ICE PAGE

Contents:

POLICY REVIEW..... PG 3

HEALTH CORNER - Constipation.....**PG 5**

ICE Open House and Awards...PG 6

TIME SHEET HAND-IN:

January 15th, 2014

For all shifts worked between January 1st and January 15th, 2014

January 31st, 2014

For all shifts worked between January 16th and January 31st, 2014

RPAC Meeting

January 14, 2014, 2013 @ 10:30 am, Lethbridge

Management Meeting

January 14th, 2014 @ 11:30 am, Lethbridge

Health and Safety Meeting

January 14th, 2014 @ 1:00 pm, Lethbridge

After Hours Supervisor

Lethbridge is 403-634-8805

Nanton is 403-625-9513

(These phones do not accept text messages. Staff need to call ECAT.)

Employee Spotlight

Melanie

Melanie has been an ICE employee since November 2008, and throughout her time with the agency she has been consistently providing supports to one non-verbal client, Robert. Melanie and Robert have spent the past 5 years getting to know one another and implementing program goals that they both look forward to each day. Melanie works Monday to Friday in the community of Airdrie where she and Robert enjoy bowling, going to the library, volunteering at the Food Bank, and spending time with friends at the Grace Baptist Church.

Melanie's original field of work was as a Licensed Practical Nurse. Melanie married her husband in 1997 and they moved directly to Riyadh, Saudi Arabia. There, she did not wish to work at the hospitals so instead worked as a nursery school teacher in an Australian School

until her son was born in 2001. In 2004 Melanie and her family returned to Canada and settled in Brantford, Ontario. Melanie and her husband then also became foster parents. In August of 2008 Melanie and her family moved to Alberta.

Melanie is also involved with Special Olympics and has met many wonderful people, both with and without a disability. Melanie states that being involved in such a program has made her a better person.

Melanie enjoys spending time with her family and takes great pleasure watching her son play hockey. She also enjoys traveling, playing ball, and playing board games. In Melanie's down time she enjoys reading and playing cards on the internet.

It is a great pleasure to have Melanie as part of our ICE team. She enjoys having fun, is personable and easy going and this combination of qualities is an asset in her position. We look forward to Melanie's continued success.

2013 COR Audit Results

ICE has now received the results of our 2013 Certificate of Recognition (COR) internal audit as approved by the Continuing Care Safety Association.

Our Agency achieved 97%!

ICE employees should be very proud of this achievement as the audit included more than 71 individual interviews, documentation review in three regions and 9 worksite observation tours.

Copies of the 2013 COR audit report are now being distributed internally. The report will be available for review by all ICE employees in the Health and Safety binders at ICE offices and residential programs.

Implementation plans are already underway for the agency to address the recommendations for improvement as provided in the 2013 report.

Thank you everyone for your excellent efforts and ongoing commitment to Health and Safety at ICE!

EMPLOYEE REFERRAL INCENTIVE PROGRAM

Employees or Support Home Operators who refer a person to ICE who successfully meets our hiring requirements and completes their three month probation with a minimum of 120 hours worked, receive $100.00!

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**

Client Success Story

Christopher

Christopher came to ICE in August 2012 from the Northwest Territories. Quiet and kindhearted, he is a people person who enjoys helping others. Since his arrival Christopher has been working hard to enhance his physical wellbeing. He met with a dietitian last year to learn about balancing healthy food choices, portion control and exercise. Since then Christopher has been applying this knowledge and he has lost 40 pounds.

Part of Christopher's success in the last year has come as a result of his drive to earn money for his interests. He loves computers and technical gadgets. To get the funds to buy the computer related items he wanted, Christopher went out and got a job delivering flyers. He now has a large flyer route which provides him lots of walking exercise that is good for his health and at the same time earns him cash for his computer interests. Christopher has many friends from the north and in Edmonton. He keeps in touch via the internet and during visits enjoys taking them to his favorite places and for movie nights out.

