

Marty Vetsch was born and raised in Edmonton. He completed a Bachelor of Arts at Concordia University in 2003 and his Bachelor of Education degree at the University of Alberta in 2007. Marty is currently attending UBC Business School working towards a Property Appraisal designation as a future goal is to own his own appraisal business.

In 1997, Marty took a break from school and travelled to Thailand, Malaysia and Indonesia. After returning from this adventure, Marty took a job driving a propane truck for a year. Eventually he met up with a friend who was working for an independent service provider supporting adults with developmental disabilities. Through his friend, Marty got a job and started working in this field. After five years, I.C.E assumed service provision for the individuals Marty was working

EMPLOYEE *Spotlight* Marty



with, and Marty became an I.C.E. employee. Marty has worked for I.C.E. for almost five years and he is still with two of the clients he originally started with in 1999. Marty has built strong relationships with the gentlemen he supports.

Marty is an active person who plays hockey and also enjoys golf. He is married and enjoys family life with one little girl at home and a baby boy on the way!

A caring, hard working and dependable person, Marty is valued highly by his clients, co-workers and the agency. Marty has strong skills for supporting individuals with challenging behaviors as he focuses on the person rather than the behavior. He is a great cook and helps keep the residents' home spotless. I.C.E is pleased to recognize the efforts of this fine employee.

ECAT
Employee &
Client Assis-
tance Team

780-461-7236
after office

hours



MEETINGS



**Health &
Safety Meeting**

July 8th, 2009
1:30 PM

RPAC

July 21st, 2009
2:00 PM

TIME SHEET HAND-IN



Hand-in day will be:

July 15th, 2009

for all shifts worked
between

July 1st and 15th

and

July 31st, 2009

for all shifts worked
between

July 16th and 31st

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Client Success Story

Kayla has been with ICE for two years and enjoys living with her roommate. Kayla lives at a staffed residence in South West Calgary. She has worked at Le Chateau for the past year, three days a week as a stock person ensuring that the store merchandise is in order. Kayla has been doing well at her job and is willing to help anywhere in the store.

Kayla is very excited to be competing in the provincial competition for Special Olympics in St. Albert. She will be traveling there to compete in Rhythmic Gymnastics events at the end of June. Kayla has been practicing her routines with the ball, ribbon, clubs, and hoop and has them down pat. Her friends, family, and staff will be cheering for her. Kayla hopes that she will win first place.



This spring Kayla also became involved with art classes at Studio C. She is really enjoying her photography class and is learning a lot. She recently bought a new camera and loves to take pictures of her friends, scenery, and her two dogs, Ruffles and Flicka. Kayla will be participating in an art show to display her photographs in the next month. She has also signed up for the next class session during the summer to enhance her photographic skills.

Kayla loves to spend time with friends and playing with her dogs. Kayla is hoping to work in an office setting so she continues to develop her computer skills. She loves to spend time talking to friends on the computer or playing Spider Solitaire.

4.4.1 Quality Management

In order to encourage, support and facilitate performance improvements in serving its clients and achieving its mission, I.C.E. has implemented the following formal process of quality management and improvement:

1. Independent Counselling Enterprises strives to constantly improve the quality of services it delivers to its clients.
2. Independent Counselling Enterprises will take the following steps to maintain, monitor and improve the quality of its services:
 - Independent Counselling Enterprises will hire employees who are best qualified for the services it provides to clients;
 - Independent Counselling Enterprises will train employees to perform their duties with skill and diligence and will provide ongoing employee education and training as required;
 - Independent Counselling Enterprises will monitor the performance of its employees and will address any concerns that arise;
 - Independent Counselling Enterprises may have exit interviews with terminating employees with the intention of evaluating the quality of services from the employee's point of view;
 - Independent Counselling Enterprises will invite clients and their families to provide feedback on service delivery;
- Independent Counselling Enterprises invites suggestions for service improvement from any member of the staff or from clients and families;
- Independent Counselling Enterprises will investigate unusual or critical incidents that occur to determine if changes should be made to improve the quality of service delivery.
3. Independent Counselling Enterprises will follow up on quality issues and work to resolve them in the shortest time possible.
4. Employees will be informed of quality management issues and their resolution.

