

# ICE PAGE

APRIL 2018

## NORTH WEST

### ECAT

Employee & Client Assistance Team

Phones do not accept text messages- staff need to call ECAT.

780-512-3129

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### TIME SHEET HAND-IN

- **April 16th, 2018 –**  
For all shifts worked between April 1st and April 15th.
- **April 30th, 2018 –**  
For all shifts worked between April 16th and April 30th.

### UPCOMING:

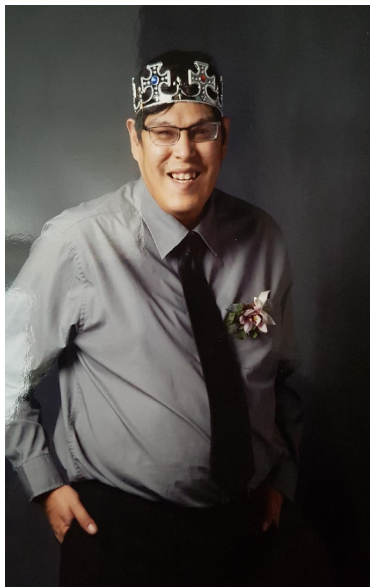
- **HEALTH AND SAFETY MEETING**  
- April 3rd, 2018 at 3:00 PM
- **RPAC MEETING–**  
- April 3rd, 2018 at 1:30 PM

## Making it Happen!- Supporting Social Inclusion

### Boyd

Boyd is a kind, outgoing man with a wonderful sense of humor. He is very active in the Lethbridge community. Boyd participates in two different Special Olympics Bowling Leagues. He goes to the YMCA regularly for swimming, to work out or play basketball. Boyd also has a creative and artistic side and he attends art classes; he especially likes his clay class. Boyd is always open to trying new things. Since a recent move of his residence to a location close to a pool hall, Boyd has started playing pool. This is a new activity which he is finding he really enjoys.

One thing that Boyd has done throughout his life is participate in cultural activities. It is important



to Boyd to maintain close ties to his cultural heritage. Boyd was born on the Blood Reserve and has lived most of his life in Lethbridge. He is a member of the Blood Tribe of the Blackfoot Nation. He takes great pride in his Aboriginal Heritage. He takes Blackfoot Language classes and practices his language skills

as much as possible with others in the community. He is also a member of a drumming group. Boyd really enjoys this group and he is quite good.

Boyd is pleased with his new residence and the positive changes he is making in his life. A recent challenge Boyd chose, was to quit smoking. The achievement of this goal is not an easy one so his efforts are a success that Boyd is justly proud of. Well done!



Above, a sample of Boyd's beautiful art work.

## Employee Spotlight



### Carissa Trotchie

Carissa is the Team Leader at Boyd's home. She has been with ICE since 2015. Carissa supports Boyd and his roommate with a multitude of activities in the community including swimming, bowling, drumming and playing pool. She also assists them in their residence with cooking and developing home living skills. The men say they are very happy to have the support that Carissa provides and both have a great working relationship with her. Boyd is also grateful for her support with his efforts to quit smoking. Carissa's done wonderful things since starting at ICE and we are happy to have her on board!

*\*(Selected sections of ICE policy 2.7.3 are reproduced here, please refer to the ICE Policy manual for the complete policy).\**

## **Policy 2.7.3. CRITICAL and GENERAL REPORTING INCIDENTS**

1. A reporting incident is considered to be any event or series of events, real or alleged, that is or could potentially be life threatening/cause injury. The incident may result in criminal charges, police involvement, legal action and/or further investigation by outside authorities. As a result the circumstances must be formally documented to ensure the situation is addressed properly. The agency has two types of reporting incidents: **Critical and General**. Both types require documentation and internal (i.e. I.C.E.) follow up. A **Critical Incident** in addition to the former follow up must be reported to outside sources such as the funding source for client care, police, Protection for Persons in Care, for external review and/or further investigation. Note all abuse allegations must follow I.C.E. policy (refer to policy 2.6.3 Client Abuse)

2. Examples of **Critical Incidents (CI)** include but are not limited to: client death/suicide, employee death, client seeking medical attention as a result of injury or poor health outside the normal experience of the client, client hospitalized as a result of injury or poor health outside the normal experience of the client, employee physical injury, client AWOL, allegations of client abuse, disclosure of criminal activity by a client, illegal activity by client, police involvement/criminal charges against client, loss of confidential client/employee information, serious emergency situation or dangerous situation such as fire or break-in, or physical restraint outside of the client restrictive procedures.