Christopher eventually hopes to gain full time employment and to become involved with the computer technology world. Best wishes for your continued success, Christopher!

ICE offices will be closed Wednesday, January 1st, 2014 for New Year's Day

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

4.4.2 RISK MANAGEMENT

I.C.E. has a formal risk management program to minimize, prevent and/or reduce losses to the organization, its employees and its clients.

For the purpose of this Policy Risk Management will be defined as the efforts undertaken by the agency to identify, control, and mitigate risks and to reduce the uncertainty in the achievements of I.C.E.'s strategic and operational goals. The objective is to achieve a better practice in the management of risks that threaten to adversely impact the agency, its service delivery, operations, assets, employees, clients or members of the public.
A risk is defined as an event or cause leading to an outcome that jeopardizes the clients, employees, agency operations, or members of the public. The severity of the risk is directly related to the likelihood of its occurrence and the consequences of the occurrence.

Established policies and practices will maximize opportunities for success in all activities and minimize adversity. Risk management is embedded in all policies and practices that govern the agency. Fundamental policies includes screening and hiring of employees, employee training, clearly defined employee job requirements, employee discipline and dismissal, health and safety, emergency plans, accident and incident reporting, defined documentation and record keeping systems, financial management, ethics, privacy and documentation of consumer support requirements. The agency's Policy Manual clearly addresses all of these and more.

Risk management involves:
- Identification of hazards / risks – what can cause harm
- Assessment of risks. – understanding the likelihood that a risk may occur and if it does what will be the consequences
- Controlling risks-implementing practices and procedures that most effectively control / minimize the risk within the agency's ethical framework and industry standards
- Continually review and evaluate control measures for effective management of the risk

It is the responsibility of all employees to continually identify, evaluate, respond, monitor and communicate the risks associated with any activity, function or process within their relevant scope of responsibilities and authority. The effectiveness of a risk management program is contingent on the involvement and cooperation of employees and management's commitment to health and safety.

General Policies:
Independent Counselling Enterprises will take reasonable and prudent actions to prevent and to minimize risks/hazards in the workplace. All employees will be educated in skills that can avoid and/or reduce the risk of injury to themselves and to clients. (See also Policy Section 3.5 and 2.3.6)

Communication between Contracting agencies/Guardians, I.C.E., and the client remains the cornerstone in minimizing risk factors involved in service provision.

Independent Counselling Enterprises will carry third-party liability insurance, professional practice insurance, loss and theft.

Independent Counselling Enterprises will ensure the continued monitoring, accessing and implementation of enhancements to site and information security. This would include ensuring employee and client awareness and use of security measures, personal safety measures, confidentiality, and preventing the loss of company site and information assets.

Management will review all general and critical reporting incidents to identify areas where action can be taken to further reduce potential risk to Independent Counselling Enterprises, its employees and its clients.

Where ever possible employees will participate in exit interviews. I.C.E. Management will review the results for service improvement and identify problem areas. Evaluations disputed by employees or other formal grievances that have been reviewed as per policies will be analyzed for process improvement.

Environmental Quality Audits are conducted a minimum of two times annually in all 24-hour residential homes. In addition trained staff conducts house audits (Monthly Safety Inspections and Random Inspections) on a regular basis. All residential programs will have monthly fire drills, check fire alarms and ensure fire extinguishers are operational. All homes must document this on the Monthly Safety Inspection checklist. Completed checklists are available in the Health and Safety Binder and in the archived file as appropriate. The Community Support Coordinator/Community Team Coordinator are to review this and ensure its completion. Any issues are to be dealt with accordingly to ensure a safe working environment.

The Community Support Coordinator/Community Team Coordinator (as appropriate) will regularly monitor and make recommendations regarding safety in client homes. Services may be suspended until conditions are deemed satisfactory in all settings that are not operated by I.C.E. In residential programs operated by I.C.E. it is the responsibility of this agency to ensure a safe environment on an ongoing basis. The Health and Safety Specialist may be involved in this assessment.

