

## Calgary Progressive Lifestyles Foundation

### Occupational Health and Safety Committee Meeting Meeting Minutes: March 8, 2024, 0900 hrs

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

#### Adoption of minutes of last meeting:

~~██████████~~, who has been in the role of committee co-chair on the worker side, advised us on January 23, 2024 that he would be away on an extended absence and may not be returning to the committee. He did not want to re-commit to the Co-chair role.

#### Reports

First Aid

No first aid reports

Staff incident reports  
since last OHS meeting

Nov28, ~~██████████~~ verbal aggression property damage: ongoing, staff knows what they signed up for.

Dec8, ~~██████████~~ CPI hold: holds are done regularly, high autism. Regular training on CPI holds for staff every 6 months as agreed by management.

Dec8, ~~██████████~~ aggressive at pool when shirt removed: complex, staff knows what they are doing and are willing to work with her.

Dec9, ~~██████████~~ verbal aggression to new staff ~~██████████~~: 61 yr old, aggressive, racist, lies. Behavior modification/rewards? Nothing to reward him with that would change his behaviours at this point. History assaulting people  
End of June med review done, increased Risperidone. No physical aggression other than posturing on March 2 since med review. On waiting list at Arnika for behavioral strategy team involvement. Should he be left alone at his age?  
Have support plan, logs/reports. ~~██████████~~ said cannot change prejudice

and mean. There are a lot of staff for safety.

Dec11, [REDACTED] racial slurs threw pen at staff: anything that looks like a weapon is taken away.

Dec12, [REDACTED] verbal abuse over wanting staff to fix toilet paper holder:

Dec13, [REDACTED] attempt to assault staff with belt and buckle:

Dec16, [REDACTED] aggressive over staff using bathroom:

Dec17, [REDACTED] angry aggressive over staff not finding his movie quickly enough:

Dec25, [REDACTED] 5:45pm verbal abuse posturing self-harm:

Dec 25 [REDACTED] 7pm threats verbal aggression:

Jan 5, motor vehicle accident: No control over this.

Jan 7, [REDACTED] showed weapons to staff:

Jan 8, [REDACTED] slapped staff shoulder: [REDACTED] had a bad day? Did not want to go On respite and took it out on day support. Transition period for Gerry.

Jan 10, SR provides picture of sharps she found in [REDACTED] bedroom:

Jan 14, [REDACTED] agitated tried to grab staff's shirt: 2:1 staff. Staff have it under control sharps locked.

Jan 15, [REDACTED] threw items and pushed staff: [REDACTED] can be aggressive when he gets himself escalated. Addicted to gambling, smokes, bums money. Has an excellent support plan.

Jan 15, [REDACTED] rude profanity called names: it's believed he is getting dementia, swearing at everyone, does not know who people are. Not much we can do but wait to see what happens.

Jan 15, [REDACTED] aggressive spitting CPI hold: regular CPI holds. Staff use to these kinds of behaviors and incidents. People sign up to work with him.

Jan 23, [REDACTED] yelled called staff names aggressive: day program was cancelled being proactive. Staff is being supported. Not much more we can do.

Jan 25, [REDACTED] grabbed and scratched staff's neck: staff chose to take risk. Long standing team knows what they are doing.

Jan 26, staff twisted ankle chased by aggressive dogs: recommend staff to call 311 to report the dogs.

Jan 29, [REDACTED] verbal abuse to staff: CM said staff did not follow the protocol. Recommend checkbox on incident reports acknowledging feedback has been provided to staff.

Feb 1, ████████ V threats racism profanity to staff in a store: addiction. She has a history. Support plan in place. Need pictures of clients and staff.

Feb 9, ████████ verbal abuse: can be unpleasant/mean but come across as sweet. We try to keep staff safe but that is what they sign up for.

Feb 28, ████████ threats of violence female staff interest: dad is a heavy drinker; 2.5 yrs ago dad pushed mom down the stairs. Mom half paralyzed. ████████ in house at the time but did not witness accident. PTSD? Talking fantasy about staff. Talked to psychologist and removed fantasy staff. Recommend: change wording about hug policy in code of conduct. Encourage fist bumps.

Potentially Serious Incidents

n/a

Serious Incidents

n/a

Internal Inspections

██████ and ████████ did inspection of offices.  
Lights fixed/some people have them turned off. Stained ceiling tiles.  
First aid kits and fire extinguishers are good.  
██████ – cable needs to be pinned to the wall.  
Alarms tested in March.  
No slipping hazards. In parking lot stairs are fixed; well sanded/salted.  
People need to use the rails as the stairs are not trustworthy.  
Airflow has been good no complaints.  
Chemicals contained in one area. Tools are in Neil's office.  
Storage-area needs one light replaced.  
Finance area one light cover off and 1 light needs to be replaced.  
Ubaid is happy with his cushion chair.  
Vests for fire marshals.  
First aid kit sitting on counter needs to be hung. Have someone on the Adm level or Neal to hang first aid kit, ████████ needs stuff hung on his wall.  
HR office well kept.