3. Examples of **General Incident (GI)** include but are not limited to: Change in overall client health that does not require medical intervention, client aggression, client behavior escalation, planned restrictive procedure performed, client self injury, property damage by client, verbal threats made by client, medication error, medical procedures that require training not performed in accordance with care plan, weather problems, disruption to client living situation such as bed bugs or a near miss.

4. When a reporting incident occurs, these steps are to be followed:

- To the best of your ability, ensure the immediate safety of the client and yourself;
- If necessary, immediately contact the appropriate emergency authorities: (911, poison centre, pharmacy, etc.);
- Contact your supervisor or the ECAT supervisor immediately by phone;
- The supervisor will provide the employee with direction and contact the appropriate I.C.E. personnel to facilitate follow-up;
- Depending on the severity of the incident (i.e. criminal activity, assault / severe escalation of behavior that is

outside the normal realm of the client's behavioral pattern) appropriate ICE personnel will contact the guardian to apprise them of the situation and/or arrange a meeting to discuss the incident and plan follow-up. This will ensure informed consent should further interventions be required.

- The employee is to document the incident on the correct reporting incident form. This will either be a critical incident reporting form or a general incident reporting form (see definitions point #2 and point #3);
- Should the incident involve an employee injury or near miss the employee will be required to complete further documentation as per **Policy 3.5.5 Employee Work Related Injury, Illness, and Near Misses**.

5. Documentation of a reporting incident includes:

- Completing the correct reporting incident form as soon as possible, preferably within 30-60 minutes of the incident;
- Provide a clear, brief account of what happened leading up to the incident and the action you took as a result. Use the guidelines for routine recording on Contact Notes.

6. The completed Reporting Incident Report will be submitted to the office within 24 hours. If faxing the form ensure it is stipulated on the fax as to who the fax is to be directed to.

7. If another agency is involved, you may need to complete documentation specific to that agency. Do so using the guidelines outlined above.

8. The I.C.E. personnel/ECAT supervisor who directly receives the information concerning the reporting incident must ensure documentation systems, such as C-Views and pager notes, are immediately updated to facilitate completing part two of the reporting incident form. Part two of the reporting incident form is generally completed by the appropriate supervisor of client care. The supervisor of client care will then ensure that follow up is completed and documented in consultation with their Manager. Please note that at times the supervisor may be the Manager.

9. The follow up is dependent on the type of reporting incident and is to include but is not limited to :

- Action plan is to be devised and implemented as required.
- CI /GI sent to C.O.O. and President.
- Complete any necessary documentation required by the funding source (region specific).
- Unit Manager has assigned an investigator if an employee injury or near miss occurred. Page one of the CI/GI goes to investigator.

- If WCB involved employee provided with a confidential copy of CI and appropriate ICE personnel informed and process commenced.
- If Abuse investigation a copy of CI made available for that report and investigation process has commenced.
- Unit Manager has sent copy of CI/GI to RPAC as required.
- Unit Manager has provided confidential copy of CI/GI to Health and Safety Chair as required.
- Copy of **CI** is only sent to Disability Services or other funding bodies as required and in consultation with the President. Contacting funding agencies will be completed as per contractual agreements
- Guardian contact is required and is dependent on the nature of the incident. It is preferred a meeting be arranged with the guardian to discuss the circumstances of the incident and to develop a plan for intervention. If direct contact is not viable, telephone conversations and emails will be sufficient until a meeting can be arranged. It is imperative that all contact be documented in c-views and hard copies be printed for the client file.
- Complete any necessary documentation required from funding source (region specific).
- Copy of CI sent to Program/residence for follow up.
- Original client CI/GI is to be filed in the client file at the main office.
- Original CI/GI involving an employee is to be filed in the employee's file.

..... Please see the ICE policy manual for the full 2.7.3 Policy.

**ICE OFFICES WILL BE CLOSED  
FRIDAY, MARCH 30TH &  
MONDAY, APRIL 2, 2018 FOR EASTER**



**Please direct all calls to the Employee  
Client Assistance Team for these days.  
780-512-3129**

**ICE HAS A TD GROUP RSP PLAN!**

Refer to **Policy 3.4.18  
FUTUREBUILDER RSP**  
If you are eligible, ICE will match your  
contributions!  
To sign up, please contact:  
**780-453-9664**

**\$100.00 ICE Employee Referral  
Incentive Program**

Employees or Support Home Operators who refer a person to ICE who successfully meets our hiring requirements & completes their three month probation with a minimum of 120 hours worked, receive \$100.00!

