

EMPLOYEE *Spotlight* David



David Abatan has been an employee with ICE Calgary since January 2006. Originating from Nigeria, David is the father of twin daughters and a son. David came to Canada in October of 1992 and resided in Montreal and worked at a car rental agency before relocating to the Calgary area in September of 2005.

David has had a variety of work experiences since coming to Calgary. He worked for the same car rental company when he first came to the area and since has worked in the construction industry and oilfields. David knew that he wanted to try something different so when he heard about ICE, he decided to take the training and see if it was a career choice that would be good for him. As they say the rest is history.

David has worked with a variety of clients and gained valuable experience that he has certainly put to good use.

David has the ability to learn and retain a lot of information; he is especially great at remembering dates. With his easy going, cheerful disposition and great smile, David has become a valuable member of our staff. His flexibility and willingness to take on extra shifts, some with very little notice have certainly made him an asset to our agency. David works evenings in a staffed home that he really enjoys and also he is kept very busy with all the relief shifts he picks up.

When asked what his long-term goals are he said that he would like to have his own business some day. He would like to be able to have a business much the same as our agency as he really enjoys working with the clients and if not this then a grocery / variety store.

We look forward to having David working within our agency for many years to come.

**After
Hours
Supervisor**
403-819-0583

MEETINGS

**Health &
Safety Meeting**
May 21st, 1:30 PM

Team Leader Meeting
May 15th, 1:30 PM

RPAC
May 14th, 2:30 PM

**TIME SHEET
HAND-IN**

Hand-in day will be:
May 15th, 2009
for all shifts worked
between
May 1st and 15th
and
June 1st, 2009
for all shifts worked
between
May 16th and 31st

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ICE Semi- Annual Planning Session Held in Edmonton

The ICE Management Team is a permanent steering committee that meets as initiated by the President or at least two times per year. The committee met in Edmonton on Thursday, April 16th, 2009 to review agency performance and to plan and develop strategies and goals for ICE operations development and service delivery.



Left - Linna Roem, Manager of Accounts (Edmonton), Right - Michael Rutherford, President.



Sandra McGrath, South Regional Manager.



Breanne London, N.W. Regional Manager in discussion with Muaz Hassan, Quality Assurance and Risk Management Consultant.



Left to Right, members of the Edmonton Management Team, Greg Lane, Wayne Visser, Melissa Robertson, Julie Flemming and Stefania Burnell.



Left to right – members of the Calgary Management Team, Debra Garrioch, Linda Doherty, and Regional Manager, Deanna Rachkewich.



Geneve Fausak, Chief Operating Officer.

ICE Calgary Congratulates Long Term Employees !!!

Staff	Years	Date
Phil Clark	8	9th
Roxanne Wager	6	21st
Carla Henderson	1	1st
Carolyne Judd	1	5th

Thank You!

Incentive Thank-you Card Draw Winner

Fisseha Kelemework received a thank-you card for the extra support provided to a client in crisis. Thank You Fisseha, for your ongoing support and dedication!!!

Other Thank-you Cards Received

Lith Akau received a thank you card for quick follow through on a maintenance issue.
Thank You Lith!!!!

Gift Owurre received a thank you card for excellent awareness to client safety in the workplace.
Thank You Gift!!!!

Nikki Spence received a thank-you card for following the medication administration policy and reporting a med error. It is very much appreciated
Nikki!

David Abatan received a thank-you card for always being willing to pick up extra shifts. Thank you David for being so flexible with your schedule!!!!

Richard Sabiteka, Melanie Shuya, Andrea Campbell, Maxine Bailey, Audrey Dahl, Amal Souraya, Shafiqul Amin, Mussie Gebreegziabher, Carol Gieck, Melissa Miller, Rachel Ndayubaha received thank-you cards this month.

Thanks everyone!!!



