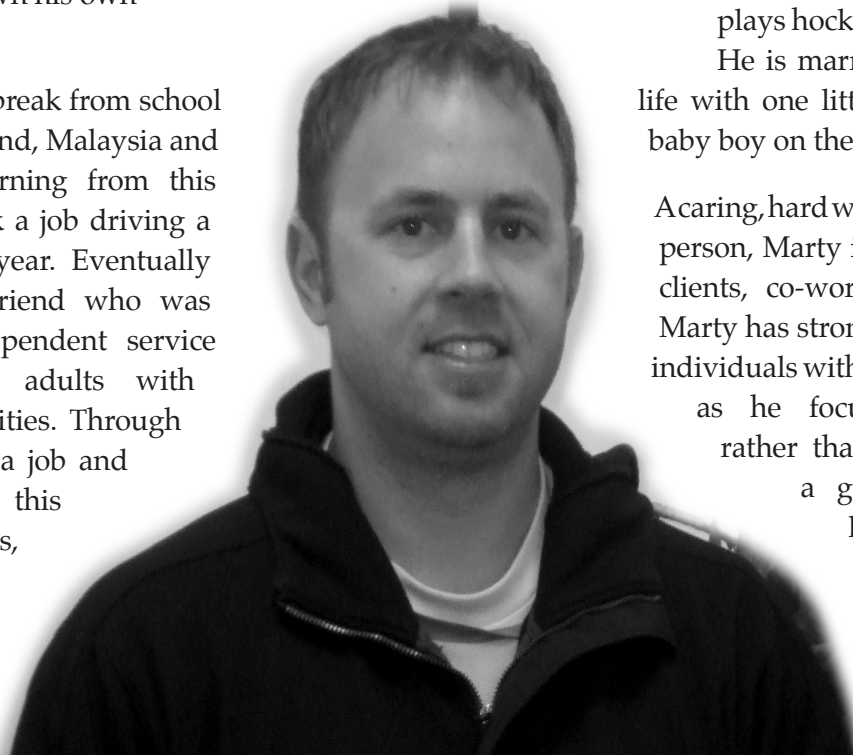


Marty Vetsch was born and raised in Edmonton. He completed a Bachelor of Arts at Concordia University in 2003 and his Bachelor of Education degree at the University of Alberta in 2007. Marty is currently attending UBC Business School working towards a Property Appraisal designation as a future goal is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

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

## EMPLOYEE *Spotlight* Marty



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

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

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

### 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

July 8, 2009 in Nanton  
10:00 am

#### Management & RPAC

July 8, 2009 1:30 pm in  
Nanton

### TIME SHEET HAND-IN



Hand-in day will be:

**July 15th, 2009**

for all shifts worked  
between

July 1st and 15th

and

**July 31st, 2009**

for all shifts worked  
between

July 16th and 31st

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## Client Success Story

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

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



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

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

### 4.4.1 Quality Management

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

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

All ICE offices will be closed for  
Canada Day

**Wednesday July 1st**

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

## Training: PET South

### PET

July 22/23 in Lethbridge 9:30-5:00pm

July 14/15 in Nanton 9:30-5:00

# TRAINING



**HAPPY CANADA DAY**

Thank  You!

### Helena Bennis-Zsednai

Prize: Wishing Well

Card From: Client and Training Specialist

For: Thanked by a client for helping her with internet and also running errands with her.

Thanked by the Training Specialist for going over and above to support your clients. Also for making other clients and staff feel like part of a team.

### Susie Monroe

Prize: Wishing Well

Card From: Thanked by Kim for coming to the Health & safety meetings on a regular basis.

Also for coming prepared to learn and share and giving excellent suggestions.