All ICE offices will be closed for
Canada Day

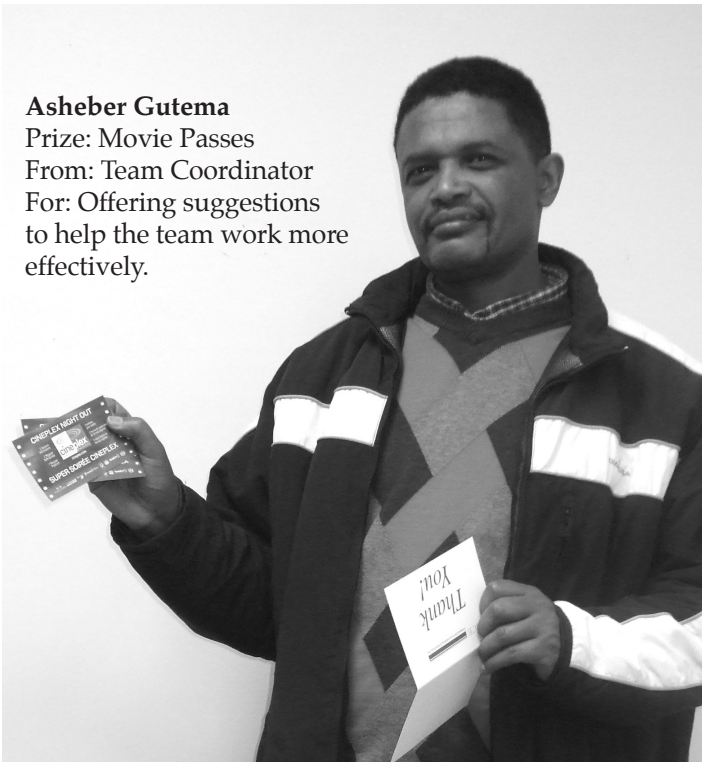
Wednesday July 1st

Please direct all
calls to the Employee Client
Assistance Team for this day.

Thank You!

Asheber Gutema

Prize: Movie Passes
 From: Team Coordinator
 For: Offering suggestions to help the team work more effectively.



Teresa Osolinska

Prize: Tower Fan
 From: Senior Booking Coordinator
 For: Willingly offered your support very early in the morning to ensure the health and safety of the individuals at the residence. Your hard work is greatly appreciated.



Mission Possible Education Session for Speed and Distracted Driving
 July 16th, 2009, 9:30-12:30pm

Positive Behaviour Intervention
 July 9th, 2009, 9am-5pm
 July 23rd, 2009, 9am-5pm

Positive Behaviour Supports
 July 2nd, 2009, 9am-5pm

Promoting Safety
 July 3rd, 2009, 9am-12pm
 July 15th, 2009, 9am-12pm
 July 30th, 2009, 1pm-4pm

TRAINING

EDMONTON REFERRAL INCENTIVE WINNER

This month we have 7 recipients receiving the ICE referral incentive. These employees will receive an additional \$50.00 on their pay cheques. Congratulations for your wonderful referrals!

Here is how the Employee Referral Incentive works!
 If you refer a person to us who successfully meets our hiring requirements and completes their three month probation with a minimum of 120 hours worked, you will receive \$50.00. Take advantage of this great opportunity.

WILL YOU BE ONE OF NEXT MONTH'S FEATURED EMPLOYEES RECEIVING A \$50.00 INCENTIVE PAYMENT?

DEHYDRATION AND HEAT STROKE

The Danger of Dehydration and Heat Stroke:

Dehydration and heat stroke are two very common heat-related diseases that can be life-threatening if left untreated.

