

# Calgary Progressive Lifestyles Foundation

## Occupational Health and Safety Committee Meeting Meeting Minutes: June 21, 2024, 0900 hrs

<b>Management Members present:</b> Penny Tataryn (Case Manager) Colin Chambers (Case Manager) Tammy Bent (Case Manager)  <b>Co-chairperson:</b> Penny Tataryn	<b>Worker Members present:</b> Adaure (Deborah) Onwumere (support worker) Ewurabena Sackey-Forson (trainer) Dora Mejia (admin) Sharon Kwan (Supportive Roommate/Community Access Worker)  <b>Co-chairperson:</b> Adaure (Deborah) Onwumere
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Introduction of new member: Colin Chambers

### Adoption of minutes of last meeting:

Fire drill is now pending follow up from the building's Property Manager. No follow up to date. *Penny called Property Manager about fire drill and he said they are on that, and he will call Penny when they are ready; this was 3 months ago. Adrienne would like to do a fire drill in conjunction with them as opposed to by ourselves. Should we do a fire drill ourselves to understand what the process would be? Maintenance staff person said he has never seen this property management company do a fire drill. Potholes a concern. Continue to follow-up with fire drill and pothole issues.*

### Reports

First Aid

No first aid reports

Staff incident reports

since last OHS meeting

March 6 – NF spit on staff wearing face mask: new complex needs client. If someone spits that readily and not knowing what the trigger is you don't want that in your eyes, mouth. Wearing mask/faceshield for 6 hours is uncomfortable so we want to take people's comfort into consideration but uncomfortable is part of the job. Follow-up with Hoda? Functional level? Support plan? Have a picture taken of him to show us. Likely highly autistic, doesn't have the reasoning ability to explain to them not to spit; he will use that behavior unless they can think of a behavioral strategy that will redirect that behavior into something else. Getting attention when spitting, angry? sensory? Alternate staff so they can

take break from  
wearing a mask but remain close by.

March 14 – accidental needle stick to staff's finger: plain accident. For safety, staff hand needle to the individual. Individual is handed needle with a cover on it and he injects himself.

March 14 – ~~XXXXXX~~ verbal aggression, attempt to punch cpi hold: has a lot of issues with men in general, around father's day more behaviors. Proper protocols followed. 3:1 staff. These behaviors do not happen every day and need retraining often – already put forward recommendation and has been accepted.

March 16 – NF masturbating in public: no concept of boundary in public. Staff do tracking - what triggers behavior, read his plan, talk to Hoda, read his history.

March 21 – ~~XXXXXX~~ yelling profanity hit table CPI hold: highly complex need, Staff knows what they are doing. Nothing out of the ordinary.

March 26 – NF hitting, spitting grabbing CPI hold: does things without trigger; this is why we need so many staff as we don't know what he is going to do and when he is going to do it.  
Recommendation: when writing IR need to write which CPI hold, the person who was involved, which staff did what. Recommend CPI refresher training to be facilitated by Ewurbena.

April 8 – ~~XXXXXXXXXX~~ staff stepped in urine: financially abused by her boyfriend every month and she consents to it. SVH has been urinating constantly and quite a bit. Boyfriend told her she needs to wear depends otherwise they wont be hanging out again; she listened to him. For the last 1.5 months she has been wearing depends. SVH paid \$300 to clean basement. She got a new bed. A plastic shipping bag and a cover is over bed. Going out with staff again. Very positive.

April 12 – PK fecal stains affected staff: aging, living on her own. Rose has made it work up until now. PK has a lot of challenges with aging and now bathroom issues. 56 yrs old. What is she on for medication? How is her body holding out? Why incontinence issues? If PK not clean then staff won't drive PK. Rose taking care of staff and did what she could for staff's safety.

April 16 – ~~Shane L~~ insults, abuse threats to CM: It was changed how staff is getting paid when going on vacation – direction at an administration meeting. Shane found out and thought the CM had all the power and said no just to be mean. Shane left an aggressive voicemail stating the next event, spring fling dance, there will be harm to CM. CM did not go to the spring fling. CM did not feel safe and brought it up to the supervisor and there was a CM change. So far SL has been good with Colin. SL stable now. It was said informally in a meeting that we should not be paying hourly staff when they are travelling out of the country; we have no control of the worksite. Shaukat told SR of new policy but he had nothing written down.

