

Aline came to Canada from Rwanda three and a half years ago. Once here she registered in The Canadian Experience where she took courses towards becoming a Canadian citizen.

Aline's background is in nursing and she is passionate about helping others. Once in Canada she completed a Support Worker course and worked in a senior's residential home in Hamilton Ontario. In Hamilton a mutual friend introduced Aline to her future husband who was living and working for ICE in Calgary. They married and she relocated here so they could begin a new life together.

When Aline isn't working she enjoys a variety of activities for relaxation such as reading and surfing the internet. She says she loves to search the internet for "gadgets" which she says she loves.

Aline has been with the agency only a little over six months but she has already proven she is a very valuable employee. Before signing a full time ICE position she demonstrated her flexibility and adaptability by taking many different shifts and working with a wide variety of clients. Her soft voice, gentle approach and caring ways have endeared her to clients, guardians and co-workers alike.

In the space of less than four years

EMPLOYEE Spotlight Aline



Aline immigrated to a new country, married and relocated to Calgary. She handles these new and exciting challenges with a positive attitude and models this quality daily. We are fortunate to have Aline working for ICE and hope she will be part of our team for a very long time.

All ICE offices will be closed
**Monday
January 2**

Please direct all calls to the After Hours Supervisor for this day.



After Hours Supervisor

Lethbridge is
403-634-8805

Nanton is
403-625-9513

(the calls are forwarded to one phone so no one has to pay long distance)



MEETINGS



Health & Safety Meeting

Jan 10th 1:30pm Nanton

Management Meeting

Jan 10th 10:30am Nanton

RPAC

Jan 10th 11:30am Nanton

TIME SHEET HAND-IN



Hand-in day will be:
December 15th, 2011
for all shifts worked between
December 1st and 15th
and
January 3, 2012
for all shifts worked between
December 16th and 31st

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Client Success Story: Daryl

Recently Daryl celebrated a significant personal achievement, 20 years of service at his volunteer site at the Edmonton General Hospital! Staff and patients at the hospital have counted on his reliable presence three days a week since 1991. He is a well known member of the hospital community and everyone looks forward to Daryl's positive attitude and engaging smile.

Daryl's volunteer duties at the Edmonton General include portering patients to and from the beauty salon in the hospital and providing general assistance in the shop: folding towels, organizing magazines, sorting supplies etc. Daryl is very good at his job and demonstrates extra care for the safety of patients when portering them in their wheelchairs. Due to his many years of experience, Daryl now needs only minimal support from his regular ICE support staff, Fouzia. She assists by helping Daryl locate patients to be portered to the salon or those returning to their rooms. Once Daryl has located each patient he knows his way to the salon from anywhere in the hospital.

Daryl has definitely found his niche in the Edmonton General community. In addition to his contact with patients and hospital staff, volunteering at the hospital has provided Daryl the opportunity to get to know other community volunteers. After their shifts are finished they often share lunch or sit together and visit as they await their transportation home.

Congratulations on your achievement, Daryl! Best wishes for continued success in your volunteer role.



Daryl (right) and his ICE support staff, Fouzia on site at the Edmonton General Hospital.



ICE has employees across Alberta doing a terrific job of working safely and supporting ICE clients. In circumstances where it is clear that employees have gone above and beyond to manage health and safety risks and provide excellent service, supervisors, co-workers, clients, guardians or managers can formally recognize these individuals for the extra effort they have made by filling out a special ICE "Thank You" card available from any ICE office. The completed cards are entered in a draw box in each main office and cards are randomly drawn for great prizes each month.

Each year in December, ICE employees who have received a minimum of three Thank You incentive cards (from different sources) have their names entered into a special province wide draw for a \$1000.00 cash prize.

This year the lucky provincial ICE incentive draw winner was Emma Soriano of Edmonton.



Congratulations, Emma!

Attention! Starting December 1, 2011 all ICE Support Home Operators will be eligible for the \$100 ICE Employee Referral Incentive!

Here is how the Employee Referral Incentive works! If you refer a person to ICE who successfully meets our hiring requirements and completes their three month probation with a minimum of 120 hours worked, you will receive \$100.00. Take advantage of this great opportunity.



ICE has a TD Group RSP plan!

If you are eligible, ICE will match your contributions!

Refer to Policy 3.4.18. ICE Savings/Pension Plan.

To sign up, please contact Linna Roem at (780) 453-9664.

Current Job Opportunities

Nanton & Claresholm,

F/T in Claresholm days, P/T weekends

Relief/casual shifts available in Nanton & Claresholm areas

Lethbridge:

P/T 7am-9am shift for male

F/T positions for residential home weekends, awake nights, evenings, days

P/T day shifts

relief for Lethbridge

Please note:

Status of programs does change, so please check with your coordinator if you or someone you know may be interested.