What is Dehydration?

Dehydration can be a serious heat-related disease and a side-effect of diarrhea, vomiting and fever. Children and persons over the age of 60 are particularly susceptible to dehydration.

What Causes Dehydration?

Under normal conditions, we all lose body water daily through sweat, tears, urine and stool. In a healthy person, this water is replaced by drinking fluids and eating foods that contain water. When a person becomes so sick with fever, diarrhea, or vomiting or if an individual is overexposed to the sun, dehydration occurs. This is caused when the body loses water content and essential body salts such as sodium, potassium, calcium bicarbonate and phosphate.

Occasionally, dehydration can be caused by drugs, such as diuretics, which deplete body fluids and electrolytes. Whatever the cause, dehydration should be treated as soon as possible.

What are the Symptoms of Dehydration?

The following are the most common symptoms of dehydration, although each individual may experience symptoms differently. Symptoms include:

- Thirst
- Less-frequent urination
- Dry skin
- Fatigue
- Light-headedness
- Dizziness
- Confusion
- Dry mouth and mucous membranes
- Increase heart rate and breathing

Treatment for Dehydration

In cases of mild dehydration, simple rehydration is recommended by drinking fluids. Many sport drinks on the market effectively restore body fluids, electrolytes, and salt balance.

For moderate dehydration, intravenous fluids may be required, although if caught early enough, simple rehydration may be effective. Cases of serious dehydration should be treated as a medical emergency, and hospitalization, along with intravenous fluids, is necessary. Immediate action should be taken.

What is Heat Stroke?

Heat stroke is the most severe form of heat illness and is a life-threatening emergency. It is the result of long, extreme exposure to the sun, in which a person does not sweat enough to lower body temperature. The elderly, infants, persons who work outdoors and those on certain types of medications are most susceptible to heat stroke. It is a condition that develops rapidly and requires immediate medical treatment.

What Causes Heat Stroke?

Our bodies produce a tremendous amount of internal heat and we normally cool ourselves by sweating and radiating heat through the skin. However, in certain circumstances, such as extreme heat, high humidity or vigorous activity in the hot sun, this cooling system may begin to fail, allowing heat to build up to dangerous levels.

If a person becomes dehydrated and can not sweat enough to cool their body, their internal temperature may rise to dangerously high levels, causing heat stroke.

What are the Symptoms of Heat Stroke?



The following are the most common symptoms of heat stroke, although each individual may experience symptoms differently. Symptoms may include:

- Headache
- Dizziness
- Sluggishness or fatigue
- Seizure
- Hot, dry skin that is flushed but not sweaty
- A high body temperature
- Loss of consciousness
- Rapid heart beat
- Hallucination

How is Heat Stroke Treated?

It is important for the person to be treated immediately as heat stroke can cause permanent damage or death. There are some immediate first aid measures you can take while waiting for help to arrive.

- Get the person indoors
- Remove clothing and gently apply cool water to the skin followed by fanning to stimulate sweating
- Apply ice packs to the groin and armpits
- Have the person lie down in a cool area with their feet slightly elevated