~~Shane~~

wanted to blame somebody so he blamed the bearer of the bad news. Last set of recommendations we asked that be taken over as a protocol made. Adrienne is going to ask PDD. Do staff have WCB coverage in the US? If PDD wants us to pay people to go to places where we cannot assess the worksite should we realign funding where staff is paid as a contractor? Then there is no OHS legislation requirements.

April 27 – NF spitting grabbing.

May 3 – ~~Shane~~ physical and verbal aggression: complex physical. He is who he is. Staff knowingly signs up for the job.

May 8 – NF CPI hold to stop him choking SR: why the staff being choked did not use CPI? If he was doing the technique properly he would not have needed other staff. This person is CPI advanced, why did he not use CPI? Need a picture of NF, review his plan, talk to Hoda. NF is a threat to staff and we are seeing quite a few incidents in a 3 month period. Learning more about NF would be useful. Team needs CPI refresher. Ewurabena will be part of the CPI refresher. Follow-up.

May 9 – NF punched staff in stomach. This happened out of the blue? Learn more about NF.

May 14 – ~~Shane~~ CPI hold in the community. Accident similar to March 14. Tracking done: see spike in May, June, July; this is 'normal'. Proper training is followed. As long as staff is refreshed on training is the only recommendation. Staff knows how to de-escalate NS and look for early triggers/signs.

June 4 – ~~Shane~~ wanted drink angry aggressive CPI hold. As per Shaukat this has been reviewed with Veena and staff. If antecedent for the bowling is relating to Eric having a drink it may be ok to purchase drink for him. There is nothing in support plan that ED cannot have a drink. Sounds like ED has the personality he will demand, demand and demand. So staff tries to keep him within certain boundaries. Error on staff's part not giving ED a drink. CPI hold or allowing him a drink? Eric has a habit of pushing the boundaries and keep adding things on his wish list in case of failure to get his way he gets upset. Staff has been reminded and knowledge has been refreshed about the strategies to tackle such behavior.

Potentially Serious Incidents

n/a

Serious Incidents

n/a

Internal Inspections

Colin and Dora did inspection of offices.  
HR, kitchen, finance, training room, west wing all fine.  
Fire detection systems – carbon monoxide unknown; boiler heated carbon Monoxide close to that.

Alarms, emergency journals, escape routes are posted properly.  
Admin area well lit. A few light bulbs need to be replaced, 2 covers missing and will request to get fixed. 1 request for lightbulb to be removed.  
Mirrors are all up in the corners, no issues with accessible entrance/exit.  
Issues with potholes by the carwash and in the middle.  
All 4 first aid kits filled.  
Admin: 1 cable in Hoda/Jordan area baseboard came off and cable too short; this is a tripping hazard. No slipping hazards.  
Entrance to parking lot: no issues with lighting, no obstruction. Staircase repairs are almost like patches and may be up to code.  
Men's washroom: there was a leak, building old, someone flushing from above. Backed up so many times. Not much that can be done.  
Toilet ring/lime buildup: Neal decided everything should be green.  
Penny would like to go through the chemicals and suggest another chemical for the toilet.  
Going green is a good idea but can you get a toilet bowl clean with green cleaner? Need to deal with chemicals properly.  
Concern to deal with lime buildup: use chemicals? Bubbles? Comet?  
Office space: 2 lights above filing cabinet. Air vent right above Rehan blows Very cold; contact building management to see if anything can be done. If nothing can be done then he can choose whether to continue to stay in that space or another space?  
Noise level – nothing new. Vacuum cleaner is safe.  
Tripping hazards for admin: Hoda's office.  
Materials – all labeled. Tools/equipment – no changes. Admin storage room no issues.  
HR – 3 people wanted ergonomic padded keyboard wrist rest, mouse rest. Rehan has it so look at his for a reference.  
Irela will buy her own chair.  
Ewurabena will write note mechanism to keep chair up to the right spot does not hold up.  
First aid kit – all good. Alarms – tested 1, works. Escape route, mustard points Posted.  
Office space – no airflow issue other than Rahan's vent.  
HR – almost every desk wires need to be tied together and lifted if possible. Syed and Irela's ok. Ewurabena – zip tie cords. When carpet got cleaned some of the cords never got zip tied.  
Recommendation: bundle wires using plastic and tucked it behind the desk, not glued; talk to Neal.  
Delete safety board, do electronically now.  
Equipment aid: Morgan got monitor riser.  
No issues with reaching/over exertion. Work station properly kept. Keith's workstation standing desk.  
Tripping: Keith's area boxes on floor, he is fine with it. Ewurabena, wire, will fix today to reduce risk right now, need longer solution.  
West Wing/training room: if open again for clients remember for health and safety/capacity.  
Chemical protocol – will try to work on it in the fall.  
Boardroom light burnt out.  
~~Access~~ light turned off above desk.  
Recruitment needs a light cover.  
West Wing has 2 lights out by the projector screen – talk to them to see if this

