

ICE PAGE

EDMONTON / NORTHEAST

2014

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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

Health and Safety Meeting

January 8th, 2014 @ 1:30 pm

RPAC Meetings

January 8th, 2014 @ 2:00 pm

January 22nd, 2014 @ 2:00 pm



ECAT

Employee & Client
Assistance Team

780-461-7236

after office hours

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!

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 well being. 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

TRAINING

Pro Active Behavior Intervention

January: 9th, 16th and 30th

9 am - 5 pm

As described on the ICE website

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

EMPLOYEE REFERRAL INCENTIVE

PROGRAM \$100 RECIPIENT



Monica Deen-Conteh

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!

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.

Health and Safety Minutes

Edmonton Health and Safety Meeting - December 4th, 2013

3.1 Review of Regional Health and Safety Meeting Minutes

Calgary- November 20th, 2013 - Mtg. Minutes October 18, 2013

SHO and clients were washing dishes after supper; they were laughing and joking around. Client came up behind the SHO and slapped her on the back. The slap was intended in a joking manner; however it did cause injury to SHO. Recommendations: Discuss with client that hitting is not appropriate in any situation.

Documentation in the client profile of the importance of setting personal boundaries with the client.

Injury investigation completed

October 25, 2013

Client was being verbally aggressive with staff for most of the shift; the staff did not inform the office of this situation. When client and staff were on public transit at the end of the day the client started escalating and shouting at staff. While exiting the c-train client jabbed staff in the side above her hip, staff told client that she hurt her and put distance between client and herself for the remainder of the trip to clients residence.

Recommendations: Have staff take PBI refresher course.

Positive approaches to be updated with an emphasis on the importance of maintaining communications with everyone involved in the program.

Injury investigation completed

Additional recommendations: Evaluate client behavioral concerns as they occur and call for assistance as soon as it is clear these are affecting the safety at a site / to a support staff. Staff should not proceed into the community alone with an agitated client. Seek assistance from RPAC regarding additional behavioral supports.

South – November 12th, 2013 Mtg. Minutes October 30, 2013-Staff stopped for a pedestrian to cross the street and her car was rear ended. Staff already has AMA training in the past month.

Recommendations: Reduce driving with client, use handi-bus or city transit.

Additional Recommendation: Drive with lights on in the winter to enhance vehicle visibility i.e. when snowing, dark.

Grande Prairie – November 26h, 2013, Mtg. Minutes:

No Current Internal Incident Investigations

B) Review of Regional Health and Safety Meeting Minutes - Section 3.3 (Near Miss Incidents)

Calgary- November 20th, 2013 - Mtg. Minutes
No Current Near Miss Investigations

South – November 12th, 2013 Mtg. Minutes October 17, 2013-Police evacuated two blocks surrounding suspicious package which resulted in staff leaving immediate area.

Recommendations: Review of Bomb threat information at next non-residential meeting scheduled on Nov 19th. Review of policies 3.5.10 and 3.5.11.

Additional recommendations: Other regions also to review emergency protocols such as Bomb threats as part of Non-Residential meetings.

Grande Prairie – November 26h, 2013, Mtg. Minutes: **No Current Near Miss Investigations**

3.2 Evaluation of current Internal Incident Investigations for Injury, Health, Property Damage:

Nov 14th, 2013 – A client was eating their dinner. They threw food items they did not prefer onto the floor. Staff started cleaning up the floor and the client grabbed them by the hands. The staff used PBI techniques to free themselves. The client then pushed the table and was directed to calm in his room. The client was still mad so smashed the window and the window screen out in his room (property destruction). He tried to jump out his window. Police were called.

Program follow up: A Planned Procedure has been developed and will be implemented. The staff team will be trained in positive approaches and crisis management procedures to be used to support this client.

Recommendations: Staff to maintain a safe distance and wait until the client is calm and has left the area before initiating clean up actions. The priority is the safety of the staff and other clients. Continue involvement with RPAC for behavioral supports.

Incident Investigation to be completed.

Nov 14th, 2013 – It was discovered that a client had brought home numerous acquaintances who were smoking and drinking in the client's room downstairs. The client had the visitors enter secretly through their window. Staff informed the client that the visitors would have to leave ASAP and take the alcohol with them. The visitors became belligerent and one person threw a full can of beer at staff. Police were called. As the visitors were leaving they broke the storm door outside the home.

Recommendations: Clarify safety requirements and formalize expectations with the client and their guardian regarding shared living arrangements. Involve RPAC for client behavioral supports as necessary. Ongoing safety monitoring of the client's window (footprints in the snow) is recommended to check for unauthorized visitor access.

Incident Investigation to be completed.

Nov 22nd, 2013 – A client went into his room and threw some of his rock collection through the

window (property destruction). The client then came out to the kitchen and took a butter knife from the table to his room to destroy his closet door. Staff intervened and took the butter knife away from the client and redirected him to calm in his room. The client took his closet door down and broke it into pieces. The closet door was removed to prevent further damage. Program follow up: A Planned Procedure has been developed and will be implemented. The staff team is to be trained in positive approaches and crisis management procedures to be used to support this client.

Recommendations: Staff is to call 911 and leave the area when a client has a weapon (even a butter knife). Staff should never put themselves at risk by attempting to disarm an agitated client. Continue involvement with RPAC for behavioral supports.

Incident Investigation to be completed.

