

EMPLOYEE *Spotlight* Rodney



Rodney Lanada is from Manila, Philippines. He moved to Grande Prairie over ten years ago with his brother, two sisters, and father to live with his mother who already lived in Grande Prairie. While most of his time in Canada has been spent in Grande Prairie, Rodney also lived in Edmonton for about a year in 2005. That's when Rodney joined the ICE team.

Rodney worked with ICE in Edmonton until his wife moved to Canada in 2006 and they visited Grande Prairie together. Immediately, Rodney's wife fell in love with Grande Prairie so they moved back. Rodney's favourite things about Canada are its' quiet beauty, and its' health care. His favourite thing about Grande Prairie is that it is a growing community and everything is accessible.

Rodney applied to work for ICE in Grande Prairie and has been a valuable member of the team ever since. He has worked with many different clients with many different challenges and has been very successful in all aspects of his job. Rodney can always be

counted on in times of need and his clients express that they enjoy it when he works with them.

When asked about his long-term plans, Rodney says that he sees himself working for ICE for a long time. The things Rodney likes most about his job is interacting with people and passing on the help that he has received in the past. Rodney says that in a previous time when he was sick, he was helped and he believes his work now enables him to "pay it forward". Rodney especially appreciates that ICE makes sure their employees have the proper training to do their jobs and that there are very supportive staff. Rodney said that the work is challenging but rewarding.

In his spare time Rodney enjoys playing table tennis, chess, and basketball. He spends most of his time with his wife and is planning to have children in the future. Rodney says that maybe in the future he will move to another part of Western Canada with better weather. Grande Prairie is much colder than the Philippines!

Did you know?

Manila is the capital of the Philippines. The Philippines is an island country in the Pacific Ocean southeast of China and is the 12th most populous country in the world with a population of about 90 million people. The most commonly played sports are basketball and billiards. The Philippines has many common American food chains such as McDonald's, Pizza Hut, Burger King, KFC, and Starbucks but there have been some local fast-food chains that are becoming popular: Goldilocks, Jollibee, and Greenwich Pizza.

Source: www.wikipedia.org

After Hours Supervisor

403-819-0583



MEETINGS



Health & Safety Meeting

Feb 19, 2009, 1:30 PM

Team Leader Meeting

Feb 13, 2009, 1:30 PM

RPAC

Feb 12, 2009, 2:30 PM

TIME SHEET HAND-IN



Hand-in day will be:

Mon Feb 16, 2009

for all shifts worked
between

Feb 1st and 15th

and

Mon March 2, 2009

for all shifts worked
between

February 16th and 28th

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Laura “My Very Busy Christmas Season”

My Christmas Season was very busy this year. At the end of November I played the piano for the seniors at the Cottonwood Village Retirement Residence in Claresholm. We had birthday cake and visited afterwards. The residents asked me to come back to play and visit again soon. The ICE Christmas party was lots of fun this year. I really enjoyed playing mini golf because I've liked playing mini golf since I was little. On December 12, 2008 my voice teacher held our Christmas recital at the Auxiliary hospital (AKA Willow Creek Continuing Care Center). I got to sing in front of the residents there. I sang Christmas for Cowboys and Christmas in Killarney. On December 14th my voice teacher held another Christmas Recital at the Cottonwood Residence. All the seniors enjoyed it very much. On Christmas Eve Connie and I took a drive to Stavely to visit a sick friend. I went to the Auxiliary hospital to deliver water and candy canes to the residents and staff there. Afterwards we went to Connie's house for chili dogs and to open presents. Even Jack the dog loved his present from me. Later that afternoon my step sister and her boyfriend visited our family for Christmas Eve. That night my nieces and nephews and former brother in law came over to exchange Christmas presents. That evening I went to church to watch them light the last candle. On Christmas day I got to wake up at 9:00am to open presents. My father



and I stopped by my god parent's house to wish them a merry Christmas and we visited a sick friend at the foothills hospital on our way to my brother's house in Airdrie. I was very excited to hear my brother had gotten engaged. Boxing Day my step mom's family came to visit. I would like to wish all the clients and staff a Happy New Year for 2009.

