

ICE PAGE

SOUTH

2013

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TIME SHEET HAND-IN:**October 15th, 2013**

For all shifts worked between Oct. 1st and Oct. 15th, 2013

October 31st, 2013

For all shifts worked between Oct. 16th and Oct. 31st, 2013

Health and Safety Meeting

Oct. 15th, 2013 @ 10:30 am, Nanton

RPAC Meeting

Oct.15th, 2013 @ 11:30 am

Management Meeting

Oct.15th, 2013 @ 1:30 pm



After Hours Supervisor
Lethbridge is 403-634-8805
Nanton is 403-625-9513

(These phones do not accept text messages. Staff need to call ECAT.)

Employee Spotlight**Sue**

Sue was born and raised in Peterborough, ON. She was the middle child of five born into a family of homebodies. Sue's desire to travel was quickly explored once she left home. Sue has called many places home across Canada and has travelled the world on mission trips.

Sue enjoys learning and is a licensed early childhood educator that has been trained in inclusion. She has also taken classes in

everything from art to massage therapy, lab technology and dietary courses. Sue would like to continue her education and has thought about opening a meditation studio to put her passion for spirituality into practice. Sue's spirituality is the basis for her energy and motivation in all things.



Sue is a caring and compassionate person who began working as a Support Home Operator five years ago; she has been with ICE for one year. Sue is very active in her clients' lives and they have become an extension of her family. Sue celebrates with her clients each time they reach a goal or overcome a challenge and she is an active advocate for them each step of the way. She has been active in working with her clients to develop more independence in many areas of their lives including budgeting and cooking as well as encouraging them to experience all Grande Prairie has to offer.

Client Success Story

Joel

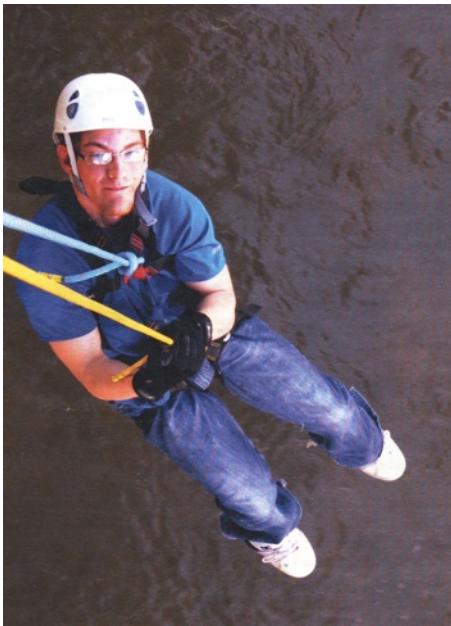


Photo appears courtesy of Pat Neumann

Joel resides in Pincher Creek, Alberta where ICE is supporting him with his employment aspirations and volunteer opportunities. He enjoys working with his hands and is currently gaining work experience at a Car Dealership in Pincher Creek. Joel is focused on future goals of becoming an apprentice and then a mechanic.

Joel is a very social person who gets along well with others. Some of Joel's hobbies include video games, working on vehicles, watching movies and hanging out with his friends. Joel is also learning skills in order to be able to live

independently. ICE supports him with these areas of skill development including: budgeting, meal preparation and keeping his home clean & his environment safe.

Joel enjoys being active and giving back to his community. He presently volunteers with the local Search and Rescue unit in Pincher Creek. During Joel's volunteer experiences with this unit he participates in many different and challenging training procedures including high angle rope rescue skills (photo). When asked what he likes most about volunteering with Search and Rescue, Joel says, "I get to meet new people".

**ICE offices will be closed
Monday,
October 14th 2013
for the Thanksgiving Holiday**



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

TRAINING

PET

October 9th and 10th, 2013
9:30 am - 4:30 pm

PET

October 16th and 17th, 2013
9:30 am - 4:30 pm
As described on the ICE website.

CPR

October 3rd, 2013
9:30 am -3:30 pm
Must RSVP

POLICY REVIEW



2.7.3 CRITICAL AND GENERAL REPORTING INCIDENTS

*The following is a section of Policy 2.7.3
Refer to the policy manual for the complete policy.*

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 behaviour escalation, planned restrictive procedure performed, client self injury, property damage by client, verbal threats made by client, medication error, assigned procedure 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;
- 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 Injury, Work Related 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.
- 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.
- If another agency is involved, you may need to complete documentation specific to that agency. Do so using the guidelines outlined above.

6. 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.



Thank You Incentive Winner!

Megan Hawkins

Megan received a Thank You card from the manager for driving to Lethbridge for additional training, taking extra relief shifts and developing a checklist to assist a client at their workplace.