**Training**

**PET (Pre-Employment Training)**

**April 10th-12th, 2018**

**9:30AM-5:00PM**

*As described on the ICE website*

**Mental Health First Aid**

**April 19-20, 2018**

**9:30AM-4:30PM**

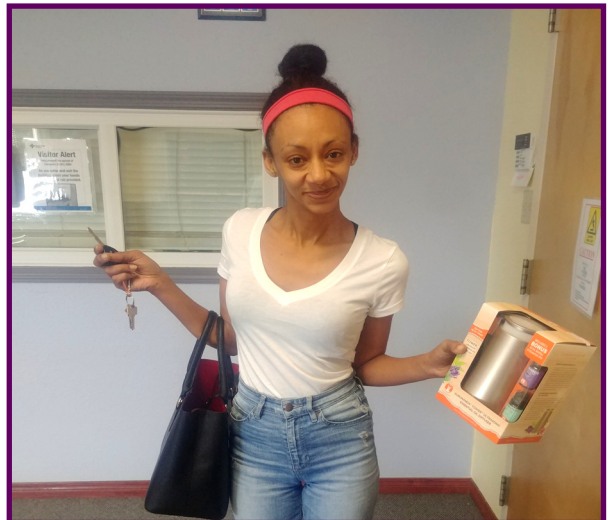
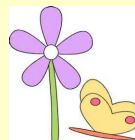
*As described on the ICE website*

**PBI (Proactive Behaviour  
Intervention) & PBS**

**April 13th, 2018**

**9:30AM-5:00PM**

*As described on the ICE website*



**Treza Negazi**

Treza received a thank you card from her Coordinator for being very flexible in picking up shifts and assisting her clients during a difficult time. Treza won an Essential Oil Diffuser Kit. Your dedication and caring nature is greatly appreciated!

**Health and Safety Committee Meeting Minutes  
March 6th, 2018 Grande Prairie**

**3.1 A) Review of Regional Health & Safety Meeting Minutes - Section 3.2 Internal Incidents (Injury, Health, Property Damage)**

Calgary: (February 15, 2018 meeting minutes)

**January 5, 2018**

Staff was in Walmart parking lot, backing out of parking space, during same time community driver was backing out of his parking space. Staff's vehicle was struck on the rear driver side causing damage. No injury reported from staff or client.

**Recommendations:** Advise staff to be more aware of their surroundings & to utilize sunglasses when sunny. Staff is encouraged to either back into a parking spot or find a "pull through" spot. Staff to attend the next available Mission Possible.

**Internal Investigation completed.**

**January 16, 2018**

Staff assisted client in the parking lot of the recreation center. Parking lot had some snow slush, client was holding on to staff's left shoulder. While walking client became scared due to poor depth perception, & grabbed the back of staff's neck & squeezed tight. Staff stopped walking, asked client to let go & reacted by moving her body away from the client's grab; by doing this it caused soreness & muscle spasms.

**Recommendations:** Staff is safer if the staff place their hand under the forearm of the client to provide reassurance to client. Staff to attend next available CPI to learn how to safely remove self from a grab. CSC informed guardian that client will be utilizing assistive technology (i.e. wheelchair/walker) to assist with walking in parking lots.

**Internal Investigation completed.**

**January 22, 2018**

Staff was driving north on a street driving client home. When driving a car that was exiting a parking failed to stop & all of a sudden hit staff's vehicle on the front passenger side. Vehicle hit staff's vehicle at a nearly 90-degree angle. Vehicle did have some damage & insurance company was contacted.

**Recommendations:** Advise staff to drive during less busy times, & to take public transit whenever possible. Remind staff to be more cautious & observe their surroundings when driving. Staff to attend the next available Mission Possible.

**Internal Investigation completed.**

**January 26, 2018**

Staff & her client were in a store waiting for pizza restaurant to open. While waiting, client placed her backpack on the floor beside staff. Staff did not see the bag on the ground & while leaving the store, tripped on the bag falling to her left knee. Staff did not feel any pain at first, as the day went on her knee became sore & was advised to seek medical attention.