## Current Job Opportunities

### Nanton & Claresholm,

- Claresholm p/t flexible program, aprox 23 hrs/ week
- Relief/ casual shifts available in Nanton & Claresholm areas

### Lethbridge, Cowley, Areas

#### Lethbridge:

- P/T & relief for Lethbridge
- Relief/ casual for Fort Macleod area

**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 Julie at 866-646-1199.



Find frequently used forms at

**[www.icenterprises.com](http://www.icenterprises.com)**

## DEHYDRATION AND HEAT STROKE

### The Danger of Dehydration and Heat Stroke:

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

### What is Dehydration?

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

### What Causes Dehydration?

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

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

### What are the Symptoms of Dehydration?

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

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

### Treatment for Dehydration

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

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

### What is Heat Stroke?

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

### What Causes Heat Stroke?

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

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

### What are the Symptoms of Heat Stroke?



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

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

### How is Heat Stroke Treated?

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

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

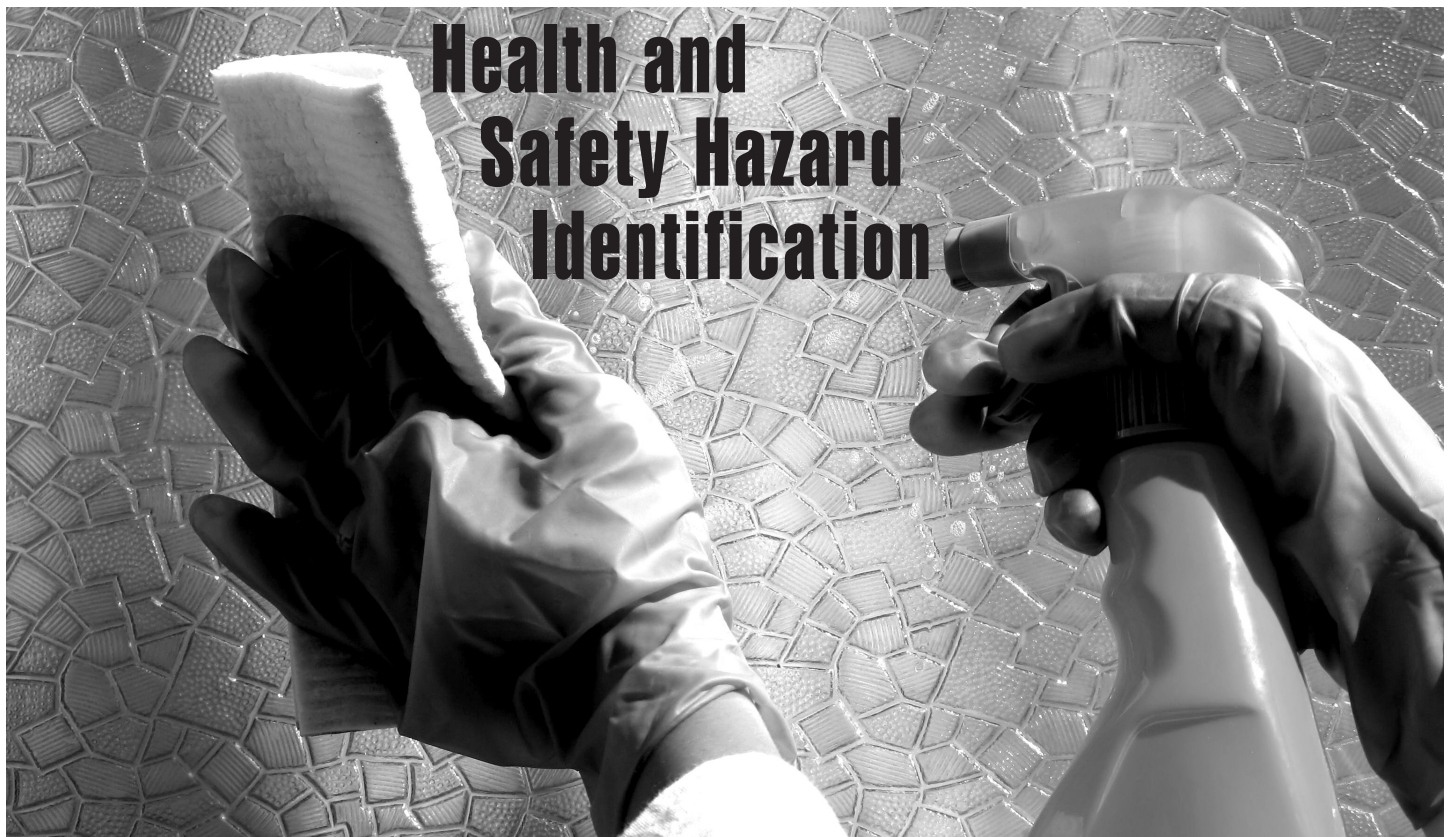
Intravenous fluids are often necessary to compensate for fluid or electrolyte loss. Bed rest is generally advised and body temperature may fluctuate abnormally for weeks after heat stroke.