PET

May 26 & 27th 9 AM – 4 PM

TRAINING

All ICE offices will be closed for
Victoria Day

Monday May 18th

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

Health Corner

An important aspect to reducing risk to employees and clients relates to investigation of incidents. The intent of such investigations is not to “point fingers of blame” but to analyze what went wrong during the activity or process. By identifying the root causes that resulted in an injury or a near miss, corrective steps can be taken to ensure that such an event will not happen again.

Unfortunately many people over-look situations of “Near Miss” which are really “gift” opportunities.

What is a Near Miss? A Near Miss is an unplanned event that did not result in injury, illness or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented harm. Near Miss investigations:

- Allow us to learn at almost zero cost (damages, injuries etc.)
- Are more numerous than injuries and damage incidents
- Are smaller in size than major incidents and therefore easier to deal with.

Reporting of near misses is an established error reduction technique in many industries and organizations. Think about it. If other industries or organizations didn't bother to report Near Miss incidents and follow up to correct the root causes, how would that make you feel about:

- Jetting off on a vacation knowing Near Miss collisions for planes were not being reported and investigated?
- Undergoing surgery at a local hospital knowing medical personnel were not reporting and investigating Near Miss incidents related to medication administration and/or use of standard precautions?

Near Miss reporting within daily work at ICE also has the potential to prevent injury, illness and property damage. Examples: changes in client behavior showing increased patterns of aggression, appliances or equipment that do not function properly (lawn mower, stove, toaster etc.), rugs or furnishings that are worn (lifting, exposed sharp edges etc.), poor housekeeping practices, use of “short cuts” etc. How would you feel if a client or employee was injured as the result of a

Incident Investigations and Near Miss Reporting

problem you were aware of last week, but did not report?

Given that there is such value in Near Miss reporting, why don't these occurrences consistently get reported? In some circumstances:

- Fear of negative action
- Not viewed favorably by the peer group (considered sissy, embarrassing, or perceived as “tattling”)
- No incentive to report (the perception of increased work rather than a benefit)

Did you know?

- ICE Health and Safety Committees in all regions of the province review Near Miss Incidents every month at Health and Safety Meetings. Worker / program information is not disclosed. The focus of reviewing such incidents is to enhance safety across the company without embarrassing employees.
- Reporting a near miss in your work site could prevent an injury not only to one of your co-workers or clients in that same location, but also at a location in any of our other regions. We learn from every Near Miss reported.
- Supervisors and Co-workers are encouraged to submit Thank you Cards eligible for prize draws in ICE Incentive program for workers reporting Near Miss incidents.

Sometimes it seems like a monumental task to effect change, but it all stems from the first hand observations of all staff, and the completion and submission of an incident report. Please keep all near miss incidents and injury reports coming. We need them.

It is called, working together!





BACK CARE



What causes back pain?

Injuries to the back are very common. One can injure ones back from tripping, falling , improper lifting techniques, or too much twisting of the spine. More severe injuries may follow from car accidents, falls from heights or landing in an awkward position on the buttocks, direct blows to the top of the head, or a penetrating injury.

Back pain can also result from overuse injuries, from improper movement or posture when lifting, standing, walking, sleeping or sitting. In addition to pain, symptoms can include muscle spasms and stiffness.

Some people are more likely to develop back pain than others, such as middle aged males, people with a family history, women who carried a pregnancy to term, smoking, being overweight, being inactive, sitting for long periods, or taking medications that weaken the bones.