**Recommendations:** Staff to be more aware of their surroundings, & look prior to moving. Staff to monitor client more closely while out in the community & be aware of where they place their items.

**Internal Investigation completed.**

Edmonton- (February 9, 2018 meeting minutes)

**Jan 2<sup>nd</sup>, 2018.**

A client was excited to be leaving for a day outing with staff & rushed out of the apartment & down the stairs from the 3<sup>rd</sup> floor. The staff grabbed their purse & a bag of garbage, which was waiting to be taken out, & hurried to follow after the client down the stairs. The staff did not use the hand rail on the stairs as both hands were full. On their way down the stairs, they missed a step & fell causing injury.

**Recommendations:** Planning to be completed & expectations shared in advance with clients for safely exiting the building on

day outings for the safety of all involved. Staff to prioritize client & their own staff safety ahead of household chores such as garbage removal. Complete such chores later using the elevator. Staff are expected to avoid rushing & consistently use the hand rail while descending stairs.

**Incident Investigation completed.**

**Jan 19, 2018.**

Staff was driving on the Anthony Henday freeway during icy winter weather conditions. Another vehicle slid out of their lane & struck staff's vehicle on the front passenger side.

**Recommendations:** Staff to limit driving when there are snowy/hazardous conditions. Mission Possible Driver Awareness training will be offered in Edmonton in March, this course is recommended for staff using their vehicle during work hours.

**Incident Investigation to be completed.**

**Jan 26, 2018.**

Staff was crossing the parking lot at a residential condominium during slippery winter weather.

**Recommendations:** It is recommended that both staff & clients have & wear ice grips during slippery conditions. It is also recommended that staff contact the condominium board regarding hazardous parking lot/walkway conditions to prevent falls as well as notify them after any falls that occur. All contact should be documented.

**Incident Investigation to be completed.**

**January 26, 2018.**

Staff walked with client to A&W for an outing during winter conditions. On the way back to the program the staff slipped on ice & fell injuring their ankle. Assistance was provided by ICE to get staff to a medical facility.

**Recommendations:** Poor winter weather conditions are hazardous. It is recommended that both staff & clients have & wear ice grips during such slippery conditions. Programs with ICE day programming would benefit from purchasing one pair of ice grips to be kept at the residence for staff to share.

**Incident Investigation to be completed.**

**January 29, 2018.**

Staff was supporting a client with mental health challenges who had been cycling in & out of aggressive behavioral patterns. Staff was seated with their shoes off completing paperwork at the end of their shift when the client suddenly became aggressive again. Staff also turned their back to the client. Staff was struck & kicked.

**Recommendations:** Client orientation & Risk Assessment training are provided by ICE to inform employees of potential hazards of working with individual clients. Employees must follow recommended control procedures & ICE Proactive Behavior Intervention training carefully to avoid injury. Stand & take an active position when clients are agitated, wear shoes for safety for the full time on-site, never turn your back to an agitated client & always keep a clear path to the exit for safe egress. Additional training is recommended for this employee.

**Incident Investigation to be completed.**

South: (February 14, 2018 meeting minutes)

**January 17, 2018**

Staff arriving to an overnight shift slipped on ice while getting out of the vehicle. Staff hit their elbow on the vehicle causing an injury.

**Recommendations:** Staff at the program had used salt & sand on the outside areas but recommend using gravel or something with more grit on very slippery surfaces. Staff was wearing winter boots with good grip but suggest using ice grips when conditions are very icy.

**Incident Investigation to be completed**

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

Calgary: (February 15, 2018 meeting minutes)

**January 3, 2018**

While staff was attending client's private speech therapy at client's

home, speech therapist was trying to encourage client to engage in the activity & throw a balloon. When client refused, therapist grabbed client to guide her. Client became upset, pulled away & threw a box of candies to staff. The box grazed the shoulder of the staff causing no injury.

**NOTE: Speech therapist not associated with ICE, guardian was present during incident.**

**Recommendations:** Staff will no longer be attending client's speech therapy sessions. CSC & CRM will explore other forms of communication tools for be used with staff (i.e. apps on iPad, PEC system etc.)