In all cases where an employee is injured in the performance of his/her duties the W.C.B. report will be reviewed by the appropriate supervisor, for indications of service hazards and corrective action, and then forwarded on to the Health and Safety Specialist/designate for review. See Policy 3.5.5 Employee Work Related Injury, Illness, and Near Misses

Employee Risk Management:
Employees are screened and reference checked. All must complete pre-employment training session.

Personal safety both for clients and the employee is addressed through various training sessions and on-site supervision.

Minimizing potential risk through information exchange is imperative. Imparting information about client's weight, height, special equipment, mental health, past/current behavioural history and required additional procedures all play a significant role in risk management. Providing the client with the appropriate employee, whose skills will equal the needs of the client, will minimize potentially dangerous situations for the client and the employee. In turn I.C.E. is responsible to report any change in client health and/or support requirements that will reduce incidents that may be harmful to the client.

Client visits are conducted with a view to confirming the authorized services and examine safety issues that may be present in the environment. All client visits are documented in C-Views as standard practice by the person conducting the visit.

An employee has the right to refuse to work under unsafe conditions.

Updated July 2013

Health and Safety Minutes
Northwest Region - December 9th, 2013

3.1 Review of Regional Health and Safety Meeting Minutes
Calgary – Minutes not available
Grande Prairie-November 26, 2013
No Injury Investigations
Edmonton –November 6, 2013
Oct 29, 2013 – Staff was assisting a client to transfer from their wheelchair to a commode using a ceiling lift. The commode chair moved when the staff was repositioning the client onto the seat and as a result the staff strained their hip.
Recommendations:
Revise the client's Assistive Technology Guidelines. Re-train and re-shadow all regular program staff in client lift and transfer procedures at least once annually and as support changes occur.
Nov 3rd, 2013 – A Support Home Operator (SHO) was standing part way up a set of indoor stairs when they called a client to a meal. The client rushed down the stairs and bumped the SHO as they passed by. The SHO lost their balance and footing on the stairway and fell. The SHO put their hand out to brace their fall and injured one of their fingers.
Recommendations: It is recommended that the SHO call this client for meals etc. when they are standing safely away from stairs or other hazardous areas (i.e. on the downstairs landing or upstairs away from the stairs.) It is further recommended that if the SHO and the client will both be required to use the stairs that the SHO let the client take the lead and then follow them. Use handrails whenever possible.

