

# ICE PAGE

SOUTH

2016

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## TIME SHEET HAND-IN:

### March 15th, 2016

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

### March 31st, 2016

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

## Health and Safety Meeting

March 1st, 2016 @ 9:00 am

## RPAC Meeting

March 2nd, 2016 @ 1:30 pm

## Management Meeting

March 9th, 2016 @ 9:30 am



# ECAT

Employee & Client  
Assistance Team

Lethbridge

403-634-8805

after office hours

Phones do not accept text messages. Staff need to call ECAT.

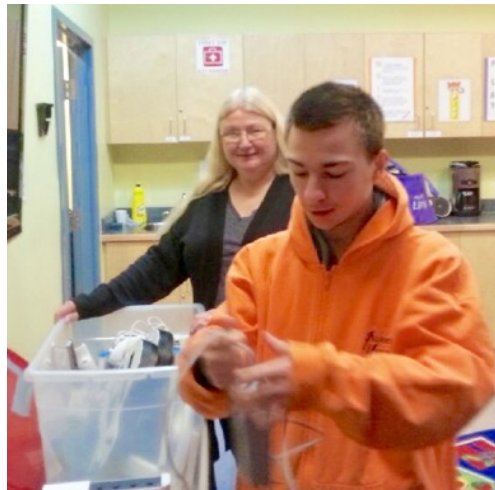
## Making it Happen!

*Supporting Social Inclusion*

Jayden joined the ICE team last spring. He wanted to make new friends and be able to socialize with them. He was extremely shy and struggled with going out into the community, meeting and talking to people. At first Jayden did not even want to leave his house. With the support of his day staff, Denise, Jayden is now active in the community.

The first week of services, his staff would come to his home and they would chat until he was comfortable getting into her car. From the car they started to meet a few peers for coffee in the morning. Jayden would always have his music on loudly so he did not have to listen to others.

Slowly with support he turned the music down. Soon he would still have his earplugs in but the music was off. The next step was Uno. This card game seemed to work magic. Jayden learned how to play and soon he was actively competing against his peers. This was followed by talking and then laughing. This led to him



becoming involved with several different groups of peers from multiple agencies. They go to movies, play darts, pool, basketball, bowl and talk about music, computer games and drums. Jayden is an accomplished drummer.

Jayden volunteers at Any Time Fitness and the Airdrie Library. He was reluctant to volunteer at the library until his staff asked him to help his peers. Every Wednesday morning the library hosts a program where clients play Wii bowling and participate in a story. Jayden now sets up the chairs, the screen, the Wii game, and assists his peers to play the game. His knowledge of computer games allows him to be an excellent aide.

Jayden is now comfortable with his peers, he has made numerous friends and he has become a social butterfly.

## Staff Spotlight - Denise F.

Denise has been with Jayden since he started at ICE. She has taken the time to learn about computer games to open the communication door with Jayden. She watched him closely to ensure his growth continued through any difficulties. By telling Jayden "I've got your back no matter what happens you are safe", she gave Jayden the feeling of security he needed to open himself up to others. When you sit and speak with Denise about Jayden, her eyes shine with pride, all of her comments are positive and you can tell that she genuinely cares for him. She is a dedicated, caring and extremely supportive individual. Thank you Denise for all of your hard work and dedication.



### 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 Linna Roem at 780-453-9664



ICE offices will be closed

Good Friday, March 25th, 2016

and Easter Monday, March 28th, 2016 for Easter

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



## TRAINING

Pre-Employment Training (PET)  
March 2nd & 3rd, 2016  
9:00 am - 4:00 pm

Cultural Appreciation  
March 16th, 2016  
9:00 am - 12 noon

Substance Abuse  
March 16th, 2016  
1:00 pm - 4 pm



*Courses as described on the ICE website*

### Incentive Award Winner! February 2016 Thank-you Card Draw Winner

**Brent Carr**

Brent received a Thank you card from his supervisor for assisting his client to achieve an employment position. He won a Magic Bullet Blender.