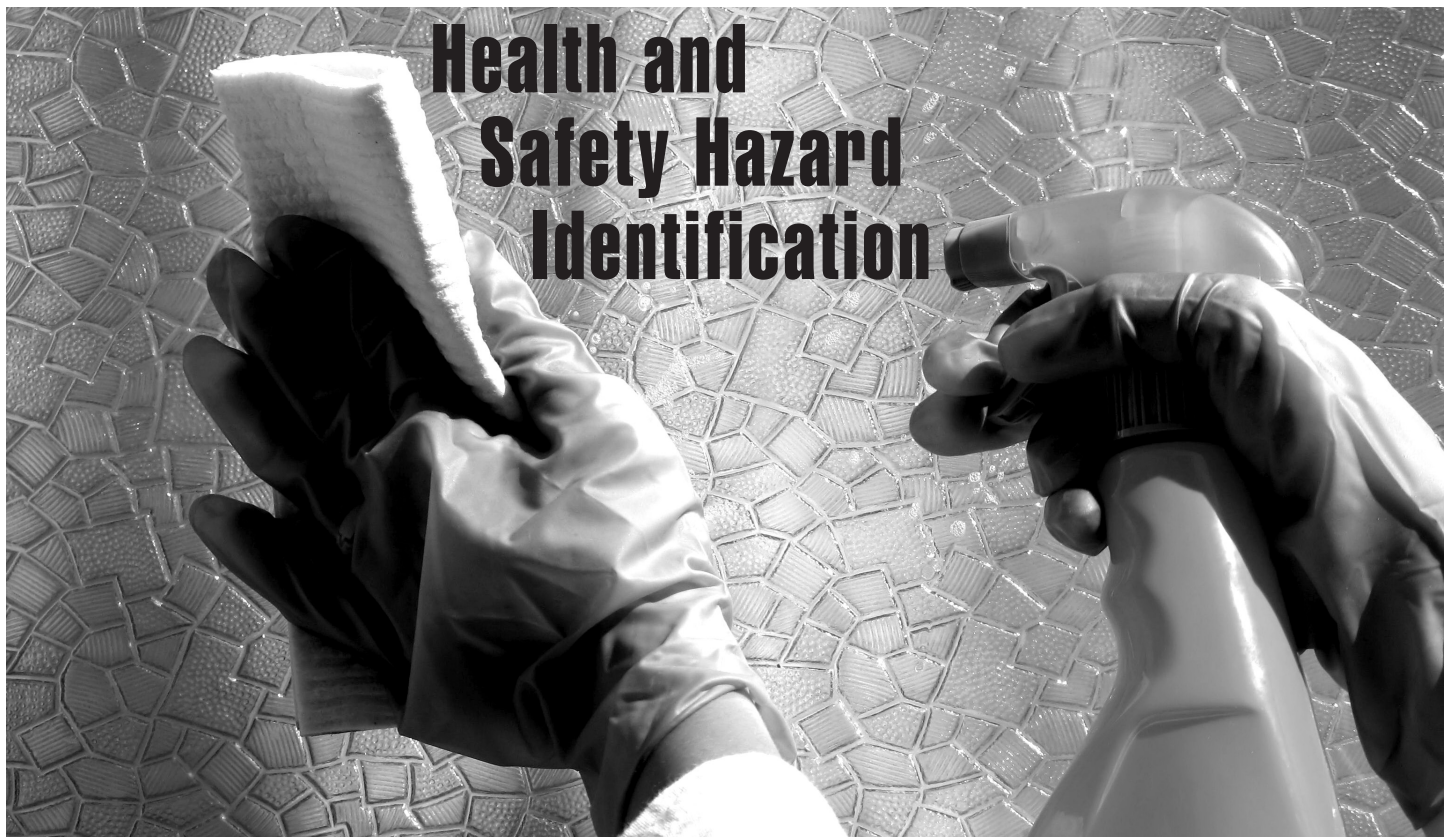
Intravenous fluids are often necessary to compensate for fluid or electrolyte loss. Bed rest is generally advised and body temperature may fluctuate abnormally for weeks after heat stroke.

How can Dehydration and Heat Stroke be prevented?

There are precautions that can help protect you against the adverse effects of dehydration and heat stroke. These include:

- Drink plenty of fluids during outdoor activities, especially on hot days. Water and sport drinks are the drinks of choice; avoid tea, coffee, soda and alcohol as these can lead to dehydration.
- Wear lightweight clothing, tightly woven, loose-fitting clothing in light colors.
- Schedule vigorous activity and sports for cooler times of the day
- Protect yourself from the sun by wearing a hat, sunglasses and using an umbrella
- Increase time spent outdoors gradually to get your body used to the heat.
- During outdoor activities, take frequent drink breaks and mist yourself with spray bottle to avoid becoming overheated
- Try to spend as much time indoors as possible on very hot and humid days.