B) Review of Regional Health and Safety Meeting Minutes - Section 3.3 (Near Miss Incidents)
Calgary –no minutes available
Grande Prairie-November 26, 2013
No Near miss investigations
Edmonton- November 6, 2013
October 14, 2013 – Relief staff were supporting a client on Thanksgiving Sunday. The client was very excited over the plan for a turkey dinner and first thing in the morning attempted to start turkey cooking preparations. He became angry when staff tried to redirect / assist him. The client, who has a behavior plan for aggression and property destruction, started throwing property and threatening staff. Staff and the roommate withdrew to outside the program (as per PRP) for safety. Police and ECAT were called. The client broke the lock on the entry door. Police responded and the client calmed down. The door lock was serviced by a locksmith.
Recommendations: Consider advance activity planning for special events to avoid overexciting the client and triggering food related behaviors. Example: Perhaps order a turkey dinner from outside the home instead of preparing it at home. Plan with the client in advance for holidays and special events with activities that start first thing in the morning and that burn off lots of physical energy (i.e. walk to the grocery store several blocks to get the cranberry sauce). Consult with RPAC for additional client support strategies.
October 29, 2013 – Staff (new to program) was seated in the living room when a non-verbal client approached them and handed the staff a bowl (indicating the client's desire for a snack). The staff was getting up to provide support for the client but the client was already agitated. The client grabbed the staff's hand and tried to bite it (incomplete attempt). Then the client grabbed the staff's other hand and twisted the staff's wrist. Staff was able to move away before injury occurred.
Recommendations: Ensure that new supports are given a clear orientation for required client supports and communication. Develop written positive communication approaches/ strategies and train new staff supports in these so that they may support the client effectively to avoid agitation / aggression. I.e. verbally informing the client of the intention to meet their need (get them a snack) may have avoided aggression. Consult with RPAC as necessary for additional client behavioral supports. Additional Recommendations: PBI
Oct 29, 2013 – Staff was in the office at a residence completing documentation when a client arrived home angry. The client came to the office door. She had misplaced her room keys and was demanding staff give her the spare office set of keys. The client did not wait for staff assistance but pushed in and started looking for keys in the office desk. Staff tried to redirect the client out of the office but the client refused to leave. The client found a letter opener and scissors in the office desk and made verbal threats towards the staff. The staff redirected the client by offering to cook supper for her. Once the client was calmer the staff was able to get the scissors and letter opener back from her and secure them.
Recommendations: When clients arrive home staff should immediately leave the office area and provide direct and active support. This is important to gauge the mood and support requirements of the client on that day/shift. Once staff is sure the client's support requirements have been met they may be able to return to their paper work. Secure all sharps in a secondary locked location within the office at this program.
Additional Recommendations: PBI
Oct. 30th, 2013 – Staff arrived at the ICE office. They were walking outside the building from one entrance to another when they slipped and fell on a small patch of ice outside of reception. Ice had formed from water droplets melting, dripping off the building roof then freezing onto the sidewalk. The employee had identified the hazard and was going to apply salt/sand but none was readily available at that building entrance.
Recommendations: Use appropriate caution to identify hazards and avoid slips and falls during winter weather conditions. Ensure adequate supplies and equipment is readily available to address sidewalk hazards at each office building entrance/exit.
Additional Recommendations: Proper footwear

3.2 Evaluation of current Internal Incident Investigations for Injury, Health, Property Damage:No injury investigations

3.3 Evaluation of current Near Miss Incident Investigations:
No Near miss investigations

3.4 Review of COR Audit and Action Items
-Tabled until the 2013 COR Audit is completed

3.5 Review of Master Hazard Assessment and Control Document
South- pages 34-37
Other regions review & and recommendations and regional response to recommendations. :
Calgary- No minutes available
Northwest- November 26, 2013
Use of Sharps, Cooking/Food Preparation, Food Storage, Exposure to Raw meats: No changes.
Edmonton-November 6, 2013
2013 Hazard Assessment and Control Document – Housekeeping section Pg 25 – Expanded review of Bed Making hazards and controls.

3.6 Policy Review –2.3.9 Infection Control & Cross Contamination

4.0 OTHER BUSINESS
4.1 ICE Page Health & Safety Article suggestion: CET standards for H&S and indicators
4.2 Email shared from Corinne in regards to First Aid Records as well as the new WCB contact John Anderson

5.0 NEXT MEETING – January 14th @ 10:30 am in Lethbridge

Independent Counselling Enterprises
Current Job Opportunities
January 2014

Nanton, Claresholm & Fort Mcleod

F/T hours in Fort Mcleod

Relief/casual shifts available in Claresholm area

Lethbridge

Various P/T hours available

Evenings P/T 3:00pm-11:00pm

Relief for Lethbridge

Please note: Status of programs does change, so please check with your coordinator, if you or someone you know may be interested.

If any staff is available and willing to post ads in your local community, please contact the office at 866-646-1199.

Monthly Incentive Award Winner

Dasha Reizvikh received a Thank You card from a co-worker for staying with the staff and client in an emergency to make sure everything was alright.

Dasha won Christmas decorations.

HEALTH CORNER - Constipation

While not a general topic of conversation, constipation is an important health subject.

