

ICE PAGE

NORTHWEST

2016

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TIME SHEET HAND-IN:**July 15th, 2016**

For all shifts worked between July 1st and July 15th, 2016

Aug 2nd, 2016

For all shifts worked between July 16th and July 31st, 2016

Health and Safety Meeting

July 13th, 2016 @ 3:00 pm

RPAC Meeting

July 5th, 2016 @ 1:30 pm

**Making it Happen!**

Supporting Social Inclusion

Keith is a kind natured gentleman who lives with his mother and has a great love for animals. He has been with ICE since 2009. Keith's goal was to find work at a local pet store in Calgary. Keith with the support of his ICE staff, Susan applied for various positions over time. Keith eventually found a position helping with animal care at a local store. Keith assisted there for over 3 years.

As time went on Susan encouraged Keith to expand his skills and he applied to volunteer at the Rehabilitation Society. Keith was accepted and he began helping with recycling and mopping the floor. Keith did extremely well at the Rehabilitation Society; he made several new friends and commented that he felt his services there were appreciated. Because of Keith's success there his position

eventually changed to one of employment.

During Keith's annual review in 2014, Keith made a decision that he wanted to save money. He used to spend his money buying DVDs, CDs and treats. Once Keith made up his mind to save money, he worked hard at only making



purchases that he needed as opposed to buying impulse items he did not need. Keith researched his community and found out that he could access many DVDs and CDs from the public library and he could save money purchasing special interest DVDs and CDs by waiting until they came on sale.

Due to his success at saving his employment funds, Keith has been able to make a difference to a cause he cares deeply about. On December 24, 2015, Keith chose to donate \$115.00 to the Calgary Humane Society. Keith is very proud about contributing this money in order to assist animals in need of care. A few months after his donation, Keith was presented with a thank you card with a picture of a specific dog from the Calgary Humane Society. The card shared how Keith's donation had improved this dog's overall health and quality of life.

Congratulations to Keith for becoming such a well respected hard working individual in his community!

Employee Spotlight

Susan Moseley-Josiah began her journey with I.C.E. March 23, 2011. Susan was introduced to Keith and they began creating a professional and successful work relationship. Susan has been a great role model and a positive influence for Keith throughout the years. As a team they enjoy working together researching new opportunities and ways in which



Keith can meet his goals.

Susan is loyal and dedicated to providing excellent client support. It is because of staff members like her that ICE individuals are able to successfully meet their goals and become valued members of the community in which they live. When she is not working, Susan enjoys spending time with her family.

A special thank you to Susan.

\$100 Employee Referral Incentive

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!

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



ICE offices will be closed Friday, July 1, 2016 for the Canada Day Holiday.



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

Hurt at Work?

Employees and Support Home Operators are reminded of their responsibility (as per legislation) to report **all workplace injuries immediately** to an ICE supervisor or manager. In the event of an injury the employee will follow all agency policies and procedures.

While not all injuries are reportable to WCB, all injuries and work related health concerns are required to be reported within the company. This is done so that health and safety investigation and follow up may be completed for the safety of all parties.

Dehydration and Heat Stroke



Dehydration and heat stroke are two very common heat related conditions that can be life threatening if not treated.

What is Dehydration?

Dehydration can be a serious heat-related condition and a side-effect of diarrhea, vomiting and fever.

How is Dehydration Caused?

This is caused when the body loses water content and essential body salts such as sodium, potassium, calcium bicarbonate and phosphate. Under normal conditions we all lose water from our body 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. 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?

It is critical to recognize the symptoms of dehydration, the following are 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

- 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 medication 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:

- 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 (call 911) as heat stroke can cause permanent damage or death. Some immediate first aid measures you can take while waiting for help to arrive include:

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

How to avoid dehydration and Heat Stroke

- drink plenty of fluids during hot weather and outdoor activities. Sport drinks are good choices, avoid coffee, tea, soda and alcohol as these can lead to dehydration.
- Wear lightweight, loose-fitting clothing in light colours,
- Schedule vigorous activity such as sports for cooler times of the day
- protect yourself from the sun by wearing a hat, sunglasses and using an umbrella,
- Take frequent drink breaks and mist yourself (your clients) with a spray bottle to avoid becoming overheated.
- Try to spend as much time as possible indoors on days of extreme heat and humidity.

**Remember to carefully monitor hydration and provide heat / weather related support to your ICE clients.*



Incentive Award Winner!

June 2016 Thank-you Card Draw

Winner

Ryan Roth

Ryan received a thank you card from a co-worker for putting extra effort into provision of a program orientation. Ryan was thorough in explaining valuable information for client supports.



He won golfing gloves and golf balls. Thank you for your extra efforts!

TRAINING

Pre-Employment Training (PET)

July 5th, 6th & 7th

9:30 am - 5:00 pm

&

July 19th, 20th, & 21st

9:30 am - 5:00 pm

Proactive Behaviour Intervention

July 22nd, 2016

9:00 am - 4:00 pm

Non Violent Crisis Prevention Intervention

(CPI)

July 14th & 15th, 2016

9:00 am - 4:00 pm

POLICY REVIEW

3.8.1 PROFESSIONAL CONDUCT

As an employee of Independent Counselling Enterprises Inc., certain standards of Professional Conduct are expected to be maintained at all times.

