

ICE PAGE

SOUTH

ECAT

Employee and Client Assistance Team

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

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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:

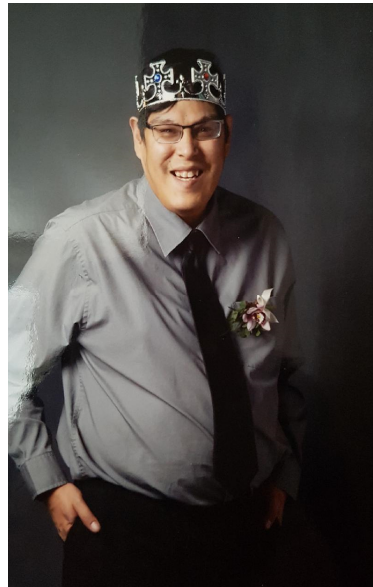
- **HEALTH & SAFETY MEETING** April 11th, 2018 at 9:00 AM
- **RPAC MEETING–** April 4th, 2018 at 1:30 PM
- **MANAGEMENT MEETING** April 4th, 2018 at 2:00 PM

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 and
MONDAY, APRIL 2, 2018 FOR EASTER**



**Please direct all calls to the Employee
Client Assistance Team for these days.
403-634-8805**

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 and completes their three month probation with a minimum of 120 hours worked, receive \$100.00!



Training



PET (Pre-Employment Training)

April 24th-26th, 2018

9:00AM-4:00PM

As described on the ICE website

CPI Training

April 12th, 2018

9:00AM-5:00PM

As described on the ICE website

PBI (Proactive Behaviour

Intervention)

April 27th, 2018

9:30AM-4:00PM

As described on the ICE website

Mental Health First Aid

April 18th and 19th, 2018

9:30AM-4:30PM

As described on the ICE website

FASD Training

April 11th, 2018

1:00PM-3:00PM

As described on the ICE website



Amber Stephen

Amber received a thank you card from her supervisor for her great communication with the office. Amber won a frying pan and oven mitts. Well done!

Health and Safety Committee Meeting Minutes March 14th, 2018 South Region

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

Edmonton – (Feb 9, 2018 Meeting Minutes)

(Incidents, Recommendations, Additional Recommendations):

Jan 2, 2018

A client was excited to be leaving for a day outing with staff and rushed out of the apartment and down the stairs from the 3rd floor. The staff grabbed their purse and a bag of garbage, which was waiting to be taken out, and 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 and fell causing injury.

Recommendations: Planning to be completed and expectations shared in advance with clients for safely exiting the building on day outings for the safety of all involved. Staff are to prioritize client and their own safety ahead of household chores such as garbage removal. Complete such chores later using the elevator. Staff are expected to avoid rushing and consistently use the hand rail while descending stairs.

Incident investigation completed.

Additional Recommendations: None

Jan 19, 2018

Staff was driving on the Anthony Henday freeway during icy winter weather conditions. Another vehicle slid out of their lane and 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.

Additional Recommendations: A specific procedure or guideline could be instituted to help staff make decisions about when the weather is too severe to drive. Alternatives could be arranged ahead of time if staff should not be using their personal vehicles (i.e. bus passes available).

Jan 26, 2018

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

Recommendations: It is recommended that both staff and clients have and 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.

Additional Recommendations: None

Jan 29, 2018

Staff was supporting a client with mental health challenges who had been cycling in and out of aggressive behavioural 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 and kicked.

Recommendations: Client orientation and Risk Assessment training are provided by ICE to inform employees of potential hazards of working with individual clients. Employees must follow recommended control procedures and ICE Proactive Behaviour Intervention training carefully to avoid injury. Stand and 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 and always keep a clear path to the exit for safe egress. Additional training is recommended for this employee.

Incident investigation to be completed.

Additional Recommendations: None

Calgary: (Feb 15, 2018 meeting minutes)

Jan 5, 2018

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

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

Incident Investigation complete

Additional Recommendations: None

Jan 16, 2018

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

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

Incident Investigation completed

Jan 22, 2018

Staff was driving north of a street to drive a client home. When driving a car that was exiting a parking failed to spot and 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 and insurance company was contacted.

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

Incident Investigation completed

Jan 26, 2018

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

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

Internal Investigation completed

Grande Prairie- (Feb. 6, 2018 Meeting Minutes)

None to Report

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

Edmonton (Feb 9, 2018 Meeting Minutes)

Dec 31, 2017

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

calmed and he later apologized. As this represents more than one incident of coffee throwing by this client consultation with RPAC is recommended. Consider having the client choose a coffee cup with a lid to reduce the potential for harm to staff.

Incident Investigation to be completed.

Additional Recommendations: None

Jan 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 and the home.

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

Incident Investigation completed.

Calgary: (Feb 15, 2018 Meeting Minutes)

Jan 3, 2018

While staff was attending a client's private speech therapy at the client's home the speech therapist was trying to encourage the client to engage in an activity. When the client refused the therapist intervened to guide them. The client became upset, pulled away and threw a box of candies at staff. The box grazed the shoulder of the staff causing no injury. NOTE: The Speech therapist is not associated with ICE, the guardian was present during the incident.

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

Near Miss investigation completed

Jan 9, 2018

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

Recommendations: Staff is safer if the staff place their hand under the forearm of the client to provide reassurance to the 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 the client when icy/snowy conditions to avoid client walking and feeling scared on snow covered pathways. Look into purchasing ice grips for the client for her to feel safer.

Near Miss investigation completed

Grande Prairie (Feb 6, Meeting Minutes)

No incidents to Report

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

None to Report

3.3 Evaluation of current Near Miss Incident Investigations:

None to Report

3.4 Review of COR Audit and Action Items 8.1—8.5

(Refer to COR report)

3.5 Review of Master Hazard Assessment and Control Document

Reviewed pages 50 – 55 in the Hazard Assessment Document Garbage Handling and Disposal, General Housekeeping Tasks, Storing and Using Household Cleaners: No additional recommendations

Other Regions Review and Recommendations and Regional Response to Recommendations:

Edmonton: (Feb 9, 2018 Meeting Minutes)

Review of Pages 10 – 11 "Driving with Clients" hazard and controls of the General section of the HACD.

Hazard Additions:

The HACD currently notes/ directs employees to review Policy 2.4.5 but it is recommended to include a reference on page 10 to not driving agitated clients.

Control Additions:

Discussion was held on the importance of carefully planning safe transportation options for clients to attend community appointments that may cause client agitation i.e. appointments with a psychiatrist, at court, with a doctor etc. It can also be better to take a cab to locations in the center of the city where there are few/ poor parking options.

Calgary: (Feb 15, 2018 Meeting Minutes)

Reviewed General Section pages 88 – 94

Ascending/descending stairs: no additional recommendations

Travel on wet/slippy 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

Grande Prairie: (Feb 6, 2018 Meeting Minutes)

Reviewed General Section pg. 92-97

Potential Exposure to Natural Disasters

Exposure to Allergens; Exposure to Personal Scented products and Deodorizers; Exposure to Noxious Odors; Exposure to Smoking

Extended Workday

Staff Illness at Work

3.6 Policy Review – 3.5.3 Health and Safety Committee

NEXT MEETING – April 11th 2018

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.

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 and 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, and confused should be fully conscious and aware before being left on their own. Confusion may last longer than the seizure itself and 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, and jerking movements followed by a period of confusion - keep calm, provide reassurance, remove bystanders, and look for medical alert identification. Cushion the head, remove glasses, and 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 and Social Services Visit

On February 20, 2018, ICE was honored to welcome the Alberta Government Minister of Community and 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.