One primary goal of our health and safety program is to maintain a healthy and injury-free work environment. This is done by identification, evaluation and control of hazards.

A hazard is “any condition or circumstance that has the potential to cause injury, illness disease or damage to property and equipment.”

Occupational hazards can be divided into two parts:

Safety Hazards - A safety hazard is anything that could cause an injury if an incident occurs. Injuries caused by safety hazards are often immediate. For example, if a worker were to slip on ice and fall breaking an arm.

Health Hazards – A health hazard is anything that may produce sickness or disease. Someone with an illness related to a health hazard may not recognize the symptoms immediately. Chronic effects often result from multiple exposures and may not show up until several years after the exposure. For example, noise induced hearing loss is often not detected until it is well advanced.

Not every exposure to a hazard will result in injury or illness. For example, a worker may develop a rash in reaction to cleaning products for the first time even though he or she has completed cleaning tasks for years, or a worker may walk across icy sidewalks several times before an incident occurs.

Some hazards are “existing hazards” they are inherent to the job and are always present. They can not be eliminated but must be

controlled to safe /acceptable levels of risk. Other hazards are “generated hazards” These hazards are created or occur only during the performance of a task. Situations that go uncorrected or changes that occur within operations can create a third type of hazard, a “potential hazard.”

It is important for staff to recognize the conditions and circumstances that create both health and safety hazards.

Biological Hazards

Viruses and bacteria (i.e. hepatitis, flu) found in blood, body fluids, and human waste.

Moulds and fungi found in damp spaces within buildings.

Chemical Hazards

Gases (e.g. chlorine, oxygen, hydrogen)

Vapors (e.g. paint, gasoline, acetone).

Dusts (e.g. asbestos, wood dust)

Fumes (e.g. engine exhaust)

Physical Hazards

Ergonomic – Lifting (e.g. resident care), highly repetitive movements (mopping), static (fixed) positions (e.g. sitting for a long time.)

Aggression (e.g. physical harm)

Slipping, tripping, and falling (e.g. wet floors)

Moving parts of machinery (e.g. lawnmower blades, kitchen

- mixers)
- Working at heights (e.g. falling off an elevated surface)
- Pressurized systems (e.g. kitchen apparatus, boilers)
- Fire (e.g. structure)
- Electricity (e.g. poor wiring, worn cords)
- Excess noise (e.g. hand tools, lawnmowers)
- Inadequate lighting (e.g. task lighting, hallways, over stairs)
- Extreme temperatures (hot and cold)
- Vehicles (e.g. travelling)
- Psychological Hazards
- Employee stress (e.g. client illness)
- Employee fatigue (e.g. work demands, shift work)

Safety is our Number ONE Priority



Each ICE worker and team is required to regularly check their work environment for hazards affecting their and other's safety. Report hazards to a supervisor and then work together to assist ICE in identify controls (engineering solutions, practices and procedures, personal protective equipment) to manage the hazard. The hazards you report will be compiled into the I.C.E. Hazard Assessment and Control Document – Master. This document used to enhance the safety of everyone who works for the agency, as well as ice clients, contractors and visitors.

Please be aware and report hazards.

Information resource: Hazard Assessment and Control, Continuing Care Safety Association



REPORT ILLNESS AND JOB RELATED HEALTH CONCERNS

As well as required injury reporting, it is important that employees report all types of illnesses which occur on the job to their supervisor. This will help the agency to track common issues so that corrective actions can be developed to prevent these occurrences.