The last inspection identified that the new HR offices needed a first aid kit. The old Bistro kit was found and moved to the new offices.

Other OHS inspections or Reports

We are still working on getting the Emergency Response Plans and kits including level 2 first aid kits placed into support homes that are worksites. This was an order that ████████ 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. ████████ will have this done today.

Training and Education

If anyone is requesting more training, they may indicate this. ████████ will need to rewrite the test; ████████ would like a copy of it to go in the HR file, and the time to pay regular pay. Ewurabena has completed the training.

## Old business

Pets reside in home issue for clients in a non-supportive roommate model. The CRM is going to be discontinued when the new program Sharepoint goes live, with this in mind let's not pursue trying to get this fixed. This computer system will be out of use. Putting effort into fixing the old CRM is a waste of our time, so let's move on from this.

Safe Chemical Use policy – it is on Penny's list to work on finding all the Safety Data Sheets. She would like to work on this in the new year with another committee member. The OHS Officer said that we should start with the most used chemicals and work down. Will set date after fiscal year this needs to be done.

Neal would like a work at home policy that describes best practices policy, Adrienne, on December 6, 2023 assigned [redacted] HR Generalist, to create this policy. Penny provided the Working from Home bulletin from the OHS ministry to Irela. Recommend: OHS wants to see this and give input. Working from home policy, there was not a lot on the bulletin: good communications which we have, good ergonomics, if you cannot make your home ergonomically correct come to the office to work.

[redacted] to follow up recommendations to update OHS Program Principals and Safe Work Practices Policy. Penny will send this today. Neal said he fixed the things we wanted. Penny did not see any of it changed on the website.

Fire drill is now pending follow up from the building's Property Manager. When [redacted] hears from Property Manager she will let us know. If we do not hear from him by the next meeting we will follow up.

August 21 – Cordell M threats to staff: this happened in August and no further incidents to date. CM might have got stable with a permanent staff? If it happens again will review report plan documents. [redacted] will send email to [redacted] to ensure CM does not have access to any weapons – [redacted] received a response from CM's Case Manager January 15, 2024 with this message:

[redacted] does have a regular community access staff who knows him well and has a positive relationship with him. [redacted] has been in a treatment Centre for addictions for the past month. CPLF has put in a funding enhancement to obtain 1020 residential placement. In this placement we will ensure that he does not have access to sharps.

From our last meeting minutes – a staff, [redacted] contacted [redacted] and said she sent in several IR reports that we are not getting. Staff is wondering why and if we can make a recommendation of her cases – I looked into this and found the staff, [redacted], supports [redacted] both residentially and for her community access supports. I asked [redacted] about her stress levels and whether providing the dual roles is becoming too much. She said she is fine, not stressed. She spoke of [redacted] triggers being not getting to see her family and the cold. I asked [redacted] about driving and whether ACCESS Calgary is working (as that is their only form of transportation) and she said yes they go out each program day with no problems. The last incident was triggered by the craft class being cancelled and that's it. I advised that the incident report was not received by the committee due to a clerical error. [redacted] talked to [redacted] and asked her if doing 2 roles is too much; [redacted] said no and everything is fine. She was concerned because we didn't see an incident report so she passed it on to [redacted] and we didn't see it; there was a clerical error.

## New business

We are getting some direction that the management are not liking the community access to be done by the residential staff. For the main part it is not common practice. When we feel it is the best interest for the individual the community access and residential has been done by the same individual. In one of [redacted]'s cases, she has an extremely anxious person, changes in staff can trigger him to self-harm; he bites his hands so bad that his hands

have callouses on them. It sounds as if there has been some concern about legal issues that could affect these teams. We are waiting for further direction.

Our last minutes spoke of recommending a blog for the website about the best level/standard of fire extinguisher to be used for residential homes. Let's clarify what we want to recommend. Recommend: type of fire extinguisher, training video of how to use the extinguisher. A video to be included in the training orientation with a question.

First aid kits: if it is a staff's workplace, we already have standard first aid kit. Government has a requirement of what we need in the kits; they told us workplaces are cars, house and office. Not covered is when there is a home with no staff only contractors; CM can dictate what they need preferably a level 1.


Pictures and contact information for new committee members needs to be updated on website safety section. ~~XXXXXX~~ needs to finish the training first then ~~Penny~~ will contact ~~XXXXXX~~ and ask her to take pictures.

Having alternate staff hang pictures – not everyone knows how to properly use a hammer, to be recommended that staff asked to use tools, including hammers, be trained prior to their completing the task.

Case Manager ~~XXXX~~ approached ~~XXXXXX~~ about using a transfer belt to get a client out of staff's car: not safe. A reminder to be recommended: even if people take lift and transfer training MSI rules need to be followed. Needs to be assessed for safety prior to any moves happening.

Next meetings: June 14, 2024 @ 0900 hrs

Reviewed by:

  
Penny Tataryn  
Management Co-chairperson

  
Dora Mejia acting as  
Employee Co-Chairperson