

EMPLOYEE *Spotlight* Amber

happy
holidays



Amber Daub was raised in the small town of Coaldale, AB and lived there for the first 16 years of her life. She then moved to Picture Butte, AB where she completed high school in 1995. Fresh out of high school Amber began cooking and then pursued the Culinary Arts Trade at SAIT in Calgary which she completed in 2000. After working in the hospitality field for 10 years she decided she needed a change, and became a PCA working with Senior's. She then came to work for ICE in November of 2005. Amber currently holds 3 positions with Community Access clients and has also been a Support Home Operator for the past 2 years. Amber is versatile and has worked in many different programs in her region including Residential, Community Access, Respite, and as a contracted Support Home provider. She is also always there to lend a helping hand as needed for relief shifts.

Amber won the Community Access Award of Excellence in her region in 2006. She is always willing to learn new skills through training courses offered from ICE and was a recent graduate of The Foundations in Community Disabilities program in 2007. Amber participated in the Creating Excellence Together (C.E.T.) survey this past year when 2 of her clients were chosen to be

participants. Amber remained confident in her practises and was proud when all regions of the company scored 100%.

Amber says she doesn't consider working for ICE a job as it is her passion to help people and she really takes her job to heart. She feels very satisfied that she has made a difference in the lives of every client she has worked with. The smile on their faces at the end of the day is her greatest reward. Amber says she can see herself working for ICE for many years to come as it is a great company to work for and the Coordinators and Regional Manager are amazing. Amber notes that the support she receives is phenomenal.

Amber is a single Mom with an 11 year old Daughter named Brittney whom she takes great pride in. She enjoys the time she spends with her daughter. Her daughter is an avid dancer and Amber enjoys watching her daughter perform her ballet, tap, hip-hop and jazz. Amber also enjoys traveling and has recently been to California and Florida and plans on going to Mexico early next year with her daughter and her contracted client. Amber also enjoys camping, fishing, playing softball, golfing, swimming, biking, rollerblading and various other outdoor activities in her spare time.

Did you know?

Coaldale is a town in southern Alberta, Canada, located 11 km (7 mi) east of Lethbridge, along the Crowsnest Highway. In 2006, Coaldale had a population of 6,177.

After Hours Supervisor

403-819-0583



MEETINGS



**Health &
Safety Meeting**

Dec 18, 2008, 1:30 PM

Team Leader Meeting

Dec 12, 2008, 1:30 PM

RPAC

Dec 11, 2008, 2:30 PM

TIME SHEET HAND-IN



Hand-in day will be:

Mon Dec 15, 2008

for all shifts worked
between

Dec 1st and 15th

and

Wed Dec 31, 2008

for all shifts worked
between

December 16th and 31st

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success story: Lorne and Colleen

Lorne and Colleen have been happily married for fifteen years. They met on vacation in Hawaii in 1991 and tied the knot two years later. They were married in a church near their home in Grande Prairie and still have the videotape from their wedding. One of their favorite things to do together is visit their long-time mutual friend once a month for a delicious home-cooked meal.

Lorne's favorite past-time is playing floor hockey with Special Olympics. He said that in his last tournament his team placed second overall. Lorne also said that he spent five minutes in the penalty box! Every Sunday Lorne likes to bowl with his wife Colleen.

Other than bowling with Lorne, Colleen likes to watch skating on TV, hang stockings, and sing on her front porch. Her favorite musician is Johnny Cash and her favorite TV show is Cops.

Lorne has been a valuable employee at Homesteader Health for the past year and plans to keep working there for a while. Colleen loves her job at Sears. She has worked there for five years. She also works at A&W and Boston Pizza.



Freezing Rain:

Freezing Rain is common during the transition from fall to winter when the ground and atmosphere temperatures have yet to fully cool down.

Because freezing rain does not hit the ground as an ice pellet and is still a rain droplet when it makes contact with the ground, the freezing rain conforms to the shape of the ground, making one thick layer of ice, often called glaze. This creates very treacherous conditions.

***It is important that all Independent Counselling Enterprises programs ensure that they have sand and salt available to treat walkways in the event of freezing rain or snow. Staff must watch the weather conditions and be pro-active to address hazards as they arise.**



All ICE offices will be closed for
Christmas

Thursday Dec 25

Boxing Day

December 26, 2008

New Year's Day

January 1, 2009

Please direct all calls to the
After Hours Supervisor
for these days.



Thank You!

Incentive Thank-you Card Draw Winner

Tanya Hirsche received a thank-you card for always going above and beyond in her program. Thank you so much, Tanya!!!!

