.E. will support all individuals to be as independent as possible in administration of their own medication. An agency consent form is to be signed to authorize clients that meet all of the following criteria to administer their own medications with minimal guidance and monitoring by I.C.E. employees. These criteria are:
 - The client demonstrates an understanding of the purpose of each of their medications, and
 - The client demonstrates an understanding of the common side effects of each of their medications and knows what to do should such a side effect occur, and
 - The client is physically able to safely remove their medication from its packaging and administer the medication to themselves in accordance with physician and pharmacist instructions, and
 - The client is able to independently remember the times that their medications are to be administered, and consistently take their medications at those times without prompting.

I.C.E. is not responsible for direct medication delivery if the client is deemed independent as described above, and appropriate consents have been signed and are on file.

Residential Settings

11. All relief employees in the residences must read and understand the medication administration policy located in the home's orientation manual prior to administering any medications. Relief employees shall only administer medications when there is no regular staff available on shift to perform the administration.
12. In any and all situations and shifts where a regular home employee, who is trained for administering medications, can be present, the procedure of medication administration will automatically be their responsibility.
13. Medications in all residential settings will be properly stored and secured at all times for the safety of all residents.

Updated October 2015

TRAINING

Pre-Employment Training (PET)

March 22nd & 23rd, 2016

9:30 am - 5:00 pm

Proactive Behaviour Intervention

March 24th, 2016

9:30 am - 3:00 pm



Spring - Health and Safety Hazards

Spring is a time to celebrate warmer temperatures and increased activity outdoors; however, it is important to be aware of health and safety hazards related to spring such as storm related weather and allergy symptoms.

Seasonal Allergies

Allergic Rhinitis or hay fever is a common problem in the spring. Symptoms may include a stuffy or runny nose with clear drainage, sneezing, itchy eyes and nose, sore throat, throat clearing and a cough that may be worse at night and in the morning. Seasonal allergies are related to being exposed to outdoor allergens such as tree pollens, grasses, and weeds.

The best treatment for hay fever is to avoid the allergens



through environmental controls. This includes keeping windows closed in the car and at home to avoid exposure to pollens and limit activities outside when pollen counts are highest. Tree pollen counts are highest in the early morning in the spring.

There are medications which may also be used to control the symptoms of hay fever.

Storm related weather

There are two types of heavy rains: large scale weather systems with long-term rainfall and short-lived thunderstorms with significant rainfall. Heavy rainfall within a short period of time can produce flash flooding. Each year more deaths occur due to flooding than from any other thunderstorm related hazard.

Safety for heavy rain:

- Monitor Environment Canada weather forecasts for watches and warnings of spring snow storms, heavy rains and thunderstorms.
- Know potential risks for flooding in your area and plan an escape route to higher ground but keep in mind that the risk of lightning is increased on higher ground.



• During heavy rains, avoid roadway underpasses, drainage ditches, low lying areas and water collection areas. They can unexpectedly flood or overflow. NEVER TRY TO DRIVE ACROSS A FLOODED ROAD. You can't tell the condition of the road under the water. It takes just 12 inches of rushing water to carry away most vehicles and 6 inches of fast moving flood water can knock over an adult. It is NEVER safe to walk or drive into flood waters.

Health and Safety Minutes Northwest - Meeting - February 11th, 2016

3.0 STANDING ITEMS

3.1 A) Review of Regional Health and Safety Meeting Minutes - Section 3.2 Internal Incidents

Calgary: (January 20, 2016 meeting minutes)

No current internal incidents to report.

Edmonton- (January 6, 2016 meeting minutes)

December 7th, 2015

During a meeting at the ICE office a client became upset and left the meeting room. The client proceeded to the stairwell and attempted to start the stair bannister on fire. The situation was observed by office staff and intervention with the client implemented. 9-1-1 was called for Fire and Police. There were no injuries but damage to the building.

Recommendations: Book client meetings outside of the office whenever possible. If the meeting needs to be in the office have the meeting downstairs in an area close to an exit and plan ahead for possible client behavioural responses. Follow PBI training and policy regarding consistent client support at the office. Ensure office emergency (fire) procedures are followed. Internal incident investigation has been completed.

December 15th, 2015

Client refused evening medications. Staff did not insist but decided to try later. Staff went to the fridge to get their supper meal and the client came up behind him and tried to hit him. The client was physically aggressive to the staff. Police were called; they came and settled the client down. Incident Investigation to be completed.

Recommendations: Further staff training in the client's PRP (do not turn your back on the client) and review of PBI strategies.

South- (January 5, 2016 meeting minutes)

January 1st, 2016 – Staff was re-positioning a client in their bed. Afterward their wrist started to hurt. Staff was seen by the doctor and was told that their wrist was sprained. Staff had been trained on proper lifting and transferring techniques. Incident Investigation is complete.

Recommendations: Re-train on proper lifts and transfers, training on proper musculoskeletal movement to be offered to staff.

B) Review of Regional Health and Safety Meeting Minutes - Section 3.3 (Near Miss Incidents)

Calgary: (January 20, 2016 meeting minutes)

Dec 7, 2015

Staff arrived at client's home where staff witnessed client having an argument with their roommate (not an ICE client) and threatening to harm the roommate.

Near Miss Investigation completed.

Recommendations: Consult with RPAC regarding additional behavioural supports/ staff training. Staff will contact the police if escalations include threats of harm. Staff to contact supervisor/ECAT and seek directions to effectively deal with particular situation.

South: (January 5, 2016 meeting minutes)

No Near Miss Incidents to Report.

Edmonton: (January 6, 2016 meeting minutes)

No Near Miss Incidents to Report.

3.2 Evaluation of current Internal Incident Investigations for Injury, Health and Property Damage:

No current Incidents to review

3.3 Evaluation of current Near Miss Incident Investigations (Incidents, Recommendations):

No current Near Misses to review.

3.4 Review of COR Audit and Action Items:

Reviewed summary Sections 1-8 and Suggestions for Improvement.

3.5 Review of Master Hazard Assessment and Control Document

Reviewed the General HACD
Driving – no recommendations
Driving with Clients – recommendation increase frequency to a 4, raising priority to 1
Outdoor Activities – no recommendations
Accessing Community – no recommendations

Other regions review & and recommendations and regional response to recommendations:

Calgary: (January 20, 2016 meeting minutes)

H&S committee project for revisions for HACD was put on hold as committee is waiting for revised evaluation rating scale.

Pages 1 – 8 reviewed

Working with people, Working alone, Meetings/communication – no recommendations

South: (January 5, 2016 meeting minutes)

Committee went through the master HACD and brainstormed other tasks that should be included in a new section specifically for Non-Residential Tasks. Some possible tasks identified include taking public transit with clients, contact with other community members, and working with a client in their home. Some of the hazards can include exposure to pets, exposure to smoking, and exposure to allergens. Other hazards related to working in a client's home might include guest management, maintenance of the home and outside property. The members of the committee will continue to send in suggestions of items to add to the task list as they think of them. Coordinators will ask staff working in non-residential programs to help add tasks to the list as well.

Edmonton: (January 6, 2016 meeting minutes)

Review of the HACD took place. The group started work on development of a draft for a separate hazard section for Non-Residential services. Pages 1-52 of the current HACD were reviewed in relation to non-residential tasks and hazards. Regional H&S committees across the province will all submit information/ recommendations for this project.

3.6 Policy Review:

2.3.14 Community Rehabilitation- Bath/ Shower Assist. Annual shadows for water temperature/ bath & shower assists will be completed in February.

4.0 OTHER BUSINESS - N/A

NEXT MEETING March 10, 2016. 3:00 pm