Most otherwise healthy people will occasionally experience constipation, but in some cases certain diseases or conditions can be the cause, such as:

- kidney failure,
- chronic kidney failure
- hypothyroidism (when the thyroid gland produces inadequate quantities of thyroid hormones).
- irritable bowel syndrome
- neurologic disorders such as Parkinson's disease, multiple sclerosis, or spinal cord injury
- bowel obstructions (benign tumors or growths)
- rectal or colon cancer

Acute constipation starts suddenly and lasts for a few days. It can be caused by a blockage, prolonged inactivity, medication, dehydration, or missing a bowel movement. Pregnant women can develop constipation when the womb presses on the intestine. Sometimes, general anesthesia affects the bowel muscles for a few days after surgery. Lead poisoning and swallowing indigestible objects are other occasional causes.

Many medications can also slow the passage of feces through the intestine, provoking acute constipation and include: anticonvulsants used for epilepsy, antidepressants, diuretics, heart medications such as calcium-channel blockers, iron supplements, pain medications such as codeine* and morphine, some cough and cold medications containing dextromethorphan and some antacids. Often individuals ICE supports use medications from this list and are affected by constipation.

Treatment for constipation often involves use of laxatives but overuse of laxatives eventually makes the bowels less sensitive to the need to eliminate feces and can cause chronic constipation. The bowels become dependent on laxatives to work, and this can lead to bowel distention and other complications. The goal of therapy for constipation is one bowel movement every three days without straining.

People who are bedridden can develop severe acute blockages called fecal impaction. The stools may have to be removed by their doctor.

Symptoms of constipation can include:

- a sensation that the bowels haven't completely emptied
- bloating of the abdomen, and possibly a "rumbling" noise
- gas
- indigestion
- infrequent bowel movements
- hard, dry stools that are difficult to pass
- loss of appetite
- pain or pressure in the belly
- some bleeding as a result of straining

Constipation can cause complications. Very large, hard stools can stretch the anus, tearing the skin or worse causing a prolapsed bowel. A person should see a doctor if constipation symptoms last more than two weeks or if they have blood in their stools, severe pain with bowel movements, or unexplained weight loss.

Not having enough fiber in the diet often leads to constipation. Try to get at least 29 grams of fiber a day, more is better. Eat more whole fruits and vegetables; replace white rice, bread and pastas with whole grain products. Increase fiber intake gradually to avoid gas and bloating. As water helps pass stools, drink at least 2-4 extra glasses of water a day. It will take a few days to see improvement after increasing dietary fiber in the diet.

Prunes assist regularity and they are safe for long-term consumption. Persons who don't like prunes may drink prune juice. Drinking plenty of water helps prevent dehydration which can lead to constipation. Liquids can help keep stool soft to help prevent and alleviate constipation.

Lack of physical activity can contribute to constipation. Exercise, however, can help encourage regular bowel movements and reduce stress. Wait at least an hour after eating a big meal before you exercise to give your body time to digest your food, then get moving. Try a 10-15 minute walk several times a day. Stretching and yoga can also help constipation.

Provincial ICE Incentive Draw Winner

Throughout the province ICE employees provide excellent service. Supervisors, co-workers, clients, family members and managers are encouraged to formally recognize ICE employees who go "above and beyond" in their duties by filling out a special "Thank You" card available from any ICE office. The completed cards are entered in a draw box in each region's main office and cards are drawn each month for great prizes.

Each year in December, ICE employees who have received a minimum of three Thank you cards (from different sources) have their names entered into a special province wide draw for $1000.00 cash prize. This year's provincial incentive draw winner was Marion Bangura of Edmonton.

TRAINING

PET
January 8th and 9th, 2014
9:30 am - 4:30 pm

FASD
January 16th, 2014
10 am - 12:00 noon,
Lethbridge
(must RSVP)

EPILEPSY
January 16th, 2014
1:00 pm- 3:00 pm
Lethbridge
(must RSVP)

On Tuesday, December 10th, 2013 Independent Counselling Enterprises hosted its annual South region Christmas Party and Employee Awards Ceremony.

Helga Biggers (above) received the Community Connector award.

Julie Clark (above) was presented with a 10 Year Service Award.

Dasha Reizvikh (right) received the Employee of the Year award.