ICE PAGE

Calgary • September 2008

EMPLOYEE Spotlight

Phil

Phil Clark grew up in St. Albert, Alberta in a family of 3 brothers and 1 sister. He moved to Calgary 25 years ago and he enjoys life in Calgary. Phil has in the past worked in warehousing, as a fuel attendant, and completed core analysis for the oil and gas industry. He accomplished a degree in electronics from SAIT in 1988 and a degree in massage therapy in 1993 from Calgary Holistic Health. Phil enjoys mountain biking, swimming, and weight training and provides assistance to others in their weight training routines. Phil enjoys traveling to the family cottage in Shuswap B.C several times per year to boat and fish.

Phil has always enjoyed working with people, especially those with disabilities, and he has been employed with ICE full time for approximately 6 years.

Phil uses his easy going manner and dedication to assist his three clients with attaining their goals. The individuals Phil assists have made great strides towards improving their reading skills over time.

Phil is proud of his work with his clientele and his own personal goal is to continue to meet the needs of his clientele.

Did you know?

Calgary and area has a moderate four-season climate, with large variations in temperature between seasons and from one locale to another. Summer days in the city of Calgary are usually warm and dry with cool evenings because of the altitude and proximity to the mountains. However, a summer day in Drumheller is often very hot and dry, approximating desert-like conditions. A summer day in the mountains can be hot but the evenings are always cool.

Alberta has more hours of sunshine in a year than any other province in Canada and Calgary is known for its blue skies. A unique phenomenon called a Chinook wind can raise temperatures more than 20 degrees in one day, turning winter days into spring. A strong wind and an arch of clouds form over the mountains, heralding the Chinook.

Source: tourismcalgary.com

After Hours Supervisor

819-0583

MEETINGS

Health & Safety Meeting
Sept 18, 2008, 1:30 PM

Team Leader Meeting
Sept 10, 2008, 1:30 PM

RPAC
Sept 11, 2008, 3:00 PM

Promoting Safety
Sept 6, 2008,
9 AM – 12 PM & 1 PM – 3 PM

Fire Extinguisher Training
for TL/TC's (only)
Sept 3, 2008, 1 PM – 3 PM

TIME SHEET HAND-IN

Hand-in day will be:

Mon Sept 15, 2008
for all shifts worked between
Sept 1st and 15th

and

Tue September 30, 2008
for all shifts worked between
Sept 16th and 30th

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Welcome

I.C.E. is very pleased to welcome Julie Flemming and Becky Litke to the Edmonton C.R. Management Team.

Julie and Becky have worked with I.C.E for a number of years and bring a wealth of experience to their new positions.

Congratulations to both Julie and Becky, we look forward to working with you in your new capacity.

Julie Flemming on left, Becky Litke on right

success story: David

David came to ICE from Yellowknife in May of 2001. He had been living in a motel there and because of his circumstances there he was underweight and poorly nourished when he arrived.

It took David some time to become acclimatized here in Edmonton, but he thrived in a home environment at 127th residence. In David's words, "I've been here in Edmonton seven years and some of the staff are almost like family. It's nice to have that positive energy around you."

David has struggled with finding employment over the years, but at present is very happy to be working 4-6 hours per week unloading skids and stocking shelves in a local store. He has also recently found extra work helping a tile setter. David says, "It has been a long road but it feels good to get out there and participate in the world."

David is a warm, generous man and would literally give you the shirt off his back. He is always ready to laugh and share a good joke. He has made good friends in the community and often rides his bike to visit them or has them over for a chat and a cup of coffee.

David says he hopes eventually to be independent and on his own. He is a wonderful ICE success story as he has come such a long way since he arrived seven years ago. Good for you David!

ICE Health and Safety Vision

It is the role of management to construct a coherent vision of what health and safety ought to be for an organization. Health and safety requires the control of risk. Luckily, risk is measurable and predictable. By anticipating, identifying, assessing and putting controls in place to manage risk, we give ourselves a clear path forward.

ICE continues to advance new projects and policies designed for successful management of risk for both clients and employees. This is important work and while there are challenges inherent to the nature of our services, with tools like our ICE training courses, enhanced inspection, orientation, monitoring processes, along with our ongoing efforts within the Certificate of Recognition (C.O.R.) program, we are moving forward. The key to our success has always been commitment by all ICE employees. As we participate in the external COR audit this September and October we are offered an excellent opportunity to recharge our commitment and renew our vision for a safer future.