Treatment for Back Pain

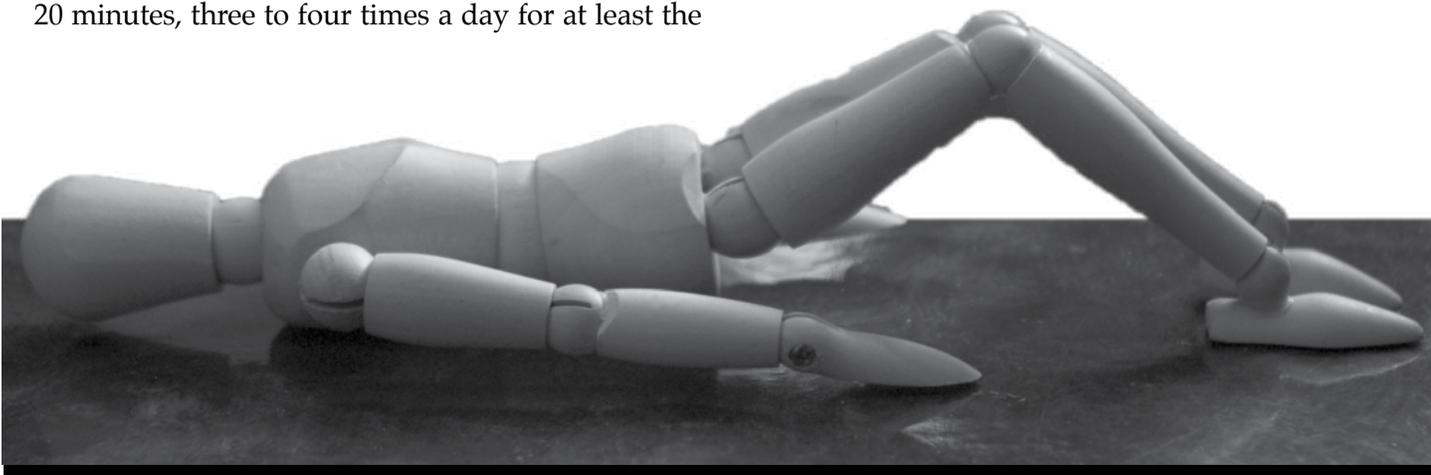
Most pain will go away within four weeks. Tips that can help relieve pain, swelling, stiffness related to back problems:

- Avoid bed rest. Excessive bed rest may delay healing
- Be active. Return to normal daily activities and work as soon as you can, keeping in mind that you may need to limit or modify some tasks
- Ice the injury. Apply cold packs to the injured area for the first 24 hours to 48 hours. Use them for 15-20 minutes, three to four times a day for at least the

first three days. Cold helps decrease the swelling and pain. Do not leave the cold pack in place for longer than 20 minutes at a time.

- Apply heat after 48 – 72 hours, if the swelling is gone. Use a warm pack of heating pad set on low.
- Gently massage your injury. Massaging the injury may help relieve the pain and encourage blood flow to the area. Do not massage the area if it causes you pain.
- Be cautious. Avoid sitting up in bed, sitting on soft couches, and twisting or sitting in positions that make your pain worse.
- Begin moderate exercise. Once the pain begins to lessen, start taking short walks on level surfaces to keep your muscles strong. Avoid hills and stairs. Add to your exercise program every week to slowly build strength and endurance.
- Start pelvic tilt exercises. These exercises gently move the spine and stretch the lower back. Lie on your back with your knees bent and feet flat on the floor. Slowly tighten your stomach muscles and press your lower back against the floor. Hold the position for 10 seconds; then relax. Make sure that you breathe normally.

The information above is for information purposes only. This information should not be used in the place of a medical consultation.



2.4.8 USE OF STAFF VEHICLES

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.

The following is to apply:

1. Employees are not permitted to transport Capital Health Authority, Family Supports for Children with Disabilities (FSCD), Child and Family Services (CFS) clients at any time in staff-owned vehicles.
2. Employees are discouraged from using their personal vehicles in their work duties. This may be allowed under the following circumstances:
 - employees must have a valid driver's license;
 - employees must have a minimum of \$1M of third party liability insurance. A copy of the actual current insurance is on the employee's file
 - the vehicle must be in good mechanical condition;
 - the vehicle must be driven safely, obeying all laws;
 - seat belts and other restraint devices must be used by all occupants of the vehicle;
 - the client will ride in the back seat, passenger side. If this is not practical/possible, an "Agreement To Transport A Client In The Front Seat Of A Staff Driven Vehicle" form must be completed and approved by the appropriate Manager. This form must be reviewed annually.
 - infants or children under 40 lbs. are not to be transported by employees.
3. Employees using privately owned vehicles for business use, approved in advance, will be paid mileage or a monthly stipend according to current Independent Counselling Enterprises practice.
4. A client will never be left alone in a vehicle for any reason.
5. Road and weather conditions should be considered prior to any outing keeping in mind client and employee safety and security.
6. Employees using their vehicles must have an approved First Aid kit in their vehicles at all times.