#### **Near Miss Investigation completed**

**January 9, 2018**

Staff assisted client in the parking lot of the Bowling Depot. Parking lot was snow covered & icy client was holding on to staff's left shoulder. While walking client became scared of the unfamiliar area, leaned her body against staff & grabbed staff's back of the neck. Staff stopped walking, asked client to let go which client immediately did. No injury was noted by staff. Staff & client continued to the bowling depot, staff re-assuring the client was safe & walkways were clear.

**Recommendations:** Staff is safer if the staff place their hand under the forearm of the client to provide reassurance to client. Take ACCESS whenever possible to avoid parking lots. Park in handicap stalls when possible to shorten walking time on icy/snowy parking lots. Explore using wheelchair with client when icy/snowy conditions to avoid client walking & feeling scared on snow covered pathways. Look into purchasing ice grips for client for her to feel safer when

#### **Near Miss Investigation completed.**

**South:** (February 14, 2018 meeting minutes)

#### **No Near Misses to Report**

**Edmonton:** (February 9, 2018 meeting minutes)

**December 31, 2017.** A client with limited impulse control had been showing signs of agitation earlier in the day. When the client was sitting on the couch staff approached him & asked him to arise so they could place a couch cover over the furniture where he was sitting. The client became upset & began yelling & threw a cup of coffee at the staff. Staff gave him space & he calmed & he later apologized.

**Recommendations:** Purchase & keep enough furniture covers on hand so these may be exchanged without bothering the clients during their use of the sofa. As this represents more than one incident of coffee throwing by this client consultation with RPAC is recommended. Perhaps consider having the client choose a coffee cup with a lid to reduce the potential for harm to staff.

#### **Incident investigation to be completed.**

**January 14, 2018.** Staff was supporting a client at the client's home. The client shares their home with another roommate with a disability. The two client roommates became involved in an agitated dispute with the two shouting at each other. The staff tried to redirect their client but the client ignored them. The staff stepped between the two clients as they did not want the situation to escalate further. Once staff was between the two individuals, one client left the bathroom & the home.

**Recommendations:** Redirection from a safe distance is appropriate but stepping between two angry & aggressive clients is not recommended. If a physical confrontation is evolving & staff do not feel safe, they should call 911 & remove themselves from the situation. A review of Proactive Behavior Intervention training is recommended for the staff.

#### **Incident Investigation completed.**

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

**February 20, 2018**

Staff woke up to the sound of water running. Water was coming from walls & ceiling as a pipe froze & broke in the vacant condo above. Staff called ECAT & evacuated the clients to a nearby program.

**Recommendations:** Staff should review the location of the safe house & evacuation procedures.

#### **Incident Investigation completed.**

### **3.3 Evaluation of current Near Miss Incident Investigations (Incidents, Recommendations):**

#### **No Near Misses to Report**

**3.4 Review of COR Audit & Action Items** (record section & pages reviewed, discussion, recommendations):  
Reviewed pages 36-43 Section 2 Hazard Identification & Assessment

### **3.5 Review of Master Hazard Assessment & Control Document**

Reviewed General Section pg. 98-107

Exposure to Insects &/or pests (bees, wasps, spiders, mosquitoes, horseflies, ants, etc.) Bedbug Infestations – no additional recommendations

Mice Infestations – no additional recommendations

Lifting, moving, & cleaning furniture. Changing the water bottle on the water cooler.- no additional recommendations (fix spelling of cooler under engineering controls)

Paperwork (Documentation by hand, filing, etc.) – no additional recommendations

Use of Telephones (Landlines & cell phones) – no additional recommendations

Other regions review & recommendations & regional response to recommendations:

**Calgary:** (February 15, 2018 meeting minutes)

Reviewed General Section pages 88 – 94

Ascending/descending stairs: no additional recommendations

Travel on wet/slippery surfaces (water, ice or snow) Travel

around obstructions on floor: no additional recommendations

Potential Exposure to Natural Disaster Events: no additional recommendations

Exposure to Allergens: no additional recommendations

**South:** (February 14, 2018 meeting minutes)

Reviewed pages 42 – 49 in the Hazard Assessment Document

- Bed Making: No additional recommendations

- Washing/ Mopping Floors: No additional recommendations

- Vacuuming: Recommendations: Add ensuring hands are not

wet – not using vacuum on wet floors. - Laundry

Tasks: No additional recommendations

**Edmonton:** (January 3, 2018 meeting minutes)

Review of psychosocial hazards was continued for Pages 8-9,

“Driving” hazards & controls of the General section of the HACD.