Health and Safety Minutes

3.1

Review of Regional Health and Safety Minutes

Northwest Region – Meeting minutes date: May 7, 2009

Review of Employee Injuries

May 1/09: A client became agitated when they discovered personal property had been removed (as requested by the guardian) and hit the staff in the head. Staff reported that they were not injured

Recommendations: Staff will be attending CPI refresher on May 12/09, client's Positive Approaches will be reviewed at the next team meeting, discussions with client regarding consequences of these actions are occurring, guardians will be requested to complete such requests so that clients do not aggress towards staff

Additional: Discuss with all staff that they are able to decline a request from a guardian (in a professional manner) if they feel that following the request will place their safety at risk

Review of Employee Near Misses :

April 20/09: Coordinator in the office bumped a table and it collapsed. The table was old and the leg had been fixed previously. The coordinator reacted quickly and eased the table to the floor, avoiding any injury

Recommendations: The old tables that were being used and moved around the office have been removed and new, light tables have been purchased Additional: Be cautious and maintain awareness of your environment to avoid bumps and injuries.

South Region – Meeting minutes date: May 6, 2009

Review of Employee Injuries

April 26, 2009 – 1 no lost time injury. Staff removed sharp from clients foot and in doing so she cut her finger on the item

Recommendations: 1st Aid/CPR, Infection Control training by CSC on May 8th at team meeting, ICE Management to ensure PPE (gloves are available in the home by May 8th, use of tweezers

Additional: It is a good idea to review with all residential teams the equipment available in the 1st Aid kit and recommended usage (i.e. gloves and tweezers).

Calgary– Meeting minutes date: April 23, 2009

Review of Employee Injuries

Injury investigation reviewed: Staff attempted to redirect (with physical guidance) client from an icy patch when client was trying to obtain a desired object. Felt pain on left side during drive home at end shift. Muscle strain occurred.

Action plan: Best practices were updated to reflect staff's need to utilize W/C with client for all outings when any hazard to client's mobility exists (originally reflected only physical – arthritis now includes environmental – snow/ice. New lighter w/c easier to utilize and transport has been ordered through ADL: just awaiting delivery. Team will develop list of activities/alternatives to assist client in maintaining physical mobility in safety of home Additional: It is recommended that staff monitor ongoing for changes in mobility and health of clients. As client needs change (increase), support requirements must also be revisited to avoid risks to staff and the client.

Calgary – Meeting minutes date: May 21, 2009

Review of Near Miss

May 8, 2009 – environmental conditions in a client's home (non-residential service, lives independently) posed risk to staff: presence of mice, lack of cleanliness, possible mould, and inadequate exits.

Recommendations: Health inspector was called on the client's behalf. Application completed for better accommodations. Staff have been given direction that they can go to the home to pick up client, however cannot be in the home.

Additional: Review with staff that they have the right to refuse to work in any environment where they feel they are unsafe.

3.2 Evaluation of current Injury Investigations

May 1st, 2009 – Staff was driving from a residential program to the main office for a meeting. While stopped at an intersection waiting to turn left the staff's car was hit from behind by another driver. Staff hit her head against the driver's side window

Recommendations: As staff was hit from behind there was little that could have been done to avoid the accident. Staff need to know what to do if they are in a accident. If injured on shift in the performance of job duties, staff may call an ICE supervisor who will assist them to medical help as required. Employees may choose to carry a "kit" with a disposable camera and a guide for accident reporting in their vehicle.

May 19th, 2009 – staff was leaving a client's residence, it had been snowing/raining off and on all day although walks & stairs had been shoveled there was a slippery patch on the stair and the staff fell hitting left arm

Recommendations: Footwear be worn for the weather conditions, clear walks before using, salt or sand should be close to door so staff may put down before walking on slippery spots. Take time to thoroughly clear the area of any hazards

May 24th, 2009 – staff was trying to prevent one client from aggressing towards another, staff turned away from one of the clients and the client bit staffs' head breaking the skin and causing it to bleed.

Recommendations: Use PBI techniques and do not turn your back on an agitated client. PBI refresher.

3.3 Evaluation of

Near Miss Investigations

Office staff member was taking bundles of paper downstairs and tripped on the

stairs. Staff was wearing appropriate footwear but pant legs were a little long and these may have contributed to employee losing their footing.