3.6.2 EMPLOYEE CONFIDENTIALITY

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. Independent Counselling Enterprises will hold all personal information regarding individual employees in confidence.
2. Each employee will have a personnel file that will be kept in a secure place. Access to this information is limited to authorized management personnel only. Files must remain in the office at all times and returned to storage when not being reviewed by management. No files, parts of files or contents will be photocopied or reproduced without prior approval of the Personnel Coordinator.
3. Employee files will not be removed from the office.
4. Employment-related information such as wages, personnel evaluations and critical incidents will be shared only with supervisory personnel.
5. Independent Counselling Enterprises will not release any employee information to outside sources other than as outlined in the notice provided to all employees: "Collection, Use and Disclosure of Your Employee Information".
6. Independent Counselling Enterprises will not provide an employment reference on any employee without first receiving written permission from the employee.
7. An Employee may receive a copy or be granted access to their personal employee information in accordance with the Personal Information Protection Act. All requests must be in writing to the Chief Operating Officer. All reasonable requests will be granted within 45 days. A fee will apply to a request for personal information of someone who is not a current employee.
8. Requests for amendment to the content of the file may be made in writing to the supervisor. An employee may request copies of any item in the file but will not be permitted to remove the file or any document in the file.
9. Employee files are the property of Independent Counselling Enterprises. As such when employees are no longer employed by the agency their personnel file is pulled to storage and retained for no less than 7 years.

PET Feb 24 & 25, 9 AM – 4 PM

Epilepsy Inservice –
presented by Epilepsy Association of Calgary
Feb 11th, 10 AM – 12 PM

TRAINING

ICE Calgary Congratulates Long Term Employees !!!

Staff	Years	Date
Julie Scott	5	Feb 2nd
Fisseha Kelemework	3	Feb 20th
Audrey Dahl	1	Feb 25th

Thank  You!

Incentive Thank-you Card Draw Winner

David Abatan received a thank-you card from his Coordinator for his awareness to policy, and renewing his First Aid certificate prior any reminders. David, your dedication is very much appreciated!!

Other Thank-you Cards Received

Amal Souraya received 2 thank you cards for the role she played in supporting and advocating for a client.
Thanks Amal!

Maxine Bailey received a thank-you card from a Manager for reporting a near miss. Maxine, thank you for being observant and diligent in making sure the concern was fixed right away!

Grace Karsten received a thank-you card for the extra support you provided when a client was in crisis. Thank You, Grace!!!

Tanya Hirsche, Julie Scott, David Abatan, Theresa Sanborn, Audrey Dahl, Greta Wozniak, Charles Brosh, and Carla Henderson also received Thank you cards.



YOU ARE INVITED TO
JOIN US FOR A

SPRING BINGO

Come and join the fun!

Game prizes and refreshments

March 9, 2009

1PM TO 3:30PM

MARLBOROUGH PARK
COMMUNITY CENTER

6021 MADIGAN DRIVE N.E.

SMALL HALL

Please RSVP by March 4, 2009 at

(403) 219-0503

HOT WATER TESTING - A SERIOUS MATTER

Hot water testing practices are required by Independent Counselling Enterprises as per Policy 3.5.8, points 11 and 12. People don't normally associate water with burn injuries, but the fact is that contact with hot water may result in scalds. Scalds burn like fire.

What is a scald?

A scald is a burn caused by hot liquid or steam. Scalds may be caused by hot beverages or foods (coffee, tea, soup etc.), hot tap water (bathing or hand washing), or steam (during cooking).

Who is at risk?

While all persons using hot water sources are potentially at risk, our ICE clients are especially vulnerable. ICE clients are at risk as their physical condition may be underdeveloped or impaired, and because they may not comprehend the dangers of hot water. Sensory disorders may limit recognition of dangerous temperatures and physical disabilities may prevent these individuals from quick escape from the situation.

Employees are also at risk for scalds as they provide supports for cooking, bathing, and cleaning tasks in ICE programs.

Prevention

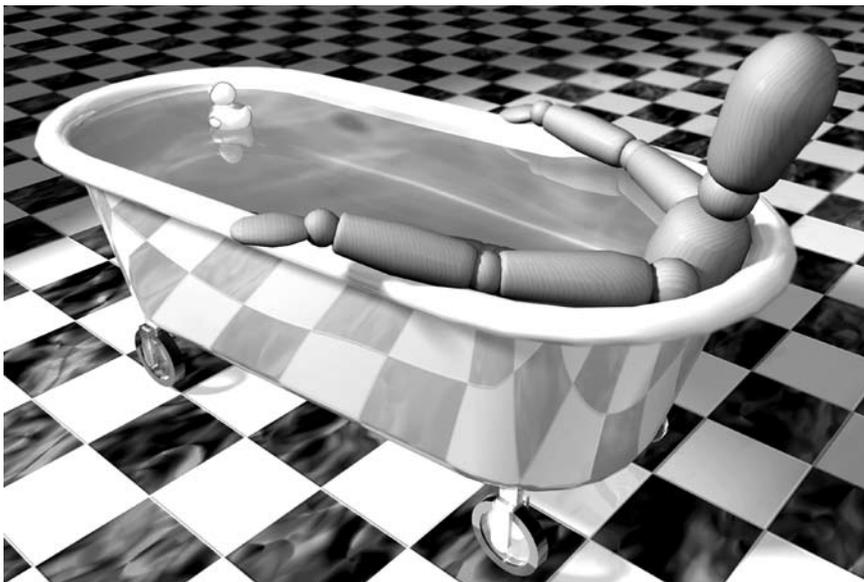
ICE Policy outlines many requirements for preventing potential scalds (**3.5.8 Standard Hazard Controls – refer to the ICE Policy Manual**)