was intentional.

Other OHS inspections or Reports

The Emergency Response Plans and kits including level 2 first aid kits being placed into support homes that are worksites project is finished for existing worksites. This was an order that Neal satisfied for 272 Lucas Av on June 13, 2023, however, we were instructed by the Officer to continue for all the homes that are worksites. New homes, intakes, worksites, new hourly staff gets the first aid kits.

~~Anthony~~ MSI assessment completed May 15, 2024, by Penny. ~~Anthony~~: missing a leg, having a harder time moving around because something happened to her brain. For many years she had good control of her hands and this changed. She now cannot move herself in a wheelchair like before. Staff was complaining. Homecare nurse comes in to care for the wound. Legislation reads SR needs to do the work but not ideal; our legislation reads the subcontractor has the responsibility to help with health and safety and but in this situation would be physically hard for contractor as well.

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Best place for ~~Anthony~~ might soon be in a formal care home with proper lifts, she might have more opportunity to get out.

No more hourly staff holding the stump, should be contractor doing that task, staff holding the board for the bed to the wheelchair move is ok, staff told to stop pushing wheelchair that move has to be done by the SR.

Colostomy bag change should not be done by the CRW. SR wanted it done right by the toilet in a small space where you would be in an awkward position.

Administration OHS members are being asked to review intake packages/ participate in meetings then give their opinion on staff safety regarding the individual. The following individuals were reviewed in this period since our last meeting:

~~Fahima Amir~~ – Penny

~~Christine Schultz~~ – Penny

~~Dominique Slicko~~ – Penny and Colin

Training and Education

If anyone requests more training, they may indicate this. Colin's OHS committee training is completed.

### Old business

Safe chemical use policy – it is still on Penny's list to work on finding all the Safety Data Sheets. She would like to work on this in the fall. The OHS Officer said that we should start with the most used chemicals and work down.

Penny to follow up recommendations to update OHS Program Principals and Safe Work Practices Policy all updates now done.

### New business

Management response received from Neal Sabourin to be reviewed:

~~James Power~~ chased by 2 large dogs. Penny will email CM for staff to call 311 – management is in agreement.

If something comes up where it needs to be dealt with in a timely manner, we shouldn't wait for the whole recommendation process; we recommend it to be dealt with now and get a response. The dog incident happened in January and by the time it is dealt with it will be July.

Recommend that client and staff pictures be more consistently entered into the CRM. Neal will look into the challenges and report back to OHS. We need to think of the CRM program as a tool to do our job.

Recommendation: We need to make this program work for OHS purposes.

Hugging – approved and completed.

Staff doing alternate work using tools – supervisor make sure worker has the necessary tools and skills to complete the task.

The policy development regarding working from home has been reassigned to Neal. When policy is drafted, Neal will arrange a meeting with the OHS committee to review and we can give input.

Orientation training slide/fire extinguisher – management mandating contractors supply an ABC fire extinguisher.

Training question – management agrees.

Lift and transfer training – OHS needs supervisory assessment before it happens even if staff has training.

~~Siobhan Scott~~ – Adrienne will follow up with PDD if hourly supports can be compensated for work conducted outside of Canada. We look forward to what PDD has to say/the outcome of her discussion and also recommend that the agency look into WCB obligations in regard to hourly workers. Our concern from an OHS perspective is that there needs to be a written policy about this so it does not appear as a decision made by the individual Case Manager.

Next meetings: September 27, 2024 @ 0900 hrs

Reviewed by:



Penny Tataryn  
Co-chairperson



Dora Mejia

– Acting Employee Co-Chair