Other Thank-you Cards Received

Pat Major received a thank-you card from her supervisor for assisting with an annual planning meeting on her scheduled time off. Thank You, Pat!!!!

Client Congrats!!!

Congratulations are extended to **Aaron B** who was recently elected as Vice-President for the Schizophrenia Society of Calgary.

ICE knows you will do well in your new role!

Congratulations to **Kevin H** who has just been accepted into Bow Valley College.

ICE wishes you all the best as you further your education!

PET TBA

TRAINING

Health and Safety Minutes

2.0 Review the Previous Minutes / Business Arising from Minutes:

- Thank-you extended to Linda for chairing and completing the minutes for last meeting.

- Discussed the fire extinguisher training – DVD's will start circulating in all the homes. Non – res staff will also be able to access the DVD's for their and/or clients viewing. Perhaps a time can be arranged at the office.

3.2 Evaluation of current injuries and near misses.

1) Near Miss Reviewed – a small fire occurred at a residential home. Likely cause was unsafe disposal of cigarette materials. A dead flower in a flowerpot caught fire and smoldered (likely overnight). Result was scorch marks to the outside cement of home. Resulting fire could have been more severe.

A memo was circulated in all regions, as a result of this incident, outlining requirements of staff to ensure debris cleaned from yards and that safe cigarette receptacles are present at all programs

2) Injury Investigation – TC banged her knee while shopping for a new couch for her home. She hit knee on a metal support on couch that she was not aware was in place. Resulted in a small red bump to knee. No lost time.

Committee relayed that all staff should be aware of surroundings and assess for any potential hazards present in their environment. TC will be reminded of this as well.

3.3 Review and updates of a section of the Hazard Assessment Document.

Seasonal yard work

Controls to be added: safety glasses and maintenance of yards so free of debris, dead plants, etc.

Add to associated hazards: risk of heart attack.

Snow shoveling

Associated hazard as above of risk for heart attack.

Also the potential consequences could be a 4 however the probability would then be a 1.

4.1 Water shoes

Committee recommended using them for assisted showering and public swimming activities.

4.2 N-95 Masks

Deb attended the train the trainer fit testing and is now certified to complete this for all 3M Masks.

ICE as a whole will be looking at developing policy / guidelines regarding mask use and who should be fit tested, etc.

4.4 Toxic cleaning materials

Reviewed memo regarding this

Deb is developing a training / education session about these products for clients.

4.5 CO Poisoning

Info has been found on internet, however fairly lengthy.

Deb will look into finding more adequate information on ATCO or Calgary Fire Department sites.

4.6 Presentation

Committee member Jennifer Richardson (Vandenberg) has attended 3 meetings as of today

Winter Conditions Health + Corner

Unlike most weather conditions, cold weather is unforgiving and merciless. If you mistakenly go out on a spring day without an umbrella, you might end up with pneumonia but the likelihood is that you will just have a wet head. On a summer day without a hat and sun block you could end up with sunstroke but will probably just suffer a bad sunburn. In the winter, however, if you are not adequately prepared for the conditions, you can very easily end up without fingers, toes or even your life.

The key to surviving and enjoying your winter experience is preparation and prevention. Dress appropriately, know the weather conditions (including temperature, precipitation, and the expected wind chill index), protect your extremities and remove wet clothing as soon as dry clothes are available. Three complications of winter include hypothermia, frostbite and frost nip.

Hypothermia

This is a condition where the core body temperature decreases to a level at which normal muscle and brain functions are impaired. Your core body temperature is the temperature of the core of the body (the heart, lungs, and brain) that is essential to the overall metabolic rate of the body. The conditions that can lead to hypothermia include cold temperatures, wetness, improper dress/equipment, alcohol intake, and poor food intake.

There are three levels of hypothermia: mild, moderate and severe. With mild hypothermia, there is mild shivering and the person cannot do complex motor functions, such as skiing. With moderate hypothermia, the person has a slurred speech, violent shivering, is dazed, irrational and has a loss of fine motor functions. With severe hypothermia, the person has pale skin, decreased heart rate, dilated pupils, rigid muscles, shivering may stop, falls to the ground, unable to walk or may become unconscious. Then breathing and heart beat may stop, which may lead to death.

Tips to prevent Hypothermia

- Wear clothes in layers
- Drink warm fluids, and no alcohol
- If you start to sweat, cool off a little. Wet clothes will accelerate other cold weather injuries.
- Wear a hat - up to 40% of body heat loss can occur through the head.
- Wear gloves or mittens or both!
- Wear a scarf to protect the chin, lips and cheeks - all are extremely susceptible to cold weather injuries.