### How can Dehydration and Heat Stroke be prevented?

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

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





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

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

Occupational hazards can be divided into two parts:

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

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

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

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

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

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

### **Biological Hazards**

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

Moulds and fungi found in damp spaces within buildings.

Chemical Hazards

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

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

Dusts (e.g. asbestos, wood dust)

Fumes (e.g. engine exhaust)

### **Physical Hazards**

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

Aggression (e.g. physical harm)

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

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

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

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

Please be aware and report hazards.

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



# Safety is our Number ONE Priority



## REPORT ILLNESS AND JOB RELATED HEALTH CONCERNS

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

## Health and Safety Minutes continued

### 3.1 Review of Regional Health and Safety Minutes

Calgary – Meeting minutes date: April 23, 2009

#### 1) Injury Investigation reviewed:

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

#### Action plan:

Best practices were updated to reflect staff's need to utilize W/C with client for all community outings when any hazard to client's mobility exists (originally reflected only physical – arthritis now includes environmental – snow/ice. New lighter wheelchair to utilize and transport has been ordered through ADL: just awaiting delivery. Team will develop list of activities/ alternatives to assist client in maintaining physical mobility in safety of home.

South recommends: Suggest OT come in for assessment

Regarding Calgary comments April 23rd meeting about South April 8th incident:

#### 2 No lost time Injuries on same day

April 8th, 2009 Client aggressive and hit staff x 2, sore right arm

Regarding Calgary comments April 23rd meeting about South April 8th incident:

Edmonton Region – Meeting minutes date: April 1, 2009

March 23rd, 2009 – staff was preparing clients for their day program and DATS pick up. One of

the clients sat down on the floor and did not want to get back up. Verbal prompts were used, client refused to stand up. Staff went to assist the client so the client would not miss DATS. When helping the client staff felt a pain in arm/elbow. Staff did not inform anyone of the injury, phone in to ECAT to cancel the next shift but did not say that it was due to an injury that took place in the residence.

Recommendations: Proper lifting practices not followed. Staff should not be lifting clients up from the floor if the client is able-bodied. If there are positive approaches in place staff should review. Have a plan in place as this may occur again in the future. Offer a chair to client as an alternative during waiting times. Extra training for staff, so they know what is expected of them.

March 26th, 2009 – Staff provided night time medication to a client, the client refused to take the medication. Client went into the other room, staff was in the kitchen cleaning up and heard a noise behind him, he turned to see the client coming towards staff with a office type chair (on rollers). Staff put up arm to prevent the chair from striking staffs face. Staff was hit on the arm, above the eye and nose

Recommendations: Staff to ensure Positive approaches are in place and if they are to review them to ensure they include “medication administration best practices”. Provide enhanced training to staff and review of PBI techniques.

South recommends: ABC sheet and CPI

March 18th, 2009 – Staff had parked

car and was exiting vehicle to attend an appointment with a client, when exiting vehicle staff slipped and landed on knee. The knee was bruised, scraped and swollen.

Recommendations: Be aware of the weather conditions and footing hazards at all times, traction aids for shoes, proper footwear.

March 16th, 2009 – staff attended the Med-center with a client for chest x-rays. Client is leery of doctors and not fond of needles, the client believed that the doctor would be giving a needle. Staff tried to reassure that a needle would not be given; client became agitated and bit the staffs' hand breaking the skin and drawing blood.

