

EMPLOYEE *Spotlight* David



David Abatan has been an employee with ICE Calgary since January 2006. Originating from Nigeria, David is the father of twin daughters and a son. David came to Canada in October of 1992 and resided in Montreal and worked at a car rental agency before relocating to the Calgary area in September of 2005.

David has had a variety of work experiences since coming to Calgary. He worked for the same car rental company when he first came to the area and since has worked in the construction industry and oilfields. David knew that he wanted to try something different so when he heard about ICE, he decided to take the training and see if it was a career choice that would be good for him. As they say the rest is history.

David has worked with a variety of clients and gained valuable experience that he has certainly put to good use.

David has the ability to learn and retain a lot of information; he is especially great at remembering dates. With his easy going, cheerful disposition and great smile, David has become a valuable member of our staff. His flexibility and willingness to take on extra shifts, some with very little notice have certainly made him an asset to our agency. David works evenings in a staffed home that he really enjoys and also he is kept very busy with all the relief shifts he picks up.

When asked what his long-term goals are he said that he would like to have his own business some day. He would like to be able to have a business much the same as our agency as he really enjoys working with the clients and if not this then a grocery / variety store.

We look forward to having David working within our agency for many years to come.

After Hours Supervisor

Lethbridge is
403-634-8805

Nanton is
403-601-6903

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



MEETINGS



Health & Safety Meeting

May 13 in Nanton 10:00 am

Management & RPAC

May 13th in Nanton
9:00 am

Food & Diabetic Clinic

May 21st in Lethbridge
1:00-3:00pm

TIME SHEET HAND-IN



Hand-in day will be:

May 15th, 2009

for all shifts worked
between

May 1st and 15th
and

June 1st, 2009

for all shifts worked
between
May 16th and 31st

CONTENTS

Semi – Annual Planning Session	pg 2
Training.....	pg 3
Near Misses.....	pg 4
Back Pain	pg 5
Policy Review	pg 6

ICE Semi- Annual Planning Session Held in Edmonton

The ICE Management Team is a permanent steering committee that meets as initiated by the President or at least two times per year. The committee met in Edmonton on Thursday, April 16th, 2009 to review agency performance and to plan and develop strategies and goals for ICE operations development and service delivery.

Left - Linna Roem, Manager of Accounts (Edmonton), Right - Michael Rutherford, President.



Sandra McGrath, South Regional Manager.



Breanne London, N.W. Regional Manager in discussion with Muaz Hassan, Quality Assurance and Risk Management Consultant.



Left to Right, members of the Edmonton Management Team, Greg Lane, Wayne Visser, Melissa Robertson, Julie Flemming and Stefania Burnell.



Left to right – members of the Calgary Management Team, Debra Garrioch, Linda Doherty, and Regional Manager, Deanna Rachkewich.



Geneve Fausak, Chief Operating Officer.

Training: PET South

PET

May 14/15 9:30-5:00

May 27/28 9:30-5:00

TRAINING

All ICE offices will be closed for
Victoria Day

Monday May 18th

Please direct all
calls to the
After Hours Supervisor
for these days.

Current Job Opportunities

Nanton & Claresholm,

- Relief/casual shifts available in Nanton & Claresholm areas 4:00pm-8:00pm
- Mon-Fri in Claresholm
- 12:00-8:00pm Sat & Sun in Claresholm
- Roommate/Contractor for Nanton for female
Compensation paid monthly room and board

Lethbridge, Cowley, Areas

Lethbridge:

- Daytime hour Mon-Fri Glenwood/Hillspring area
- P/T & 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 Julie at 866-646-1199.

Thank  You!

Sharon Brown

Prize: tableware set, placemats and crystal vase

Card From: coworkers

For: Being a great team member in the house as well as staying late on two days

Iris Bennett

Prize: tableware set, placemats and crystal vase

Card From: coworkers

For making herself available for extra shifts.

Find frequently used forms at
www.icenterprises.com

Health Corner

An important aspect to reducing risk to employees and clients relates to investigation of incidents. The intent of such investigations is not to “point fingers of blame” but to analyze what went wrong during the activity or process. By identifying the root causes that resulted in an injury or a near miss, corrective steps can be taken to ensure that such an event will not happen again.