Transporting Clients with Behavioural Issues:

1. An employee should not take a client in their vehicle if at any time the employee deems it would be unsafe for the client or themselves. Taking public transportation (DATS, ETS, and LRT), walking, or staying home are options with many clients, as appropriate.
2. Mandatory Auto Insurance is required as per Policy 3.1.7 Mandatory Auto Insurance Coverage
3. If any of the following conditions apply:
 - The client has any history of aggression while riding in a vehicle
 - The client is not familiar with riding in a vehicle or can become easily agitated
 - The client has been showing signs of escalation or aggression in the 3 hours previous to the planned trip
 - The client is not agreeable to the planned trip

Then permission must be obtained from the Community Support Coordinator/Community Team Coordinator. If the trip is to continue, extra precautions will be taken as instructed.
4. In all cases, the following will occur:
 - The employee will be aware of the client's potential behaviours and how to deal with them
 - The client must sit in the back seat, passenger side
 - Any loose objects (ex. snowbrushes, tools, clothes) will be stored out of reach of the client
 - The client will have their seat belt fastened at all times
5. If a client shows any signs of aggression or escalation while in a moving vehicle:

- The employee will pull off the road as soon as it is safe to do so
- The employee will attempt to de-escalate the client and/or obtain assistance as appropriate by using available assistance, calling 911 or the I.C.E. office or ECAT if after hours.

Health and Safety Minutes

3.1 Review Regional Health and Safety Minutes

South - March '09 reviewed

No Injury Investigations to review

Near Miss Reviewed:

Feb 10-near miss, vehicle stuck in ditch, called AMA & Taxi

Northwest - Feb '09 reviewed

Injury Investigations reviewed:

January 16, 2009: a staff slipped on ice on a step and scraped their knee. All follow up action has been taken except for the discussion at the Team Meeting, as one has not occurred yet.

The incident will be discussed at the Team Meeting on February 23, 2009.

Additional: Use of ice melter, use of handrails and appropriate footwear being worn by staff should be discussed.

December 15/08: Injury Investigation follow up for burn due to coffee discussion at the team meeting was missed; will be discussed in February.

Near Miss Investigation reviewed:

February 4/09: Staff driving in the community with a client, erratic driver behind. Staff thought other driver may have hit him and got out of vehicle to speak to the other driver who appeared under the influence. Staff contacted the RCMP. Staff should not exit their vehicle in such circumstances due to safety concerns, and just contact the RCMP

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Northwest - March '09 Reviewed

No Injury Investigations to be reviewed.

Near Miss Investigations Reviewed:

February 21/09: staff at a residence opened the microwave to discover that the glass plate was broken. Staff carefully cleaned up the glass to avoid injury. The plate has been replaced.

The incident was discussed at the Team Meeting on February 23/09.

Incident was discussed at the Team Coordinator meeting on March 4/09. Program staff are to discuss and document discussion on appropriate use of the microwave with the residents by March 27/09.

Additional: Calgary committee wonders if Northwest would like a copy of microwave safety information that Deb obtained for homes here?

February 26/09: an unknown male requested entrance into a residence to gain access to the building. Staff locked the door and communicated through the window.

The incident was discussed at the Team Meeting on February 28/09. Family will post a 'Private' sign on the door; Team Coordinator will follow-up to ensure this is completed. Policy 3.5.4 will be reviewed at the next Team Meeting and this will be added to the Site Specific Hazard Assessment and Control Document.

Staff are to keep residence doors

locked at all times.

February 24th, 2009: A field staff member was leaving the ICE offices with a client and the parking lot was very icy due to snow. The staff helped the client into the car, when staff opened the driver's door staff slipped, lost balance and fell injuring hand. The staff was wearing proper footwear at the time of fall.