Health and Safety Comes First

Deanna Rachkewich Regional Manager for Calgary is delivering the message to all staff. "Health and Safety is the most important part of your employment with ICE." Deanna is seen here visiting our home in Forest Heights, ensuring that all staff are aware of the Health and Safety policy.

TRAINING

PET Sept 16 & 17, 2008
9:00 am - 4:00 pm

TRAINING

In Latin, septem means "seven" and septimus means "seventh"; September was in fact the seventh month of the Roman calendar until 153 BC, when there was a calendar reform from the month of the Ides of March to the Kalends, or January 1.

Health and Safety Minutes

3.1 Review Regional Health and Safety Minutes

Question raised about the fire extinguisher that was hit. Was it checked to ensure it wasn't damaged.

Discussed having extra whistle accessible in all houses not just in emergency kit.

Calgary has used tread strips in some of their homes. They are easy to apply.

3.2 Evaluation of current injuries and near misses.

1) Injury Investigation – Supportive Roommate pulled a muscle in her shoulder while pushing client in an electric chair.

Committee recommended supportive roommate use controls to move wheelchair until a manual chair is obtained

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

Cooking/Food Preparation

Rating may not be same for some non-residential programs, depending on whether or not there is a goal based on this activity.

Only use oven mitts that are dry, and in good shape.

Food Storage

Addition to possible hazards: Food spoilage and Expired Foods

Exposure to Raw Meats

Possible consequences would be a 2

Add to controls: Food Safe course, and proper thawing techniques

3.4 Development of action plan for a section of the COR Audit recommendations

Section 1.11

4.1 Client Risk Management

Commencing in August for all Calgary staff

4.2 Site Specific Orientation

Are currently being developed for all residential programs and options explored for all non-residential programs.

4.3 Fire Safety DVD

Health and Safety Committee will watch DVD at next meeting

4.4 Mug Presentation

Lynn MacDonald was informed over the phone that she will be getting a mug for attending 3 Health and Safety meetings!

Deb will ask CSC to bring Lynn's mug to their next meeting.

DIABETES

Health Corner

What is Diabetes?

Diabetes is a lifelong condition where either your body does not produce enough insulin, or your body cannot use the insulin it produces. Your body needs insulin to change the sugar from food into energy.

Types of Diabetes

- Type 1 Diabetes, the body does not produce any insulin;
- Type 2 diabetes, where the body makes insulin but cannot use it properly; and
- Gestational Diabetes, where the body is not able to properly use insulin during pregnancy. This type of diabetes goes away after the baby is born.

Risk for Diabetes

- Are age 45 or over
- Are overweight (especially if you carry weight around your middle)
- Are member of a high-risk group (Aboriginal people, Hispanic, Asian or African descent)
- Have a parent, brother or sister with diabetes
- Gave birth to a baby that weighed over 4 kg (9 lbs) at birth, or have had gestational diabetes
- Have high cholesterol or other fats in the blood
- Have higher-than-normal blood glucose levels
- Have high blood pressure or heart disease

Managing Diabetes

- Diabetes can be managed three ways: proper diet, exercise and medication.
- Food increases your blood sugar levels
- Exercise and medication decrease your blood sugar levels
- Consistent monitoring of blood sugar levels allows you to monitor the effectiveness of your client's regimen

Medication

- Type 1 Diabetes: insulin
- Type 2 Diabetes: may not require medication, or may be on pill form, or insulin
- The amount of insulin prescribed by the doctor will depend on the client's diet and exercise regimens

Hypoglycemia

Hypoglycemia is an abnormally low level of sugar in the blood. The symptoms of hypoglycemia include:

- Shakiness
- Sweating
- Headache
- sudden moodiness or behavior changes
- Difficulty paying attention, or confusion
- Dizziness
- Hunger
- Pale skin color
- Clumsy or jerky movements
- Seizure
- Tingling sensation around the mouth

Treatment of Hypoglycemia

- 3 glucose tablets (you can by these at the drug store),
- ½ cup of fruit juice, or
- 5-6 pieces of hard candy.
- 15 minutes after treatment, blood sugar levels need to be rechecked.
- **if unconscious, call 911

Hyperglycemia

Hyperglycemia is an abnormally high level of sugar in the blood. This could be caused by not enough insulin or pills, over eating or ingesting the wrong types of food and/or illness. The symptoms of hyperglycemia include:

- feeling very thirsty
- frequent urination
- blurred vision
- tired and listless

Treatment of Hyperglycemia:

- Increase water intake, and
- Exercise

Complications

- Heart Disease-damaged arteries leading to heart attack and stroke
- Retinopathy damaged blood vessels in the retina leading to blindness
- Kidney Disease-damaged filtering units in kidneys
- Neuropathy-nerve damage can either be sensory or autonomic
- Impotence-due to loss of sensation/nerve damage
- Foot ulcer- due to loss of sensation/nerve damage

**There is an abundance of information and that if further information is needed to call ICE Nurses, Public Health, Health Links and/or Family Doctor.