### Support Home Opportunity

ICE is looking for a support home for a male individual who likes being active in the community.

If you know someone who may be interested please refer them to contact the ICE office at 403-634-8805

## Spring Time Change



**Daylight Savings Time begins Sunday  
March 13th at 2:00 am!**

## Health and Safety Minutes

### South - Health and Safety Meeting - February 2nd, 2016

#### 3.0 STANDING ITEMS

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

##### Internal Incidents

##### Calgary

No Current Internal Incident Investigations.

##### Edmonton

**December 7th, 2015** – During a meeting at the ICE office a client became upset and left the meeting room. The client proceeded to the stairwell and attempted to start the stair banister on fire. The situation was observed by the office staff and intervention with the client implemented. 9-1-1 was called for Fire and Police. There were no injuries but there was damage to the building.

**Recommendations:** Book client meetings outside of the office whenever possible. If the meeting needs to be in the office have the meeting downstairs in an area close to an exit and plan ahead for possible client behavioural responses. Follow PBI training and policy regarding consistent client support at the office. Ensure office emergency (fire) procedures are followed. Internal Investigation has been completed.  
**Additional Recommendations:** None

**December 15th, 2015** – Client refused evening medications. Staff did not insist but decided to try later. Staff went to the fridge to get their supper meal and the client came up behind him and tried to hit him. The client was physically aggressive to the staff. Police were called; they came and settled the client down.

**Recommendations:** Further staff training in the client's PRP (do not turn your back on the client) and review of PBI strategies. Internal Investigation to be completed  
**Additional Recommendations:** None

##### Grande Prairie

**November 17, 2015** – Staff in a residential program was peeling potatoes to make dinner. Client was agitated due to dinner being late. Staff was rushing and the peeler slipped and cut staff's palm. Cut was cleaned and dressed by other staff on shift.

**Recommendations:** A new peeler was purchased for the program. It was recommended to have snacks prepared and readily available for clients in case meals are delayed unexpectedly.

Incident Investigation Completed.

**Additional Recommendations:** Staff could wear gloves when using a potato peeler or a knife.

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

##### Calgary

##### **Dec 7, 2015**

Staff arrived at client's home where staff witnessed client having an argument with their roommate (not an ICE client) and threatening to harm the roommate. Near Miss Investigation completed.

**Recommendations:** Staff will contact the police if escalations include threats of harm. Staff to contact supervisor/ECAT and seek directions to effectively deal with particular situation. Recommend staff to not be involved in personal relationships with the clients they support.

**Additional Recommendations:** None

##### Edmonton

No Near Miss Incidents to Review

##### Northwest

**January 7, 2016** – Staff in a residential program was cooking breakfast when she noticed sparks coming from the element. Staff immediately turned the element off and called the landlord. Landlord arrived to investigate and found some loosing wiring on the element and repaired it.  
**Recommendations:** Stove inspection and cleaning is to be added to the weekly chore list.

Near Miss Investigation Completed.

**Additional Recommendations:** None

**3.2 Evaluation of current Internal Incident Investigations for Injury, Health, Property Damage:** No Internal Incidents to Review

**3.3 Evaluation of Current Near Miss Incident Investigations:**

No Current Near Miss Incidents to Review

**3.4 Review of COR Audit and Action Items**

Reviewed new COR audit from 2015. COR audit has been sent to the residential homes to put in their health and safety binders.

Section 3. Hazard Control.

- Existing Strengths:
- The HACD identifies and implements hazard controls effectively. The strategies are well accepted and used by employees at all levels of the company.
- Formal inspection processes are carried out regularly.

Section 4. Workplace Inspections.

Existing Strengths:

- Policy is in place around workplace inspections, outlining the frequency and processes or required inspections.
- Those designated to complete inspections have the proper training.
- Inspections are completed with checklists then signed off by management
- The ECAT support system.

Suggestions for Improvement:

Non-residential staff should be made more aware of inspection procedures by including them in the inspection process. Section 5. Qualifications, Orientation and Training.