Reduction of the hot-water temperature in all homes to 49 degrees Celsius is recommended and would likely eliminate most tap-water scalds. According to ICE policy hot water tanks must be checked at least once per month to ensure they are at an acceptable (low, medium) water temperature.

Active measures to prevent scalds include:

- Regularly checking the setting of the home's hot water heater. (Policy 3.5.8)
- Careful, consistent support and monitoring of individuals with cognitive impairments around all taps;
- Fill sinks and bathtubs with cold water first and then bring up the temperature by adding hot water;
- As per policy 3.5.8 # 12. when providing support to a client requiring assistance with bathing employees must check the temperature, before the client gets in the bathtub, by lowering their elbow approximately 5 cm into the water to ensure appropriate water temperature. NB* Clients pouring their own baths must be assessed to ensure they are capable of following safe practices and determining safe temperatures.
- Turn pan handles towards the back of the stove and away from where an individual who may be unaware of hazards could reach and grab them;
- Keep hot drinks well away from individuals who may be unaware of hazards. Put a tight fitting lid on hot drinks.
- Do not give individuals who may be unaware of hazards hot drinks to consume with a straw;
- Educate and review with staff and clients ongoing about the dangers of hot water. Teach more independent clients home safety skills (bathing, cooking) to assist them to reduce personal risk.

Scalds are one of the most common causes of burns and are painful, the treatment is agonizing and the effects can result in life long scarring.



NOTE: Failure to record required water temperatures as per policy 3.5.8 Standard Hazard Controls (either household or bath / shower water) will result in immediate disciplinary action due to the serious risk involved for harm to clients / employees.

QUESTIONS AND ANSWERS ABOUT HOT WATER TESTING AT ICE

Question: Why is it considered so important to test the household water?

Answer: Our homes do not have hot water tanks with built in thermometers that can automatically lower water temperatures to safe levels. ICE staff must measure the hot water to determine the temperature of water dispensed daily from the hot water tank in order to ensure the setting is at a safe level. If the level is determined to be at an unsafe level staff must take action to turn down the water heater and later retest the temperature. Testing household water temperatures will prevent scalds that could occur in daily tap use.

Question: Who is responsible for taking and recording household water temperatures?

Answer: The whole team (each and every member including relief staff) that work in a residence over a specific 24 hour period (midnight to midnight) are accountable for taking required water temperature recordings for that day. If there is a missed daily household water temperature recording each of these persons is responsible. It is the responsibility of each and every person working in that 24 hour period to check that the temperature reading has been taken and recorded for the day. If team members check the household temperature log and the temperature recording has been completed for the day then the employee has fulfilled their responsibilities. If the employee checks the temperature log and the daily check has not been done they must follow through as per policy to take and record it.

Question: How can staff measure the temperature of water before a client showers?

Answer: To measure the temperature of water for a client shower, turn on the faucet and run the water to the temperature proposed for the client's shower, then collect the running water in a container. While the water continues to run at this setting, take the temperature of the water in the container. Adjust the water temperature if required, retaking the temperature reading after each adjustment by testing a new sample from the container. Record the final water temperature on the temperature log. (Water collection may be simplified by collecting water from the base faucet prior to lifting the valve that sends the water up to the shower head or as per choice from the shower head itself.)

Question: What is staff to do if the clients reside in an apartment building and the household water temperature is measured to be higher than designated levels as per policy 3.5.8?

Answer: Staff should approach the apartment building management to express concern about the hot water levels in the building. This follow up contact must be documented along with the landlord's response. If staff is unable to get the building management to adjust the temperature, identify water temperature as a Hazard on the Site Specific Hazard ID sheet for the residence and include review of this information in Site Specific Employee Orientations for the program. Inform, teach and monitor clients and other employees about the water temperature hazard ongoing to prevent scalds.