Hazard Additions:

Psychosocial hazards: driving anxiety (previous negative experience,

Physical hazards: poor, confusing or small print signage;, changing

traffic rules/ patterns; construction; poor/ changing road conditions –

i.e. potholes, black ice, lack of painted traffic lines for center lines/

roadway shoulders; roadway glare.

Control Additions for Appendix A-5 Road Safety Practices included:

Preplanning & check road conditions & rest stops before leaving for

destination. Use of Alberta Transportation website:

<https://511.alberta.ca/>, by phone call 511, out of Alberta 1-855-391-

9743. Also planning use & review via computer mapping programs

such as Google maps.

Use of computer map programs such as Google Maps to visually review

key route traffic exchanges/ address destinations using available fea-

tures i.e. street view, directions.

### **3.6 Policy Review: 3.5.8 Eliminating/Mitigating/Controlling Work Site Hazards**

**NEXT MEETING: April 2, 2018 at 3:00 pm**

# EPILEPSY

Epilepsy is a common neurological disorder causing seizures. Sixty-five million people around the world have epilepsy. There are a wide range of seizure types and this disorder affects people of all ages. Seizures may be related to a brain injury or a family tendency but many times the cause is completely unknown. The electrical events of epilepsy originate in the brain but the symptoms of a seizure may affect any part of the body. Types of seizures are generally described in two major groups: generalized seizures and focal seizures.

- Generalized onset seizures – These seizures affect both sides of the brain at the same time.

Focal onset seizures – Focal seizures can start in one area or a group of cells in one side of the brain.

It is important that a person experiencing seizures see their doctor and perhaps a neurologist or epilepsy specialist to have an evaluation to explore treatment options. Tests such as an MRI (magnetic resonance imaging) scan and EEG

(electroencephalogram) to record the electrical activity of the brain help to diagnose types of seizures & epilepsy properly.

It is important to note if there are any triggers associated with a person's seizures and to share these with the health professionals. Some examples of seizure triggers include: missed seizure medication or stopping such medications suddenly, not getting enough sleep or poor quality sleep, stress, being sick with another illness or fever, flashing lights for people who are photosensitive, menstrual cycles, alcohol or drug use, use of certain prescriptions or over the counter medications, some herbal products or supplements, and low levels of certain minerals or substances in the body i.e. sodium.

Most seizures in people with epilepsy are not medical emergencies. They end after a minute or two without harm. **First aid steps:**

For focal, complex partial and temporal lobe seizures including



symptoms such as: blank staring, chewing, fumbling, wandering, shaking, & confused should be fully conscious & aware before being left on their own. Confusion may last longer than the seizure itself & may be hazardous. If full awareness does not return, call for medical assistance.

For Tonic-clonic, convulsive, grand mal seizures which may include convulsions, rigid muscles, & jerking movements followed by a period of confusion - keep calm, provide reassurance, remove bystanders, & look for medical alert identification. Cushion the head, remove glasses, & loosen tight clothing, turn the person onto their side in a "recovery" position to help keep the airway clear. Time the seizure with a watch. As the seizure ends, offer the person help.

### Call an ambulance if:

- The seizure occurred in someone who does not have epilepsy (or if it is unknown if they have epilepsy as there is no medical identification);
- A seizure lasts more than 5 minutes.
- There is a slow recovery, a second seizure follows the first, or the person has difficulty breathing;
- There are any signs of injury, sickness or if there is another medical diagnosis such as pregnancy.

Information source: The Epilepsy Foundation. <https://www.epilepsy.com>

## Alberta Minister of Community & Social Services Visit:

On February 20, 2018, ICE was honored to welcome the Alberta Government Minister of Community & Social Services – Irfan Sabir, and Ministerial Assistant - Mustafa Ali, to visit one of the ICE Edmonton residential programs.

The visit was hosted by Barry and Richard at their home. Other participants included Pauline (guardian), two direct service workers, and ICE management.



Minister Sabir engaged in conversation with everyone and was interested in listening to Barry and Richard's feedback on the service they receive and how they enjoy their home. The Minister listened attentively as Barry discussed his experiences and also took the time to hear Pauline's description of how Richard came into service with ICE, a story very dear to her.



Minister Sabir requested all present to provide feedback to steer the recently announced review of PDD services. Both the Minister and his aide expressed their appreciation of Barry and Richard's warm, inviting home, and praised the hard work of both the men and the staff to create such a special environment.