Megan won a movie ticket package. Thank you for your effort and commitment!



Thank You to all 2013 Certificate of Recognition (COR) Audit Participants!

The 2013 internal COR Health and Safety on-site audit process has now been completed. Three ICE regions: Northwest / Grande Prairie, South (Lethbridge) and Edmonton were involved in this year's audit which included 9 observation tours and over 71 health and safety interviews.

The on-site audit is however just the beginning of this important continuous improvement process, after the audit, results are evaluated according to eight key areas of an effective health and safety program and a final report is prepared. This report is then submitted and evaluated by the ICE certifying safety partner, the Continuing Care Safety Association (CCSA). The document identifies company areas of strength and areas where employee health and safety may be further improved.

Once the report has been approved by CCSA, the ICE management team will prepare an action plan to implement the report's recommendations for improvement. The company's efforts to implement the action plan and to put the recommendations for improvement into action will then be reviewed as a requirement during the following year's COR audit.

Thank you again to all participants. It was a pleasure to meet with you. Please be sure to review the 2013 ICE COR audit results which will be circulated later this fall in the final report.

ICE COR auditors:

Corinne Stasiewicz - Health and Safety Specialist

Greg Lane - Quality Assurance and Risk Management Consultant

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!

Independent Counselling Enterprises Current Job Opportunities

October 2013

**Nanton,
Claresholm**

P/T days
Claresholm for
male

Relief/casual
shifts available in
Nanton &
Claresholm areas

Lethbridge

Various P/T
hours available

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 post ads in your local community, please contact the office at 866-646-1199.

October is Fire Prevention Month

Fire Prevention week is held each October in Canada. The theme for this year is PREVENT KITCHEN FIRES©.

A study of available home-fire information by the public safety division of Alberta Municipal Affairs based on statistical data from seven Canadian provinces and one territory determined that:

- Most home fires occur in one and two family dwellings,
- Cooking is the leading cause of home fires (20%) and home fire injuries.
- Kitchens are the leading area of origin for home fires (22%) and civilian home fire injuries (29%).

A grease fire happens when your cooking oil becomes too hot. Due to grease igniting into flames often cooking fires cause the fastest-spreading and most destructive type of residential fires. The very best safety is prevention. It is extremely important when cooking that you plan ahead so that you may react fast to fire.

Stove Top Cooking

- When cooking, use the back burner and ensure pot/pan handles are turned inward so they can't be accidentally bumped.
- Ensure that flammable items (pot holders, tea towels etc.) are kept well away from the heated stove element.
- Stay close by and monitor the stove at all times while cooking. If you have to step away from the kitchen for a moment TURN THE STOVE OFF until you return. It is also important that ICE staff provide monitoring support for clients who are cooking.

Pan Frying

- Keep a pan lid or cookie sheet handy in case grease or oil catches fire. If a grease fire breaks out slide the lid or cookie sheet over the top of the pan to smother the fire. Then turn off the heat and turn on the exhaust fan allowing the pan to cool.
- If no lid is available pour on baking soda. Baking soda will extinguish a grease fire, but only if the fire is small. It takes a lot of baking soda to do the job.



Whatever you do, DO NOT do the following for grease fires:

- **Do Not Use Water** - Pouring water can cause the oil to splash and spread the fire. Vaporizing water can also carry grease particles in it, also spreading the fire.
- **Do Not Attempt to move a flaming pot or pan away from the stove** - this places you at great risk. The movement can fan the flames and spread the fire. The pan will also be very hot, causing you to drop it. The safest response is to smother the fire by sliding a lid on it then turn off the heat and turn on the exhaust fan, allowing the pan to cool. Your reaction must be fast because grease fires spread very quickly.
- **Do Not Throw Any Other Baking Product On the Fire** - Flour might look like baking soda, but it won't react the same way. Only baking soda can help put out a grease fire.

Deep Frying

To deep fry foods safely use a thermostatically-controlled electric skillet or a deep fat fryer. Better yet, if you want deep fried foods such as chicken or fries why not plan to eat out.

Oven Cooking

- Ovens must be kept clean. Grease and food splatters can ignite at high temperatures.
- Ensure you wear oven mitts when removing cooking containers to avoid serious burns. (These mitts must be dry and inspected before use to ensure they are in good condition with no worn spots.)
- If using the broiler, place the rack 5-8cm (two to three inches) from the broiler element. Always place a drip pan (never aluminum foil) below the broiler rack to catch the fat drippings.

Microwave Cooking

Do not use tin foil or other metal objects in a microwave. If a fire occurs, keep the door closed and unplug the unit. Have the microwave inspected to ensure it is in proper working order before using it again.