December 1st, 2013 – Staff was on an outing in the community with a client. In the mall parking lot the staff slipped, fell and injured their ankle.

Recommendations: Proceed with caution on slippery walkways and parking lots. Postpone outings on poor weather days. Wear ice grips over boots during icy conditions.

Incident Investigation to be completed.

December 2nd, 2013 – Staff had been to the bank for the program and was walking on a community sidewalk and stepped on black ice. The staff slipped and fell on their back and hit their head on the sidewalk. Staff was injured. (The employee had been wearing winter boots with good grips.)

Recommendations: Post pone errands (shopping, banking etc.) on hazardous weather days.

Complete when the weather improves. Wear ice grips over boots during icy conditions.

Incident Investigation to be completed.

3.3 Evaluation of current Near Miss Incident Investigations:

November 16th, 2013 – Staff and two clients were crossing a parking lot at the mall during icy conditions. One client slipped and fell and the staff then fell while attempting to support the client. The other client following then also slipped and fell. Luckily there were no injuries.

Recommendations:

Plan trips to avoid the requirement to cross hazardous, slippery parking lots and walkways in winter (i.e. take the local shuttle bus and get let off at the mall entrance on poor weather days).

Staff team to receive training on how to provide physical assistance so that if a client falls the staff is not pulled down with them. (Staff will not be able to assist a client who has fallen if they are themselves injured.) Staff are not to try to "lift clients back up to their feet" but are to teach clients how to roll onto their knees and arise on their own. (Thus avoiding strain injuries by staff.)

Staff and clients are recommended to wear ice grips and if possible postpone outings during icy inclement winter weather.
Near Miss Investigation to be completed.

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

Edmonton
2013 Hazard Assessment and Control Document – Housekeeping section Pg 25 – Expanded review of Garbage Handling hazards and controls. This

information will be combined with that of other regions to be added to the 2014 HACD.
Other regions review & and recommendations and regional response to recommendations. :

Calgary- November 20th, 2013
Pages 1-6 No changes

South - November 12th, 2013 Mtg. Minutes
-- pages 32-34
Medication Administration, Blood glucose testing, Use of Epi-Pen-no changes

Grande Prairie – November 26h, 2013, Mtg. Minutes:

Use of Sharps, Cooking/Food Preparation, Food Storage, Exposure to Raw meats: No changes.

3.6 Policy Review – 3.5.8 Eliminating/ Mitigating/ Controlling Work Site Hazards

4.0 OTHER BUSINESS

ICE Page Health & Safety Article suggestions – a Health article on constipation has been suggested in relation to client health concerns.

NEXT MEETING – Changed to January 8th, 2014 due to the New Year’s holiday. A gathering of the committee will be held at 1:00 pm for a New Year’s lunch and the meeting will follow at 1:30



Jocelyn Agard was thanked by her CR Manager for the fantastic feedback received for her strong efforts with an EQA. Jocelyn won a Juiceman Juicer.
Great job!



Candide Barandereka was thanked by her CR Manager for calling for assistance during a behavioral incident thus ensuring the safety of the clients and staff. Candide won a Cuisinart 4 Slice Toaster.
Excellent work!



Tekheste Asfaha was thanked by his CR Manager for helping prepare a relocated residential program for a PDD Safety Standards Inspection. Tekheste was also thanked for his hard work to assist in moving the residents from the previous location of the home. He won a Hamilton Beach Panini Sandwich Press.
Thank you for all your efforts!



Annual Christmas Open House and Employee Award Celebration



On Thursday, December 12th, 2013 Independent Counselling Enterprises hosted its annual Christmas Open House and Employee Award Celebration in Edmonton. Despite the snowy weather the celebration was well attended by ICE employees, clients, family members and other stakeholders. ICE President, Michael Rutherford thanked ICE employees for their strong commitment and excellent efforts over the past year. Employee awards presentations followed honoring ICE staff for health and safety, excellence in service delivery and long term service.





Community Rehabilitation Team of the Year - Westside

Back row Left to Right - Anyar Ngang, CR Manager - Kaitlin Smith, Olivier Shima, Pascal Gisenya, Innocent Manariyo

Front row Left to Right - Barnaba Lado, Mr Taguedong, Team Coordinator - Abiel Kon, John Toussaint.

(Missing from photo - Dan Bataringaya, Muhizi Bipamba, Fred Bumba)



Outstanding Employee
Sandra Perkin



Outstanding Front Line Employee
Greg Stener



Health and Safety Award
Aman Ullah



Community Rehabilitation - Health and Safety Team

Parkdale

Left to right - , Lucky Gihana, Patrick Iroegbu, Stephen Kizito, CR Manager - Wayne Visser

Missing from photo Steven Sande



10 Year Service Awards

Back row (left to right): Madinah Kabagambe, Florita Lictao, Rebecca Litke.

Front row (left to right): Joana Cabagay, Emelita Fullante, Nisha Khan

Missing from photo: Noel Guernina



15 Year Service Awards

Back row (left to right): John Daller, Greg Lane, Daniel Stover

Front row (left to right): Alicia Guillermo, Barb Headrick, Donna Mann



Awards of Appreciation
Top left to right - Niazul Kibria, Monica Deen-Conteh, Stephen Ofori.
Lower left -Jackie Baruti
Lower right-Imelda Madrionio



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 is Marion Bangura of Edmonton.

Congratulations Marion!