REMEMBER: Hot Water Testing is a serious matter necessary to protect both clients and employees from potential serious injury. Employees should expect corrective action to be taken regarding failure to comply with ICE policies in this area.



Health Corner

Infectious Diseases

Infectious diseases are caused by very tiny organisms such as bacteria, viruses, fungi and animal parasites. This occurs when these organisms penetrate the body's natural barriers, such as the skin. These organisms can multiply causing symptoms that may be mild to deadly. Over time, these organisms can mutate and evolve and become resistant to conventional treatments

Types of Infection

Some infections, such as measles, malaria, HIV and yellow fever, affect the entire body. Other infections, however, affect only one organ or system of the body. The most frequent local infections, including the common cold, occur in the upper respiratory tract. A serious and usually local infection of the respiratory tract is tuberculosis, which is a problem worldwide. Other common sites of infection include the digestive tract, the lungs, the reproductive and urinary tracts, the eyes or ears. Local infections can cause serious illnesses if they affect vital organs such as the heart, brain or liver. They also can spread through the blood stream to cause widespread symptoms.



How is Infection spread?

Common ways in which infectious agents enter the body are through skin contact, inhalation of airborne microbes, ingestion of contaminated food or water, bites from vectors such as ticks or mosquitoes that carry and transmit organisms, sexual contact and transmission from mothers to their unborn children via the birth canal and placenta.

Prevention and Treatment

Modern vaccines are among our most effective strategies to prevent disease. Many devastating diseases can now be prevented through appropriate immunization

programs. In the United States, it is recommended that all children be vaccinated against diphtheria, pertussis (whooping cough), tetanus, polio, measles, rubella (German measles), mumps, Haemophilus influenzae type B (a common cause of pneumonia and meningitis in infants), hepatitis B, varicella (chickenpox) and influenza.

Travelers to foreign countries may require vaccinations against yellow fever, cholera, typhoid fever or hepatitis A or B.

Reporting

Our client population is vulnerable to infections and some infectious diseases can leave devastating effects. When infections are left untreated, even a simple

infection can become deadly. For example, a minor cut to a diabetic's foot can lead to leg amputation or even their life if left untreated. When infectious diseases are not reported or treated, they can spread to the next person causing pain and suffering. It is essential that we protect the well being of our staff and clients. Reporting to your supervisor as soon as there are any signs of

an infection or infectious disease and seeking medical treatment immediately can help to prevent infections from worsening and preventing the spread of infections to other people.

All ICE offices will be closed for Family Day

Monday Feb 16

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

Health and Safety Minutes

3.1 Review Regional Health and Safety Minutes

South Region – December '08

4.1 – Committee mentioned that working could perhaps be staff to advocate and ensure WCB claim/ paperwork completed.

Edmonton – November '08

3.2 – Good reminder for Calgary that when staff are assisting clients with mobility not to link arms.

- Committee also discussed the mat that had been taped to rug in client's room (tripping incident). Felt perhaps other option(s) could be utilized instead of having linoleum installed. Rug protector mats purchased at office supply stores (utilized in Calgary office at our desks under chairs) have teeth that grip rugs

Northwest – November '08

Committee wondered about the brass protection plate? Could it not just be removed?

3.2 Evaluation of current injuries and near misses.

1) Near Miss Investigation - potential fire hazard. A string of lights was placed in an unsafe manner, too close to plastic decorations and it was discovered to be an outdoor set not indoor where it was being used.

Staff became aware of potential hazard and removed string of lights right away. These lights have since been discarded due to age. Memo has been circulated and all homes have completed checklist in regards to seasonal decoration safety (Thanks

Corinne!!)

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

Tabled until next meeting in the hopes that we will have revised addition prior to.

4.1 Training

Fire Safety and Chemical Safety (clients) are still circulating to all homes.

4.2 Membership

Possible new member will be attending January '09 meeting

4.3 Seasonal Decoration Hazards/Checklist Memo

Reviewed - checklist will be kept for future use as it is very easily used by staff to be aware of and assess for potential hazards.

4.4 Thank You

Extended to all H&S Committee Members for all of their contributions this past year

Your ICEPAGE

Is there something you would like to see in the ICE PAGES? Do you have an idea for a column?

Contact Michelle Hanks at
(780) 447 7896
or mhanks@icenterprises.com

Find frequently used forms at
www.icenterprises.com

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