Unfortunately many people over-look situations of “Near Miss” which are really “gift” opportunities.

What is a Near Miss? A Near Miss is an unplanned event that did not result in injury, illness or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented harm. Near Miss investigations:

- Allow us to learn at almost zero cost (damages, injuries etc.)
- Are more numerous than injuries and damage incidents
- Are smaller in size than major incidents and therefore easier to deal with.

Reporting of near misses is an established error reduction technique in many industries and organizations. Think about it. If other industries or organizations didn't bother to report Near Miss incidents and follow up to correct the root causes, how would that make you feel about:

- Jetting off on a vacation knowing Near Miss collisions for planes were not being reported and investigated?
- Undergoing surgery at a local hospital knowing medical personnel were not reporting and investigating Near Miss incidents related to medication administration and/or use of standard precautions?

Near Miss reporting within daily work at ICE also has the potential to prevent injury, illness and property damage. Examples: changes in client behavior showing increased patterns of aggression, appliances or equipment that do not function properly (lawn mower, stove, toaster etc.), rugs or furnishings that are worn (lifting, exposed sharp edges etc.), poor housekeeping practices, use of “short cuts” etc. How would you feel if a client or employee was injured as the result of a

Incident Investigations and Near Miss Reporting

problem you were aware of last week, but did not report?

Given that there is such value in Near Miss reporting, why don't these occurrences consistently get reported? In some circumstances:

- Fear of negative action
- Not viewed favorably by the peer group (considered sissy, embarrassing, or perceived as “tattling”)
- No incentive to report (the perception of increased work rather than a benefit)

Did you know?

- ICE Health and Safety Committees in all regions of the province review Near Miss Incidents every month at Health and Safety Meetings. Worker / program information is not disclosed. The focus of reviewing such incidents is to enhance safety across the company without embarrassing employees.
- Reporting a near miss in your work site could prevent an injury not only to one of your co-workers or clients in that same location, but also at a location in any of our other regions. We learn from every Near Miss reported.
- Supervisors and Co-workers are encouraged to submit Thank you Cards eligible for prize draws in ICE Incentive program for workers reporting Near Miss incidents.

Sometimes it seems like a monumental task to effect change, but it all stems from the first hand observations of all staff, and the completion and submission of an incident report. Please keep all near miss incidents and injury reports coming. We need them.

It is called, working together!





BACK CARE



What causes back pain?

Injuries to the back are very common. One can injure one's back from tripping, falling, improper lifting techniques, or too much twisting of the spine. More severe injuries may follow from car accidents, falls from heights or landing in an awkward position on the buttocks, direct blows to the top of the head, or a penetrating injury.

Back pain can also result from overuse injuries, from improper movement or posture when lifting, standing, walking, sleeping or sitting. In addition to pain, symptoms can include muscle spasms and stiffness.

Some people are more likely to develop back pain than others, such as middle aged males, people with a family history, women who carried a pregnancy to term, smoking, being overweight, being inactive, sitting for long periods, or taking medications that weaken the bones.