Recommendations: Traction aids for shoes, be mindful of the weather conditions, don't hurry.

February 26th, 2009: Office staff was out in the community, staff was getting back into vehicle wearing dress boots (within policy requirement) and banged a previously injured ankle on the running board of the vehicle and re-injured ankle.

Recommendation: Shoes may meet policy requirements and still not be the best choice for planned activities. All staff to consider planned activities related to proper footwear, traction aids, be mindful of the weather conditions, don't hurry.

January 20th, 2009: Support Home Operator was assisting a client who had soiled the floor and fallen. When the SHO was approaching the client, client became aggressive and began kicking out. While SHO was attempting to assist the client both fell. SHO injured leg, minor swelling and bruising.

Recommendations: if the clients behavior is escalating allow client space until calmer, appropriate footwear for task, assistive equipment (i.e. grab bar) may be installed in washroom if mobility and balance are of concerns for the client. Review injury reporting requirements / and process with all SHO's at monthly

Success Story: **Richard**

Richard is a quiet friendly man. He started services with Independent Counselling in 2000 when he moved from Red Deer into an ICE shared residence in Edmonton. Since 2005, Richard has been living in his own suite in a support home. Richard enjoys his current living situation and spending time with his roommates. He is proud of the progress he has made with his personal goals and is pleased that this success facilitated his move from a shared residence into his current living situation. Richard continues to build his life skills.

Richard is very connected to his family and regularly visits his siblings (his brother and his two sisters) and their families. He is a proud uncle to several nieces and nephews. Richard loves chatting and visiting with family, friends and members of his support network. He also enjoys quiet time at home watching his favorite news and food shows on television.

Richard is a helpful person with many talents. While living in Red Deer, Richard received training in basic woodworking; he now uses these skills to make small repairs around his home. Richard is also an excellent cook. He loves to pick up new cooking tips and recipes from the Food channel. Richard is always willing to pitch in to lend a hand for functions and events like the annual ICE Open House celebration.



Health and Safety Minutes continued

meetings as this is a new requirement.
Near Misses Reviewed:

A field staff was in the Booking office and mistook the bathroom door for the exit door, the employee pushed the already open door and it hit a full length mirror that had been held on the wall behind the door with a tack. This caused the mirror to fall and crash/shatter on the floor. The glass was cleaned up and disposed of immediately after incident.

Recommendations: Ensure that anything being hung on the wall is secured, if you are unsure of how to hang/install ask for help. If other employees spot something that could present a hazard they should report it to their supervisor or a H&S Committee Member immediately.

Staff and client were traveling by car, the roads were icy, staff was driving for the conditions. The car was turning left (on a turning arrow) and was hit by an oncoming car on the

passenger side door. Staff and client were not harmed.

Recommendations: Drive defensively for icy conditions. Having the right-of-way can not guarantee other drivers are able to stop. When making left turns watch carefully that there are no oncoming vehicles. Be aware of the road conditions at all times. Mission Possible training.

Staff was preparing lunches in a residence, reached into a utensil drawer for a utensil and felt a sharp object (no injury), the staff looked into the drawer and discovered a knife had been placed in the drawer.

Recommendations: Always look into drawer/cupboards before reaching for something. Follow up with Team at Team Meeting re: properly securing sharps, and a review of sharps policy.

3.2 Evaluation of current injuries and near misses.

Injury Investigation:

1) A staff was poked in the back by a client trying to obtain their attention.

Follow up: Staff training/policy review was provided. Reviewed policies 2.3.2, 2.4.1, 2.4.5, 2.5.1, 3.5.1 and 3.5.4. Teaching plan developed for client in regards to alternative communication strategies.

4.1 Training

Another Epilepsy In-service will be held on April 15th 1:30 PM – 3:30 Pm. Presenter – Calgary Epilepsy Association.

Investigation Training was completed with 5 Non – Field staff, Presenter CCSA.

4.2 Emergency Response Drills

Are being completed in the homes this month – Flood: Scenario

4.3 Presentation

H&S Jacket - For attending 15 meetings