What to do in case of Hypothermia

- Remove wet clothing that promotes hypothermia.

- Get to a warm place as soon as possible. Use several layers of blankets heated in your home dryer if possible.
- If the person is alert, give warm beverages. Never give alcoholic beverages.
- Seek immediate medical attention.

Frost Bites

Frostbite is defined as damage of the skin from exposure to cold weather. Extremely cold weather can lead to serious complications, the worst being amputation. Injuries from frostbite are extremely common, yet preventable.

Frostbite mostly affects areas where the circulation is poor. Since cold weather will cause the body to take preventive measures by constricting (making smaller) the blood vessel, this opens the door to frostbite injuries.

Look for the 4 Ps of frostbite:

- Pink - affected areas will be reddish in colour. This is the first sign of frostbite.
- Pain - affected areas will become painful.
- Patches - white, waxy feeling patches show up - skin is dying.
- Pricklies - the areas will then feel numb.

Tips to prevent frostbite:

- Get to a warm area before frostbite sets in. If it's too cold outside, consider staying indoors.
- Protect areas of poor circulation (ears, nose, fingers and toes).
- Keep extra mittens and gloves in the car, or house.
- Wear larger sized mittens over your gloves.
- Wear a scarf to protect the chin, lips

and cheeks. They are all extremely susceptible to frostbite.

- Wear two pairs of socks - wool if possible
- Keep feet warm and dry
- Do not drink alcohol. Alcohol narrows blood vessels, which promotes frostbite and then hypothermia
- Remove any wet clothing.

What to do in case of frostbite:

- Do not rub or massage affected areas. It may cause more damage.
- NOT HOT - warm up the area slowly. Use warm compresses or your own body heat to re-warm the area. Underarms are a good place.
- If toes or feet are frostbitten, try not to walk on them.
- Seek immediate medical attention if you see white or grey coloured patches or if the re-warmed area is numb.
- Always be on the lookout for the symptoms of frostbite. In case of serious cold weather injury, seek immediate medical attention.

Frost Nips

Frost nip can cause the skin to look very white and waxy. The top layers of skin can feel hard, but the tissue underneath will still feel soft. There may be some numbness associated with frost nip. To treat frost nip, gently warm the affected area by placing it against a warm body part (your own, another person or even your dog if you travel with one), or by blowing warm air on the affected area.

NEVER rub skin that is affected by frost nip. Ice crystals form within cells during the freezing of tissue. Rubbing affected skin can cause the destruction of cells as they are torn from the ice crystals.

The Scoop on Safe Snow Shoveling

Snow and ice create a hazardous situation for everyone but especially for people with disabilities. Shoveling and using salt, sand or other substances with ice melting properties will help reduce the potential for slip and fall incidents, which can and do cause serious injuries.

Safe snow shoveling requires proper preparation, the right tools, good technique and knowledge.

Preparation

ICE Staff are required to keep walkways at ICE programs and offices cleared but think carefully and take smart actions if you or your clients:

- have had a heart attack or have other forms of heart disease
- have high blood pressure or high cholesterol levels
- lead a sedentary lifestyle

Getting the job done does not mean putting staff or clients at risk:

- Discuss with your supervisor about your program hiring someone to shovel snow (i.e. a student) if staff or residents would be placed at risk by this type of activity.
- Shovel at least 1-2 hours after eating and avoid caffeine and nicotine.
- Warm up first (walk or march in place for several minutes before beginning).
- Start slow and continue at a slow pace (Suggestion: shovel for 5-7 minutes and rest 2-3 minutes).
- Drink lots of water to prevent dehydration.
- Shovel early and often
- new snow is lighter than heavily packed/partially melted snow
- take frequent breaks

Select shovels with care:

- sturdy yet lightweight is best (a small plastic blade is better than a large metal blade)
- an ergonomically correct model (curved handle) will help prevent injury and fatigue
- spray the blade with a silicone-based lubricant (snow does not stick and slides off)

Clothing:

- wear multiple layers and cover as much skin as possible
- wear a hat and scarf (make sure neither block your vision)
- wear mittens (these tend to be warmer than gloves)



- wear boots with non-skid/no-slip rubber soles

Technique

Staff should be sure to use safe techniques to shovel and ensure that clients who assist with the shoveling are taught these as well.

- Always try to push snow rather than lifting it.
- Protect your back by lifting properly and safely:
- stand with feet at hip width for balance
- hold the shovel close to your body
- space hands apart to increase leverage
- bend from your knees not your back
- tighten your stomach muscles while lifting
- avoid twisting while lifting
- walk to dump snow rather than throwing it
- When snow is deep, shovel small amounts (1-2 inches at a time).
- If the ground is icy or slippery, spread salt, sand or kitty litter to create better foot traction.