Treatment for Back Pain

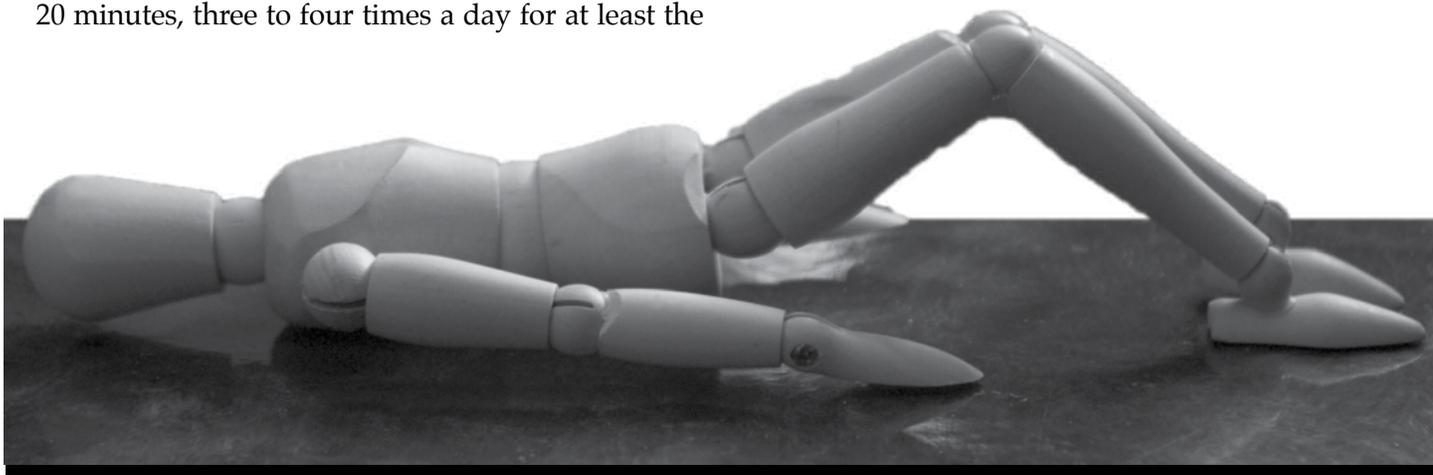
Most pain will go away within four weeks. Tips that can help relieve pain, swelling, stiffness related to back problems:

- Avoid bed rest. Excessive bed rest may delay healing
- Be active. Return to normal daily activities and work as soon as you can, keeping in mind that you may need to limit or modify some tasks
- Ice the injury. Apply cold packs to the injured area for the first 24 hours to 48 hours. Use them for 15-20 minutes, three to four times a day for at least the

first three days. Cold helps decrease the swelling and pain. Do not leave the cold pack in place for longer than 20 minutes at a time.

- Apply heat after 48 – 72 hours, if the swelling is gone. Use a warm pack of heating pad set on low.
- Gently massage your injury. Massaging the injury may help relieve the pain and encourage blood flow to the area. Do not massage the area if it causes you pain.
- Be cautious. Avoid sitting up in bed, sitting on soft couches, and twisting or sitting in positions that make your pain worse.
- Begin moderate exercise. Once the pain begins to lessen, start taking short walks on level surfaces to keep your muscles strong. Avoid hills and stairs. Add to your exercise program every week to slowly build strength and endurance.
- Start pelvic tilt exercises. These exercises gently move the spine and stretch the lower back. Lie on your back with your knees bent and feet flat on the floor. Slowly tighten your stomach muscles and press your lower back against the floor. Hold the position for 10 seconds; then relax. Make sure that you breathe normally.

The information above is for information purposes only. This information should not be used in the place of a medical consultation.



2.4.8 USE OF STAFF VEHICLES

All ICE policies including those regarding Health and Safety can be found in the ICE Policy Manual. In residential programs the Policy Manual will be located in the home's office. Workers in community programs may access a Policy Manual in the reception area at the ICE office.

The following is to apply:

1. Employees are not permitted to transport Capital Health Authority, Family Supports for Children with Disabilities (FSCD), Child and Family Services (CFS) clients at any time in staff-owned vehicles.
2. Employees are discouraged from using their personal vehicles in their work duties. This may be allowed under the following circumstances:
 - employees must have a valid driver's license;
 - employees must have a minimum of \$1M of third party liability insurance. A copy of the actual current insurance is on the employee's file
 - the vehicle must be in good mechanical condition;
 - the vehicle must be driven safely, obeying all laws;
 - seat belts and other restraint devices must be used by all occupants of the vehicle;
 - the client will ride in the back seat, passenger side. If this is not practical/possible, an "Agreement To Transport A Client In The Front Seat Of A Staff Driven Vehicle" form must be completed and approved by the appropriate Manager. This form must be reviewed annually.
 - infants or children under 40 lbs. are not to be transported by employees.
3. Employees using privately owned vehicles for business use, approved in advance, will be paid mileage or a monthly stipend according to current Independent Counselling Enterprises practice.
4. A client will never be left alone in a vehicle for any reason.
5. Road and weather conditions should be considered prior to any outing keeping in mind client and employee safety and security.
6. Employees using their vehicles must have an approved First Aid kit in their vehicles at all times.