If any staff is available and willing to volunteer to post ads in your local community, please contact the office at 866-646-1199.

Thank  You!

This month's incentive winner:

Jeff Kristjanson was nominated by the Regional Manager and won a Christmas tree, wreath and decorations for assisting with the ICE Open House set up.

TRAINING

PET

Jan 11/12, Location TBA, 9:30am-5:00pm

Jan 24/25, Location TBA, 9:30 am-5:00pm

CPI

Jan 18th Claresholm Library 9:30am-3:30pm

Bring Lunch must RSVP

AMA

Jan 19th Lethbridge

9:30am-3:30pm

Must RSVP



SCALDS – HOT WATER BURNS LIKE FIRE.



Scalds are one of the most common causes of burns, especially for those most vulnerable including children, elderly people, and people with physical and cognitive disabilities. Scald burns are painful, the

treatment is agonizing and the effects can result in life long scarring. Serious scalds can happen by accident very easily if staff are not aware and constantly vigilant in their care of persons supported.

Here is some information that ICE employees must know to enhance the safety of the individuals we support:



What is a scald?

A scald is a burn caused by hot liquid or steam. Scalds may be caused by hot beverages or foods (coffee, tea, soup etc.), hot tap water (bathing or hand washing), or steam (during cooking).

Who is at risk?

Three populations are particularly at risk for tap-water scalds, children under 5 years of age, elderly people and people with disabilities. These vulnerable groups are at risk as their physical condition may be underdeveloped or impaired, and because they may not comprehend the dangers of hot water. Sensory disorders may limit recognition of dangerous temperatures and physical disabilities may prevent a quick escape from the situation.

Time – Temperature relation

A time- temperature relation has been established in regard to scalds of adult skin. Many people are not aware of the short exposure periods that can result in serious burns. According to the Canadian Burn Foundation, third degree burns can occur in as little as two seconds, depending on the water temperature.

66 degrees Celsius: third degree burns in two seconds;
 60 degrees Celsius: third degree burns in six seconds;
 52 degrees Celsius: third degree burns in two minutes;
 49 degrees Celsius: third degree burns in 10 minutes;
 Children’s skin can burn in about one quarter of the time it takes to burn adult skin as children’s skin is thinner and more sensitive than adult skin. The elderly also have thinner skin surfaces resulting in increased risks.

Prevention

Successful prevention of scalds involves both passive and active measures.

Passive measures involve altering the injurious agent (i.e. the water temperature).

Effective passive prevention limits the temperature of tap water by reducing the temperature set on the thermostat for home water heaters or installing anti-scald devices that regulate the maximum water temperature at the faucet. Reduction of the hot-water temperature in all homes to 49 degrees Celsius is recommended and would likely eliminate most tap-water scalds. According to ICE policy hot water tanks must be checked at least once per month to ensure they are at an acceptable (low, medium) water temperature.

Active measures involve changing the behavior of individuals. Active measures to prevent scalds include:

- Regularly checking the setting of the home’s hot water heater. (Policy 3.5.8)
- Careful, consistent support and supervision of children and those with cognitive impairments around all taps;
- Fill sinks and bathtubs with cold water first and then bring up the temperature by adding hot water;
- As per policy 3.5.8 # 12.when providing support to a client requiring assistance with bathing employees must check the temperature,



before the client gets in the bathtub, by lowering their elbow approximately 5 cm into the water to ensure appropriate water temperature.

- Keep young children and individuals incognizant of hazards out of the kitchen during cooking times;
- Ensure kettle or crock-pot cords are not dangling down for impulsive hands to pull on;
- Use the back burners of the stove whenever possible;
- Turn pan handles towards the back of the stove and away from where a child or an individual incognizant of hazards could reach and grab them;
- Keep hot drinks well away from children or individuals incognizant of hazards. Put a tight fitting lid on hot drinks.
- Never let a child or an individual incognizant of danger drink a hot drink through a straw;
- Educate and review with staff and clients ongoing about the dangers of hot water. Teach more independent clients home safety skills (bathing, cooking) to assist them to reduce personal risk.

First Aid for Scalds

Staff is required to follow ICE **Policy 2.7.3 Critical and General Reporting Incidents** regarding any events causing physical injury or accidents involving clients or employees. The treatment for a scald will depend on how deep the burn is and how much of the person's body is burned. ICE staff are required to ensure injury is minimized and then to seek qualified medical assistance as soon as possible.

Immediately:

- Cool the burnt area immediately with cool water (preferably running water) for at least 20 minutes. For example put the burnt area under a running tap. Note do not use very cold water or ice.
- Call 911 for emergency support and contact the office (if during office hours) or the Employee Client Assistance Team.
- Remove rings, bracelets, watches etc. from the affected area. These may cause tightness or

constriction is any swelling occurs.