Recommendations: As per supervisor and employee feedback, correction of pant leg length is required. Also, staff is recommended to carry fewer supplies / carry supplies in a bag which could be managed with one hand to ensure a grasp on the hand rail for safety. Alternate supply and storage locations to be considered (up and downstairs) to avoid unnecessary carrying of paper supplies.

3.4 Review of COR Audit Action Plan. (2008)

The group reviewed Element 3 (page 11) Executive Summary.

Element 4 – Ongoing Inspections

Key Strengths: Environmental quality audits, random inspections and monthly safety checklists are being completed in accordance to the standard that ICE has developed. Environmental quality audits are conducted at each worksite on an annual basis. Random inspections are conducted by all levels of management throughout ICE. Monthly safety checklists are completed by staff working in residential programs. Office inspections are conducted every 2 months.

Key Recommendations;

Provide additional inspection training

Continue efforts to resolve issues with landlords

General Discussion was held by the Committee regarding the training that is provided for monthly safety inspections and equipment inspections.

Staff Participation forms are to be completed by Trainers, Nurses or Supervisors when employees receive training or delegation in assigned tasks.

3.5 Review of Master Hazard assessment and Control Document

The committee reviewed Job Type: General Pg. 10. The committee gave recommendations for additions to activities and Frequency and Priority Ratings

Recommendations:

Activity and/or Task:

Blood and Body Fluid Exposure/Clean-up – revise to include Diabetic Testing, 1st Aid Administration and Illness

Frequency of Exposure is recommended to be changed from 2 to 4 the resulting Total would change from 6 to 8.

In Controls, the mask is recommended to be removed as Linda (RN) noted masks will not provide protection from exposure.

Client Lift/Transfers (Mechanical and Manual) – See site based. Associated Hazards recommended to include: obstacles (lift handle)

Frequency of exposure recommended a change from 2 to 4. The resulting Total would change from 7 to 9. In Controls recommended the addition: proper body mechanics training, and annual review/training of delegated/assigned tasks.

Client Repositioning (see site based) the Frequency level is recommended to be changed from a 2 to 4, the resulting Total would change from 7 to 9.

Wheelchair Use/Ramps (see site based). Associated Hazards is recommended to add crushing injuries (i.e. feet). Frequency of exposure is recommended to be changed from a 2 to 4, the resulting Total would change from 7 to 9. An addition to Controls is recommended – use of a transfer belt.

3.6 Policy Review

Policy 3.5.10 Emergency Procedures (All Services) & Emergency Preparedness Plans (Residential Programs Operated by I.C.E was reviewed by the group.

Discussion was held on:

- Recommended to conduct an emergency drill for Severe Storms during the month of June in all residential programs and at offices.

- Each program needs to review where the safest place is in their particular location to wait out a storm (i.e, an interior bathroom, hall way, room with no windows)

- Ensure all staff are aware of the emergency procedures in the programs where they work

Drills to be completed at all programs. Teams to discuss at meeting the safe place to wait out a storm in each program and all emergency procedures.

4.1 2009 Internal COR Audit

- Dates have been set for the internal COR Audit. Corinne and Debbie R. (CR Manager) will be conducting the audit in Edmonton on the week of August 17th – 21st. Greg L. (CR Manager) will be conducting the audit in Calgary. Corinne will be conducting the audit in Grande Prairie on the week of August 10th – 14th.

- 44 interviews will be done with staff in Edmonton (all ranges of the organization i.e. relief, main-staff, overnight, weekend, etc.) There will be observation tours in the main office as well as in residential programs, non res programs and home care.

Train the trainer sessions to be arranged for the Promoting Safety Course.

Staff to review their knowledge of ICE Policies and the Promoting Safety course.

4.3 July's H&S Meeting Chairperson

Corinne will be away for the July meeting date. The meeting date can not be revised due to ICE page publishing dates. July's meeting is suggested to be chaired by the Co-Chair.