Important knowledge:

- Shoveling snow is strenuous activity that is very stressful on the heart.
- Exhaustion makes you more susceptible to frostbite, injury and hypothermia.
- Stop shoveling and call 911 if you have:
 - discomfort or heaviness in the chest, arms or neck
 - unusual or prolonged shortness of breath
 - a dizzy or faint feeling
 - excessive sweating or nausea and vomiting

HALLOWEEN FUN

ICE held a Halloween Party on October 27th. Thanks to everyone who attended and made the event a huge success!

A best costume contest was held and the winner was Michael B and Runner up was Maria D. There was lots of other great costumes as well!!

The pumpkin carving contest was really close, and had to be decided by a tie breaker. The winner was Tim M and the runner up was Michael R.



2.7.2 RECORDING AND REPORTING PROCEDURES

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.

1. Client contact and service delivery are recorded on the Contact Notes. Contact Notes are completed at the end of your shift or visit on the day service is delivered.
2. Contact notes must be handed into the office on or before specified dates.
3. Contact notes should be completed using the following guidelines:
 - A. notes should be as complete as possible;
 - B. use point-form statements;
 - C. chronological ordering of events;
 - D. correct names, dates and times;
 - E. qualified subjective statements (ie: "It seemed as if John's cold symptoms had worsened judging by his continued coughing and sneezing");
 - F. clearly stating opinions, ideas and beliefs of the writer (ie: "In this writer's opinion, Mary appears to be sad over the death of her son");
 - G. correct use of descriptive terms (ie "Sherry was over-active" rather than "Sherry was hyper");
 - H. correct grammar and spelling; forms should be free of corrections and blotting.
4. Verification forms are required to be signed by specific clients to justify the date and time of an employee's shift. Once justified the employee is then able to be paid for these hours through the payroll process. This is required for all work that is paid to the employee at an hourly rate. Work that is completed within Residential and Non Residential programs operated through I.C.E. does not need to be verified on this form. A separate form is required for each client for confidentiality purposes.
5. Time sheets, verification forms and contact notes must be handed into the office on specified dates. These forms are required from the employees to complete our billing and subsequent payroll. A list of these hand-in dates is provided to each employee and reviewed in P.E.T. Failure to comply with this procedure will result in the following:
 - I. First time failure to hand in documentation on hand-in day will result in the employee being provided with a verbal warning to comply immediately. Compliance will result in normal processing of the employee's timesheet for the purpose of payroll.
 - J. Second delinquency will result in the immediate revoking of direct depositing pay cheques. Should payroll be completed timesheets will not be processed until the next payroll and the process of corrective action will commence (see policy 3.7.1 Process of Corrective Action). A review of reinstating direct deposit will take place 2 months (4 pay periods) after the delinquency. It is the employee's responsibility to contact payroll personnel after this time period and request reinstating of direct deposit option and to provide all the necessary information to do so.
 - K. Subsequent delinquencies will follow the above and continue to be a performance issue. Should the delinquency be an ongoing issue reinstating direct deposit of pay will not be an option.
 - L. The employer may choose to limit the action taken for the delinquency based on individual circumstances.
6. Changes in client status that affect client or employee safety, the client's health status or the delivery of services must be reported immediately to the supervisor by telephone. The supervisor who is in receipt of this information will ensure that the appropriate office personnel are contacted and provide direction to the employee as appropriate. Should the change in client status be a result of hospitalization/receipt of emergency medical care or death the supervisor is to contact the appropriate Manager immediately. (see also policy 2.6.5 Client Death) Note for home care clients follow up may be discontinued at the Coordinator level if the change in client status was expected. The Manager will ensure that the Chief Operating Officer is informed who will in turn contact the President directly to inform him of the situation. (See also policy 2.7.3 Critical Incidents) for proper documentation procedures.
7. Observations about the change in client status must be carefully documented on a Contact Note.
8. Supervisors receiving changing status reports will document them in the client's file and make any necessary adjustments to the Client Service/Care Plan.
9. Refer to the Orientation & Monitoring Manuals in I.C.E. operated residences for a complete review of documentation of clients who are receiving residential and/or non-residential services.

You are invited to attend the

Annual Christmas Party and Awards Ceremony

hosted by I.C.E



December 4, 2008

From 12:00 p.m. to 3p.m.

at the Marlborough Park
Community Center

6021 Madigan Drive N.E.
(in the large hall)

There will be a light luncheon followed
by the awards, games and door prizes