- After cooling, remove clothing form the burnt area. **DO NOT TRY TO PULL OFF CLOTHING THAT HAS STUCK TO THE SKIN.**
- A COLD COMPRESS SUCH A TEA TOWEL SOAKED IN COLD WATER MAY BE SOOTHING OVER THE BURNT AREA. You can apply this after the initial cooling under cool water.
- Before going to hospital or to a doctor's surgery, cover the burn with cling film or a clean plastic bag and leave it on until seen by a doctor or nurse. (Do not wrap the film around the burn as the burn area may swell).

DO NOT:

- Prick any blisters;
- Apply creams, ointments, oils grease etc.
- Put on an adhesive, sticky or fluffy dressing.

Protect yourself and our clients by learning about scald prevention and consistently following ICE Policy and safety practices regarding tap-water.



**NEW
POLICY**

2.3.14 COMMUNITY REHABILITATION-BATH/SHOWER ASSIST

For all clients requiring bath/shower assistance the temperature of the water must be taken and that temperature must be within a designated range prior to the client being immersed in the bath tub/shower.

Employees must properly document water temperatures and practice procedures outlined below for client safety. Documentation systems may vary and are dependent on the level of service i.e. residential, nonresidential services or client in a support home.

A. Residential Program

All residential programs will monitor the water temperature of the bath/shower water for every client's bath or shower. In addition the overall temperature of the hot water in the home will be monitored daily. Employees will document their findings on appropriate water temperature logs. The logs for bathing/showering are to be located in the bathroom. Each client will have their own log. The overall hot water of the home will be measured at the kitchen sink and the logs for documentation will be inside a kitchen cabinet. Locations of the logs will be identified in the home's orientation manual. One log is to be completed for each month. Completed water temperature logs, for the home and for bathing/showering, will be filed in the Daily Planner each month and a copy will be sent to the main office attached to the monthly safety inspection checklist.

Monitoring Water Temperature – Assisted Bathing/Showering

1. The client is to remain outside of the bath tub or shower until the acceptable water temperature is achieved.
 1. For a bath
 - a. Run the water and fill tub to the desired level. Always proceed by turning the cold water tap on first and then adding the hot water until a comfortable water temperature is reached. (Note: if one central dial commence with the cold water and turn the knob towards the hot water indicator.)
 - b. Agitate the water to evenly disperse tap water as the bath tub fills.
 - c. Measure the temperature of the water in the tub with the supplied digital thermometer.
 2. For a shower
 - a. Run the water. Always proceed by turning the cold water tap on first and then adding the hot water until a comfortable water temperature is reached. (Note: if one central dial commence with the cold water and turn the knob towards the hot water.
 - b. Place container in the water spray to collect a sample.
 - c. Measure the water temperature with the supplied digital thermometer maintaining the placement of the container under the water spray.
3. Temperature of the water for a shower or bath must be between 37-41 degrees Celsius.
4. If not the right temperature adjust bathtub by adding water and then repeat steps 2-4. If showering adjust the water taps and then repeat steps 2-3.
5. Record temperature in the client Bathtub/Shower log located in the bathroom.
6. Lower /place your elbow approximately 5 centimeters into the water to ensure an appropriate comfort level. If the client is able

- he/she may also do this step. Now it is safe to proceed.
7. Once the client is in the bath do not add water and do not leave the client unattended.
 8. Repeat this procedure for every bath/shower assist in the home.

Monitoring Water Temperature – Overall Home

1. Run the kitchen hot water faucet for 3-5 minutes.
2. Collect a sufficient amount of water in a kitchen glass.
3. Measure the water in the glass with the supplied digital thermometer.
4. Temperature must not exceed 49 degrees Celsius.
5. Record temperature in logs located on the inside of a kitchen cabinet
6. If temperature exceeds 49 degrees Celsius turn down the hot water tank and retake the temperature in 2 hours and record.
7. If you are having difficulty reaching this temperature level, contact your immediate supervisor.

Each home will have two thermometers and an extra set of batteries.

A. Nonresidential Settings

- Employees of I.C.E. must follow the procedures listed above when providing a bath/shower assist to those clients in nonresidential settings. The employee is to document the water temperature of the bath/shower on the schedule outline for the program under the appropriate day. The employee is not responsible for the monitoring of the locations overall hot water temperature.
- Employees will not provide this service where the guardian is present or another person is present who is an adult over the age of 18 years and whom the guardian has previously identified as capable of providing this type of care.
- For this type of client care to be provided it must be addressed at intake and documented in CVs that bath/shower assist is required during service delivery.
- The guardian is responsible for ensuring that an appropriate working thermometer is present. If the employee is not able to find/locate the thermometer then no bath/shower will be provided.