Transporting Clients with Behavioural Issues:

1. An employee should not take a client in their vehicle if at any time the employee deems it would be unsafe for the client or themselves. Taking public transportation (DATS, ETS, and LRT), walking, or staying home are options with many clients, as appropriate.
2. Mandatory Auto Insurance is required as per Policy 3.1.7 Mandatory Auto Insurance Coverage
3. If any of the following conditions apply:
 - The client has any history of aggression while riding in a vehicle
 - The client is not familiar with riding in a vehicle or can become easily agitated
 - The client has been showing signs of escalation or aggression in the 3 hours previous to the planned trip
 - The client is not agreeable to the planned trip

Then permission must be obtained from the Community Support Coordinator/Community Team Coordinator. If the trip is to continue, extra precautions will be taken as instructed.
4. In all cases, the following will occur:
 - The employee will be aware of the client's potential behaviours and how to deal with them
 - The client must sit in the back seat, passenger side
 - Any loose objects (ex. snowbrushes, tools, clothes) will be stored out of reach of the client
 - The client will have their seat belt fastened at all times
5. If a client shows any signs of aggression or escalation while in a moving vehicle:

- The employee will pull off the road as soon as it is safe to do so
- The employee will attempt to de-escalate the client and/or obtain assistance as appropriate by using available assistance, calling 911 or the I.C.E. office or ECAT if after hours.

Success Story: **Richard**

Richard is a quiet friendly man. He started services with Independent Counselling in 2000 when he moved from Red Deer into an ICE shared residence in Edmonton. Since 2005, Richard has been living in his own suite in a support home. Richard enjoys his current living situation and spending time with his roommates. He is proud of the progress he has made with his personal goals and is pleased that this success facilitated his move from a shared residence into his current living situation. Richard continues to build his life skills.

Richard is very connected to his family and regularly visits his siblings (his brother and his two sisters) and their families. He is a proud uncle to several nieces and nephews. Richard loves chatting and visiting with family, friends and members of his support network. He also enjoys quiet time at home watching his favorite news and food shows on television.

Richard is a helpful person with many talents. While living in Red Deer, Richard received training in basic woodworking; he now uses these skills to make small repairs around his home. Richard is also an excellent cook. He loves to pick up new cooking tips and recipes from the Food channel. Richard is always willing to pitch in to lend a hand for functions and events like the annual ICE Open House celebration.



Health and Safety Minutes continued

3.1 Review of 'Regional Health and Safety Meeting Minutes'

Edmonton –March 4, 2009

Calgary – March 19, 2009

Grande Prairie –March 12, 2009 reviewed

3.2 Evaluation of injuries and near misses

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.

2 No lost time Injuries on same day

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

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.

3.3 Review and updates of a section of the Hazard Assessment Document

1. Client Seizure

1. Feel that the frequency would be different depending on the client. South doesn't teach seizure training in PET. Controls: add Seizure protocol, seizure tracking, in house client orientation.

2. Professional Boundaries

2. Add these to the list: texting, calling, visiting, emailing, social networking sites. Hazard: privacy In south the frequency is higher 2 or 3 because of rural/small towns, people knowing people. Control: don't give out information, use *67 to block caller

ID. Don't take clients to your home. Increase security on private computers and increased privacy settings on social networking sites, do not give out email address.

3. Visitors Entering Building

3. Committee suggests this to be more specific. Which building? ICE Office, res home or clients own home. Frequency should be a 4

Controls: lock doors, have a beep or bells on door when people enter. Make sure windows open for safety to get out. Mirror in the ICE offices.

3.4 Review of a section of the action plan for the COR Audit recommendations

Reviewed element 4-ongoing inspections

4.1 Policy review

Due to time constraint suggestions for policy changes will be brought in next meeting.