Existing Strengths:

- Policy to ensure employees are hired with proper qualifications so they can perform their jobs safely.
- ICE has extensive training opportunities for both new and existing staff.

Suggestions for Improvement:

There seems to be some difference in training between the two regions audited. Ensure training is consistent throughout the company.

**3.5 Review of Master Hazard Assessment and Control Document**

A) Committee continued to review the HACD to identify items that should be in the section specific to non-residential work. This information will be sent to Edmonton along with all other regions suggestions. Discussion at this meeting included the potential hazards associated with taking clients to events where many clients from other agencies may be in attendance as well.

B) Other regions review & and recommendations and regional response to the recommendations

##### Calgary

H&S committee project for revisions for HACD was put on hold as committee is waiting for revised evaluation rating scale.

Working with people – no recommendations

Working alone – no recommendations

Meetings/communication – no recommendations

Driving – no recommendations

##### Edmonton

Review of the HACD took place. The group started work on development of a draft for a separate hazard section for Non-Residential services. Pages 1-52 of the current HACD were reviewed in relation to



non-residential tasks and hazards. Regional H&S committees across the province will all submit information/recommendations for this project.

#### North West

Reviewed the Office Specific HACD Inspecting / first to arrive to a new worksite – no additions  
Termination / Hiring – no additions

Reviewed the General HACD Working with People – no additions  
Working Alone – no additions  
Meetings / Communication – no additions

**3.6 Policy Review** – Reviewed Policy 2.3.14 Community Rehabilitation – Bath/Shower Assist and Policy 2.3.15 Community Rehabilitation – Water

Temperature Monitoring and Safe Practices. Discussed water temp training to be done for all staff in February.

#### **4.0 OTHER BUSINESS**

Ice Page Article Suggestion: Preventing Slips Trips and Falls.

**NEXT MEETING** – March 1st, 2016 at 9am

## Spring - Health and Safety Hazards

Spring is a time to celebrate warmer temperatures and increased activity outdoors; however, it is important to be aware of health and safety hazards related to spring such as storm related weather and allergy symptoms.

### **Seasonal Allergies**

Allergic Rhinitis or hay fever is a common problem in the spring. Symptoms may include a stuffy or runny nose with clear drainage, sneezing, itchy eyes and nose, sore throat, throat clearing and a cough that may be worse at night and in the morning. Seasonal allergies are related to being exposed to outdoor allergens such as tree pollens, grasses, and weeds.

The best treatment for hay fever is to avoid the allergens through environmental controls. This includes keeping windows closed in the car and at home to avoid exposure to



pollens and limit activities outside when pollen counts are highest. Tree pollen counts are highest in the early morning in the spring.

There are medications which may also be used to control the symptoms of hay fever.

### **Storm related weather**

There are two types of heavy rains: large scale weather systems with long-term rainfall and short-lived thunderstorms with significant rainfall. Heavy rainfall within a short period of time can produce flash flooding. Each year more deaths occur due to flooding than from any other thunderstorm related hazard.

### **Safety for heavy rain:**

- Monitor Environment Canada weather forecasts for watches and warnings of spring snow storms, heavy rains and thunderstorms.
- Know potential risks for flooding in your area and plan an escape route to higher ground but keep in mind that the risk of lightning is increased on higher ground.



- During heavy rains, avoid roadway underpasses, drainage ditches, low lying areas and water collection areas. They can



unexpectedly flood or overflow. NEVER TRY TO DRIVE ACROSS A FLOODED ROAD. You can't tell the condition of the road under the water. It takes just 12 inches of rushing water to carry away most vehicles and 6 inches of fast moving flood water can knock over an adult. It is NEVER safe to walk or drive into flood waters.