B. Support Home Operators

- Support home operators will be required to monitor the water temperature of a bath/shower assist for every client in the home. The support home operator will be provided with a copy of logs from I.C.E that will be used for documentation purposes. A copy of completed logs will be sent to the main office at the end of each month or provided to the I.C.E. employee at the monthly meeting and the logs will then be attached to the monthly support home operator checklist.
- The support home operator is responsible for purchasing their own thermometer to monitor water temperatures.
- The support home operator must ensure that the respite they use follows the procedures for monitoring water temperatures of an assisted bath/shower and that proper documentation is provided.
- The support home operator will monitor the overall hot water temperature of their home weekly and document their findings on logs. I.C.E. will provide the operator with a copy of the logs that will be required. Again these logs will be attached to the monthly support home operator checklist. In addition, the I.C.E. employee monitoring service will take and document the water temperature of the home on their monthly visit.

Dec. 2011

Health and Safety Minutes

3.1 Review of Regional Health and Safety Minutes

Edmonton, October 5, 2011

September 16, 2011 Staff was driving with client, was stopped at a red light. When the light turned green an emergency vehicle was approaching so the staff did not proceed. Another vehicle hit the staff's vehicle from behind.

Injury Investigation completed.

September 28, 2011 An unsafe lane change by another vehicle caused damage to a staff's car.

Injury Investigation completed.

September 29, 2011 Staff was dropping off a client and the guardian after having lunch. Staff stopped at a red light and was hit from behind.

Injury Investigation completed.

Recommendations for the 3 MVA incidents reviewed:

Less driving with clients on board,
Arrange alternative means of transportation for clients, i.e. public transportation.

Avoid driving during busy hours,

Plan ahead in order to consolidate errand runs thereby reducing the number of required trips,

Remember to turn your vehicle lights on when it is dark or there is poor visibility (i.e. fog, snow, rain etc.)

Additional Recommendation: Mission Possible Training

Calgary, October 19, 2011

No injuries or Near misses

Northwest Region

No minutes rec'd to review

3.2 Evaluation of current Injury Investigations

October 21, 2011 Staff fell down the stairs resulting in bruising. Staff was not wearing proper footwear.

Injury Investigation completed

Recommendations: Proper footwear required, staff to review policy, use of handrails, ensure proper lighting in stair area.

3.3 Evaluation of Near Miss Investigations

October 1, 2011

Staff almost hit another vehicle when changing lanes.

Near Miss Investigation completed.

Recommendations: Mission Possible Training

3.4 Review 2010 COR Internal Audit

Discussion about the results of our 2011 COR Audit, 98% (page 6) score. Discussed recommendations for improvement in the areas listed on the conclusion of the executive report pages 7 & 8.

Continue to review COR Document

3.5 Review of Hazard Assessment and Control Document - Master

Reviewed Pages 18-21

Housekeeping

Biological & Physical Hazards: Committee feels that the frequency should be a 3 rather than a 4 due to ratio of residential vs non residential programs. Committee feels that the potential consequence should be a 2. Total of 7. For Chemical hazards: committee feels that the frequency should be a 3 as well and total 8.

Add to controls: Hire outside person to do cleaning.

Storing & Using Household Cleaners

Committee feels that the frequency of exposure should be a 3 not a 4 due to ratio of non res to res.

Add to controls: Hire outside person to do cleaning & keep products in original containers.

Changing Light bulbs

Add to controls: Proper disposal of light bulbs, fluorescent & compact

etc. Committee would like further information about types of light bulbs. Julie will check online.

Use of Ladder

Committee feels that the Hazard Probability should be a 2 rather than a 1, total of 7

4.1 ICE page article

Seasonal Influenza - reviewed

4.2 Policy Review

2.3.9 Infection Control and Cross Contamination

4.3 Resources

Reviewed – "Don't let your dryer become a fire hazard." article from Nanton News

Influenza Schedule

Recognizing the difference between cold and flu article from shoppersdrugmart.ca

Handout provided by Sandra: Medication errors visit website at www.mayoclinic.com/health/medication-errors/MY00815/METHOD=print

Discussion re: WCB # of injuries-Slip & fall injuries are increasing and most are due to wet surfaces in bathrooms or on kitchen floors. Also motor vehicle collisions on the rise, the distraction law came out recently for prevention.

4.4 Misc and suggestion

Sandra went to SWOT recently and discussed Continuous improvement opportunities (CIO's), recommendations were on the COR draft report, new items that maybe coming up: changes to policies, training matrix, make sure first aid kits are checked for expired items regularly (example: wipes), educating new employees about H&S

Committee member Darlene suggested hand sanitizer in Influenza emergency kits be stored in zip lock bags so other items do not get spoiled. Check that hand sanitizers are not expired.