Smoke Detectors Save Lives

In the event of fire, properly installed and maintained smoke detectors help save lives by giving early warning and allowing time for occupants to reach safety. Experts report that people cut their risk of dying in a home fire in half simply by having a working smoke alarm in their homes.

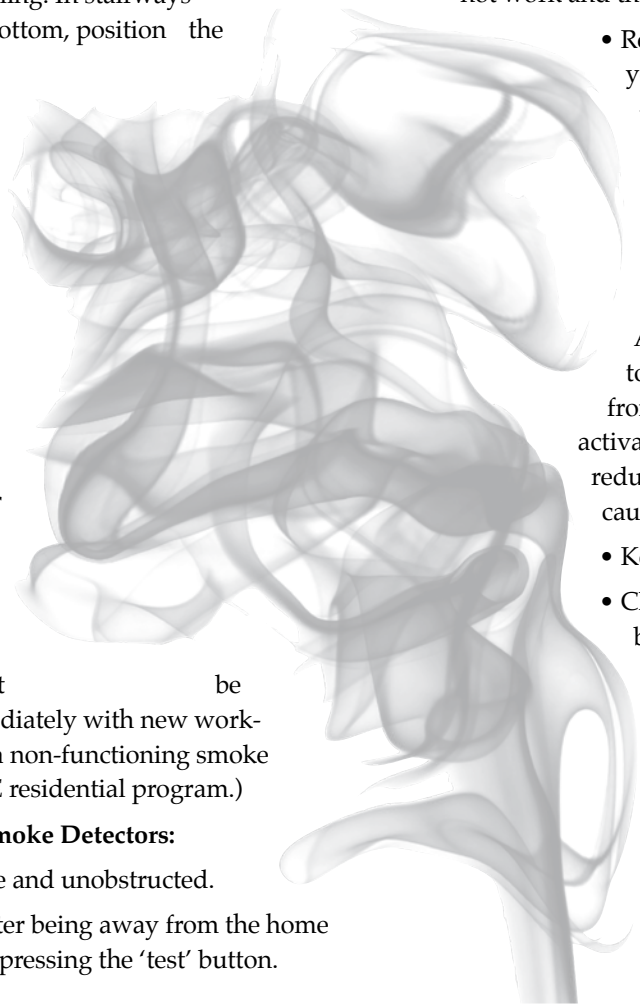
All smoke detectors advertised and sold in Canada are governed by the Hazardous Products Act and required to meet performance regulations set out in standards developed by the Underwriters' Laboratories of Canada (ULC).

Installation and Mounting

- Install at least one smoke alarm on each floor of the house or residence and outside all sleeping areas. Some fire safety advocates recommend installing smoke alarms inside each sleeping area if residents choose to sleep with the door closed.
- Smoke detectors should be mounted high on a wall or on the ceiling as smoke rises. If mounted on the wall it should be 8 to 12 inches from the ceiling. In stairways with no doors at the top or bottom, position the smoke detector anywhere in the path of smoke moving up the stairs. Always position smoke detectors at the bottom of closed stairways, such as those leading from the basement.
- Read and follow the manufacturer's installation and maintenance instructions exactly.
- Don't install smoke detectors too near a window, door or forced air registry where drafts could interfere with the detector's operation.
- NOTE: If smoke detectors cease to work, they must be removed and replaced immediately with new working detectors. (Never leave a non-functioning smoke detector mounted in any ICE residential program.)