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**



Health and Safety Minutes

September 11, 2013

South Region

3.0 AGENDA TOPIC STANDING ITEMS

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

Calgary: August 21, 2013 No Current Internal Incident Investigations

Grande Prairie- None

Edmonton –August 8, 2013

July 10th, 2013 – A community mental health nurse was visiting a client at their residence to provide a weekly injection. The client was not pleased and after the injection went to their room. Staff and the mental health nurse knocked at the door of the client's room. The client opened the door then slammed it. The ICE staff person standing in the doorway was struck by the door on their forehead. Client was then given space and time to calm.

Recommendations:

Give client space and time by themselves to calm (as per their choice) after such appointments.

If it is urgently required to approach them, maintain plenty of personal distance for safety (i.e. knock and step well back from the doorway.)

With the assistance of RPAC, revise the client's positive approaches to provide guidelines to support the client effectively surrounding weekly injections.

Additional Recommendations: CPI/PBI

July 17th, 2013 – Staff was stepping over the sill of the balcony door at the apartment residence. They misjudged the height of the barrier and scraped/ cut the top of their foot on the sill as they were traveling over it.

Recommendations:

Avoid rushing, complete tasks with care and attention.

Consider placing bright tape along the door sill to make the hazard more obvious and visible.

Consider placing a "Watch Your Step" sign at the door.

Additional Recommendations: Make sure wearing proper footwear

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

Calgary –August 21, 2013 No Current Near Miss Investigations

Grande Prairie-No incidents

Edmonton- Mtg Minutes August 8, 2013

July 12, 2013 – Client went on a community outing to a grocery store. The client wanted to buy more items than they had funds for. The client slammed the package on the store counter and left the store with staff. Driving to the residence the staff started to explain calmly to the client how their actions were not appropriate. The client became agitated and grabbed the vehicle's steering wheel. The staff had to make an emergency stop. The client then exited the vehicle and threw their full pop at the staff's vehicle.

Recommendations:

Have client use public transportation for community outings (i.e. DATS) whenever possible.

Follow ICE policy (2.4.7) Client to travel in back seat on the passenger side for safety.

Do not transport client within 3 hours of aggressive behavior (policy).

Wait until the client is fully calm (as per the de-escalation cycle –PBI training) and in a safe environment where the client may have the staff's full attention (home) before attempting to debrief. Never attempt to debrief a client while driving as: 1) the client may become agitated and aggress and/or 2) staff attention will be drawn from driving requirements increasing hazards for both the client and the staff.

Have staff take a PBI refresher course. Plan ahead for success when accessing community locations which may raise client expectations. IE ensure purchases, spending plans are very clear (how much money the client has, what can be purchased etc.) before a grocery store visit. (Add this planning/ community access recommendations information to client positive approaches document.). Role play and use social stories to assist the client to develop his skills in this area.

July 16, 2013 – Staff was walking down the hall (linoleum) in the residence and slipped and fell. (Staff was not injured).

Recommendations: Staff to wear shoes with appropriate grip for the floor surface. Smooth floor surface may be the cause, if it is appropriate for the client's mobility, a carpet a runner may be secured to the floor over slippery surfaces.

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

3.3 Evaluation of current Near Miss Incident Investigations: No Incidents

3.4 Review of COR Audit and Action Items - Reviewed pages 32& 33

3.5 Review of Master Hazard Assessment and Control Document:

Calgary – August 21st, 2013, Page 61-65 Bed Bug Infestation, Clean up of animal excrement, Exposure to Cats and Dogs, Use of Furniture, Lifting and Moving Use of Telephone (Landline), Use of Telephone (Cell phone), Paperwork – No additions to these sections.

Changing water for water cooler – Safe work practices: ask for help if you are unsure of your ability to change

GP- Northwest-No Minutes Available

Edmonton –Mtg -August 8, 2013 2013 Hazard Assessment and Control Document – Housekeeping section Pg 25 – Expanded review of Dishwashing (Hand and using Dishwasher) hazards and controls as per South Region suggestion.

South- Pages 27-29
Changing Light bulbs reviewed-would there be any chemical hazards in light bulbs? Darlene P has offered to research this.

3.6 Policy Review – The group reviewed policy 2.4.7 Use of Staff Vehicles

4.0 OTHER BUSINESS

4.1- ICE Page Health & Safety Article Hazard Assessment & Control

4.2 Promoting Safety training in Lethbridge September 4th 9:30-12:30 COR Audit Sept 11-13th in Lethbridge

4.3 Resources: Hornets & Wasp information from Health & Safety binder

5.0 NEXT MEETING – October 15th, 2013 @ 10:30am in Nanton.