## Policy Review

### 2.3.5 COMMUNITY REHABILITATION- ADMINISTRATION OF MEDICATION

*(Below are sections of Policy 2.3.5 please refer to the ICE Policy manual for the complete policy.)*

#### Employees:

1. **Consent/Training/Storage:** Independent Counselling Enterprises employees cannot administer medications outside an Independent Counselling Enterprises facility or home until the proper consent has been obtained and the employee has been trained in the administration of medications. Training includes review of policies, training of actual drug administration, accurate completion of a medication quiz and a medication shadow. At all times I.C.E. policies and procedures must be followed. This will ensure that medication can be properly secured and stored for accurate administration and the safety of all those in the environment. The medication will be bubble/pouch packed and stored in a locked medication cupboard. Liquid medication safely stored. Medications will be clearly labelled and organized by client. Documentation system is in place. **(Refer to Section B for further clarification.)**
2. **Consent Forms:** Consents will be required to be signed annually, and filed in the client's file, in order for medication to be administered to the client by I.C.E. employees. Typically I.C.E. does not administer medications in a non-residential setting however if deemed necessary consent must be obtained.
3. **Medication Delivery/Training:** All medication delivery must comply with the Administering Medications procedures that follow this policy. All residential employees and all other employees that may need to administer medication must complete the medication administration training and shadowing process (see **Policy 3.3.4 Mandatory Employee/Support Home Operator Training**).
4. Designated I.C.E. personnel who are knowledgeable of I.C.E. medication policies and procedures provide all medication training. A health professional reviews all I.C.E. medication policies and procedures on a regular basis.
5. I.C.E. employees cannot take direction from anyone other than I.C.E. personnel /health professional in the administration of medication in any setting, and under any circumstances. This is applicable to Support Home operators administering medications to dependent clients.
6. **Medication errors** include both omissions and commissions. The following circumstances are all medication errors:
  - Drug is either not administered or it is given to the wrong client.
  - The wrong drug is administered.
  - The drug is not given at the right time.
  - The drug is not given by the proper route.
  - The wrong dosage is administered.
  - Administered expired medication.
  - Not signing the MAR sheet after administering medications.
7. All medication errors will be carefully documented on the appropriate reporting incident form as soon as they are recognized. A supervisor will be informed at once.

8. As per **Policy 3.3.4 Mandatory Employee/Support Home Operator Training** re Medication Administration Training, all residential employees, upon completion of training and subsequent on-the-job shadowing, will be subject to the following error limitations:

- Two (2) med. errors within a 60-day period will result in a re-shadowing of med. procedures.
  - Four (4) med. errors within a one-year period will result in complete re-training, including successful completion of written exam and shadowing.
  - Four (4) med. errors within 6 months will result in complete re-training, and corrective action (see **Policy 3.7.1 Process of Corrective Action**).
  - Medication errors are tracked in C-Views.
9. Any employee who either accidentally or knowingly and deliberately fails to report a medication error will be subject to disciplinary action. (see **Policy 3.7.1 Process of Correction Action**).
10. **Client Status- Independent or Dependent:** I.C.E. will support all individuals to be as independent as possible in administration of their own medication. An agency consent form is to be signed to authorize clients that meet all of the following criteria to administer their own medications with minimal guidance and monitoring by I.C.E. employees. These criteria are:
- The client demonstrates an understanding of the purpose of each of their medications, and
  - The client demonstrates an understanding of the common side effects of each of their medications and knows what to do should such a side effect occur, and
  - The client is physically able to safely remove their medication from its packaging and administer the medication to themselves in accordance with physician and pharmacist instructions, and
  - The client is able to independently remember the times that their medications are to be administered, and consistently take their medications at those times without prompting.
- I.C.E. is not responsible for direct medication delivery if the client is deemed independent as described above, and appropriate consents have been signed and are on file.**

#### Residential Settings

11. All relief employees in the residences must read and understand the medication administration policy located in the home's orientation manual prior to administering any medications. Relief employees shall only administer medications when there is no regular staff available on shift to perform the administration.
12. In any and all situations and shifts where a regular home employee, who is trained for administering medications, can be present, the procedure of medication administration will automatically be their responsibility.
13. Medications in all residential settings will be properly stored and secured at all times for the safety of all residents.

Updated October 2015