Testing and Maintenance of Smoke Detectors:

- Make sure each unit is secure and unobstructed.
- Test the alarm monthly or after being away from the home for more than a few days by pressing the 'test' button.
- Install a new battery in the alarm once a year or whenever the low-battery warning sounds. Smoke detectors make a "chirping" sound when batteries are low in power.
- Don't allow anyone to disconnect or "borrow" the batteries from installed smoke detectors. A smoke alarm can't work unless it's connected to a power source.
- Never paint smoke detectors. Paint, stickers, or other decorations could keep the alarms from working.
- Clean detectors by gently vacuuming the outside of the unit for battery-operated alarms. For electrically connected detectors disconnect the power to the unit, open the alarm cover and gently vacuum the inside of the alarm, and then reconnect the power to the alarm.
- Replace the detector immediately if it fails to operate properly when tested. (Be sure to remove smoke alarms that do not work and that have been replaced by new detectors.)
- Replace smoke detectors at least every 10 years.



Dealing with Nuisance Alarms:

Statistics report that more than half (54%) of smoke alarm failures are due to missing or disconnected batteries and nuisance alarms are the leading cause of people disabling their smoke detectors. A nuisance alarm is when smoke from a toaster, an open oven door or even steam from a shower causes a smoke detector to activate. Simple steps that can be taken to help reduce or eliminate some nuisance alarms caused by cooking activities include:

- Keep ovens and stovetop burners clean;
- Clean accumulations of crumbs from the bottom of toasters and turn down the timer setting;
- Use the fan on the range hood when cooking to help remove steam and combustion particles from the air.

In the event of unexpected nuisance alarms, use the opportunity to practice emergency response actions.

Information source – National Fire Protection Association.

3.5.9

HAZARD ASSESSMENT AND CONTROL DOCUMENT

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 Master Hazard Assessment and Control Document is a continual evolving document that details all hazards known to the employees of Independent Counselling Enterprises and the controls in place to mitigate them. Employees at all levels of the organization are involved in the creation and updating of this document.

All tasks that an employee may be required to perform are listed in this document. For each task the potential hazards are identified and are rated based on frequency of exposure, potential consequences, and the probability of the consequences occurring. This rating determines the priority of that hazard to eliminate/mitigate and control. All controls (Administrative, Engineering, or Personal Protective Equipment) in place are listed for each hazard.

In residential settings in addition to the Master Hazard and Control Document, there is a site based assessment and control document that details the hazards specific to that setting. Community Support Coordinators/Team Coordinators or the appropriate Manager will update the site based hazard assessment under the following circumstances:

1. With the receipt of critical incident reports indicating employee injuries or near misses
2. With the identification of new hazards
3. With a change in work procedures
4. With the occurrence of renovation/ construction
5. With the introduction of new or update to equipment
6. Change in support requirements due to client behaviour

The site based hazard assessment document will be utilized to update the Master Hazard and Assessment Control Document. The master document will be updated at a minimum annually, or as required due to the above circumstances or, with the report of workplace health and safety concerns in the community (e.g. flu). The Health and Safety Committee will be responsible for ensuring that the Master Hazard Assessment is updated.

In non-residential settings a hazard assessment checklist (as part of the Non-Residential Random Inspection) will be completed by a supervisor, or designate, in each new work site. All employees working in these sites will be responsible for ongoing hazard assessment and reporting new hazards to a supervisor utilizing their "Identify Hazards/Utilize Controls" card distributed at the time of beginning of the non-residential shifts. For each location, each non-residential worker will document that this was completed on a contact note. Hazards of these sites will be documented on C-Views and reviewed with each new employee at the time of booking.

In home care settings, each home support worker will be required to assess and control hazards on each visit to the location, utilizing their "Identify Hazards/Utilize Controls " card distributed at the time of beginning home care shifts. For each location, each home support worker will document that this was completed on his/her Time Sheet Verification form. Any new hazards will be reported to a supervisor and documented in C-Views. All known hazards to the location will be reviewed with the employee at the time of booking.

In each new support home the Intake Specialist, or designate, will complete an Initial Contractor Checklist form to assess the hazards in the home. Ongoing hazard assessment will be completed via the Monthly Contractor Checklist. All known hazards will be documented in C-Views and reviewed with employees prior to visiting the site.

New employees will be advised about the Hazard Assessment and Control Document and how to assess hazards in the workplace during Pre-employment Training. All employees will be required to review their section on the Hazard Assessment and Control Document in their probationary period. Employees will be informed of their site-specific hazards and controls during orientation.

A copy of the Hazard Assessment Document will be available at all sites where more than one employee works, in all Health and Safety Binders, and in every office.

All employees are responsible to ensure that the document remains an accurate reflection of the Hazards and Controls of the agency.

Updated July '08

Find frequently used forms at

www.icenterprises.com

go to the "ICE Staff" section by entering

User name "iceuser" and password "100smiles"