Recommendations: prepare client prior to going to the doctor. Use communication systems that are most effective for the client (photos, pictures, auditory etc.) to ensure the client knows what will be happening at the appointment to ease anxiety. Staff may consider modeling procedures first at the appointment to put client at ease.

South recommends: PBI/CPI, leave client with the doctor, allow for proper timing (pick appt that is best for client), positive reinforcement after.

March – client had a container which contained perfume (sample). Staff asked the client for the container because the client should not have glass objects/toxic substances, the client refused. Staff removed the object for safety. The client became upset and went to the garage, client began to strike themselves, client went back into the residence and slapped staffs' face.

Recommendations: Positive approaches be used, i.e. offer an alternate safe container then remove the toxic substance and return the



## Health and Safety Minutes continued

alternate container to the client. Use PBI techniques i.e. give the client space when upset.

South Comments: add word "alternate" above before word container.

Edmonton Region – Meeting minutes date: May 6, 2009

April 6/09 – Client has a PRP for hazardous cigarette smoking. Client and staff entered into a power struggle over client attempt to smoke in his room. Client kicked, pushed and scratched staff.

Recommendations: Staff review and receive further training re client's PRP and Medication admin protocol. CPI training for staff in addition to PBI. Service review meeting re PRP plan to be held with client and guardian.

April 27/09 – Client agitated about waiting for Disabled Transportation Service bus to go out. (Client has a PPP for aggression.) Client had money and was anxious to get to spend it. Client struck staff on the head with both hands.

Recommendations: Staff review and receive further training in client's PPP and retake PBI training. Enhance current Positive Approaches with strategies to assist client with wait times.

Northwest Region – Meeting minutes date: May 7, 2009

March 20/09 Injury: Staff did move the salt to a location so that it was available for use before walking on potentially icy patches.

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

Staff will be attending the CPI refresher

on May 12/09, client's Positive Approaches will be reviewed at next team meeting, and discussions with client regarding consequences of these actions are occurring, guardians will be requested to complete such requests so that clients do not aggress toward staff.

Northwest:

1 Near Miss

April 20th, 2009: Coordinator in the office bumped a table and it collapsed. The table was old and the leg had been fixed previously. The coordinator reacted quickly and eased the table to the floor, avoiding any injury.

The old tables that were being used and moved around the office have been removed and new, light tables have been purchased.

South Region:

1 Near Miss

April 6th, 2009 Client & staff went to 7-11, When staff started vehicle, it started on fire. Client went into store and got fire extinguisher. ICE staff and staff from 7-11 put out the fire. There was bad wiring in the stereo that caused the fire.

Incident investigation done. Staff had a professional remove all the faulty wiring from vehicle and had vehicle inspected.

Additional: all staff to ensure they have the required first aid kit in their vehicle, and to consider carrying a fire extinguisher. Staff should ensure their vehicles are always maintained in good working condition.

No lost time Injuries on same day

April 8th, 2009 Client aggressive and hit staff x 2, sore right arm 2

Incident investigations done. After

incident client took bus home independently (okay to do so). Recommend refresher on CPI/PBI for staff, had discussion with guardians, possible staff change?, teach client better coping strategies for stress or frustration..

Additional: does the client have or require a Positive Approaches or behavior support plan?

3.4 Review of COR Audit Action Plan. (2008)

Reviewed element 6-Emergency Response

Looking at booking a fire extinguisher training in Claresholm

South is having trouble getting contractors/SHO to do drills

Clients should not be woken up for overnight drills. Claresholm house does drills on rotating shifts.

3.6 Policy Review

Reviewed policy

Policy 3.5.7 Visitors/Contractors was reviewed by the group.

Discussion was held on:

#1. If the employee does not know, is not familiar with, or is uncomfortable in the presence of the visitor they are required to contact the Office/ECAT Supervisor and confirm if they have access to the premises

Recommendations: Do not open the door until they have recognized or shown appropriate ID.

Add a #5: All home require a door, window or peep hole that staff/clients are able to see through