1. Independent Counselling Enterprises employees are expected to conduct themselves as professionals while representing the agency at all times.

2. The employee is to ensure that the client's rights (see **Policy 2.2.1 Client Rights and Responsibilities**) are maintained.

3. Employees will maintain a professional approach with clients, their support network, other professionals and their coworkers. The employee is therefore to refrain

from use of profanity, shouting, issuing of verbal or physical threats, malicious gossip and the use of statements that are slanderous or considered to be abusive. Professional boundaries are to be maintained between the client and the employee as well as with the client's support network.

4. Employees have the responsibility to:
 - Be punctual.
 - Be properly prepared for each assignment.
 - Perform job duties in accordance with the agency's policies and procedures.
 - Complete appropriate documentation accurately and within specified time frames.
 - Only work what has been assigned or scheduled and not to alter a working shift in any way unless approval from the appropriate supervisor had been obtained.

Updated October 2015

Health and Safety Minutes Northwest - Meeting - June 9, 2016

3.0 STANDING ITEMS

3.1 A) Review of Regional Health and Safety Meeting Minutes - Section 3.2

Internal Incidents

Calgary: (May 18, 2016 meeting minutes)
No Current Internal Incidents to Report.

Edmonton- (May 4, 2016 meeting minutes)

April 3rd, 2016

Staff and client took an ETS bus. The client became agitated when redirected and struck the staff.

Recommendations: Don't travel while the client is agitated. Wait for another bus or get off the bus at the next stop if the client is agitated. Use PBI skills and give space as necessary. Keep expectations consistent and present these clearly before outings. Staff may ask transit drivers to call for assistance in the event of an emergency should they not have a working cell phone. Incident Investigation to be completed.

April 4th, 2016

Staff was walking in a residential apartment and fell hurting their arm. There were no hazards identified on the floor and staff was wearing appropriate footwear as per policy. Staff was unable to identify a reason for the fall; they may have stepped wrong.

Recommendations: Proceed with care and attention, avoid rushing.
Incident Investigation completed.

April 5th, 2016

Staff and client went to the mall and the client wanted to go to the bank. It was too late and the bank was closed. The client escalated and police were called. When the client got home the client again became agitated. Staff gave the client space and another staff was called in.

Recommendations: Plan outings carefully in advance with the client to avoid disappointments and surprises which may cause them agitation. Use PBI skills for safety.
Incident Investigation to be completed.

April 17th, 2016

Client was upset after shopping and having their bank card declined. (Money is a trigger for agitation for this individual). The client became angry and tried to punch the staff. When staff requested to return to the program the client refused.

The client then took money from her purse and bought some items. This calmed the client and they and the staff returned to the program. Staff reported to ECAT.

Recommendations: Follow the client's planned procedure and call 911 if the client is aggressive. Clarify expectations with the client before all community outings, i.e. how much money do they have to spend? What can they expect to purchase with available funds, planned time to return to residence etc.

Incident Investigation to be completed.

April 19th, 2016

A client with a Tobacco protocol had a smoke and wanted another one shortly after. As per the protocol staff suggested to the client to wait 30 minutes before having another cigarette. The client however became agitated and punched the staff. The client left the residence and staff followed from a safe distance.

Recommendations: Staff to review PBI techniques. Assume active PBI positioning (on feet, monitoring client, access to exit) as soon as client displays agitation and each time they are required to implement the client's Tobacco Protocol.

Incident Investigation to be completed.

South- May 3, 2016 meeting minutes
No current Internal Incidents to review.

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

Calgary: May 18, 2016 meeting minutes
No Near Miss Incidents to Report.

South: May 3, 2016 meeting minutes
No Near Miss Incidents to Report.

Edmonton: May 4, 2016 meeting minutes
No Near Miss Incidents to Report.

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

No current Internal Incidents to review

3.3 valuation of current Near Miss Incident Investigations:

No current Near Miss Incidents to review.

3.4 Review of COR Audit and Action Items:

Reviewed 2.1a-2.7. Hazard Assessment

3.5 Review of Master Hazard Assessment and Control Document

Reviewed the HACD Working with High Behaviours. Pages 18-20. Reviewed the HACD Office Related Work. Pages 1-3. Suicidal Behaviours Meetings/Communication

Other regions review & and recommendations and regional response to recommendations:

Calgary:

Committee reviewed master HACD general section pages 75-83 for items that should be in the section specific to non-residential work.

Item's that would be included in the Non-Residential HACD should include;

Exposure to Insects

Lifting and Moving

Use of Telephone (Landlines) to be changed to use of phones located out in the community

Use of Cell Phone

Paperwork (remove use of rubber filing finger)

South: May 3, 2016 meeting minutes
Reviewed Pages 13 -18.

Cooking/Food Preparation: Suggestion to add recommendation that cooking not be left unattended.

Edmonton: May 4, 2016 meeting minutes
Continued development of a separate HACD section for Non-Residential supports. During the meeting the group continued to review the HACD and key areas applicable to non-residential staff.

3.6 Policy Review:

Policy Review – 3.8.6 Dress, Hygiene and Grooming and 3.5.6 Mandatory First Aid Kits

4.0 OTHER BUSINESS- N/A

NEXT MEETING July 14th, 2016. 3:00 pm

