Employee Safety Committee Agenda
Month/Year December 2015

Company Name: ____________________________________________

Location: __________________________________________________

Employee Safety Committee Agenda for _____________, 20_______

Month    Day    Year

Company Safety Policy:

Ageia Health Services believes safety is a cardinal responsibility and is committed to providing a safe workplace for all employees and has developed this manual to integrate safety and health practices into every job task to prevent occupational injuries and illnesses. This will be accomplished through the cooperative efforts of managers, supervisors and employees to identify and eliminate hazards that may develop during our work process.

1. Call to Order

2. Roll Call (new hires and injured workers attend 3 meetings)

3. Review Minutes of Previous Meeting (see attached)

4. Committee Report:
   a. Incident Investigation Committee
      i. Review of incidents for current month
      ii. Identification of corrective measures
      iii. Implementation of corrective measures

5. Old Business
   a. Inspections & Corrections
      i. Last month’s policy review results
      1. Safety Committee and Elections (policy review)
   b. Other Items

6. New Business
   a. Respiratory & Hand Hygiene
   b. Monthly PPE Audit
   c. Safety Committee Quarterly Inspection
   d. Committee Members and non-members concerns
   e. ____________________________

7. Next meeting date & time

8. Adjournment
WHAT? Safety Committee Meeting

WHO? Safety Committee Members
New Employees
Injured Employees
Other Interested Employees

WHEN? ______/______/_______
at _________AM PM

WHERE? ________________________

WHY? To discuss workplace health and safety topics. Some items we may cover:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*This notice to be posted one week prior to the date of the meeting.*
Employee Safety Committee Minutes

Date: ____________________________

Location: ____________________________

Start Time: ___________ A.M. / P.M. (please circle)

Roll Call (members and non-members present-indicate new hires and injured workers)

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Review Minutes of Previous Meeting (see attached)

Comments:

__________________________________________

__________________________________________

__________________________________________

Monthly Safety Training Topic (briefly describe actual training covered)

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Incident Review Report: Evaluate the investigations conducted since the last meeting to determine if the cause(s) of the unsafe situation was identified and corrected

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________
Follow-Up on Old Business: Inspections & Corrections

New Business: _____ Quarterly Inspection or _____ Policy Review
Comment on inspection results or list the policy reviewed and note any comments, revisions, recommendations, addendums, etc.

New Business: Safety and health issues discussed, hazards reported, committee reports.

Action Plan: Recommendations for correcting hazards and reasonable deadlines for management to respond.

Name of the person(s) who will follow up on the recommendations:

Date of next safety committee meeting:

Notes taken by:

Signature:

End Time: ___________ A.M. / P.M. (please circle)
Inspect the following areas each month to identify if the proper PPE is available

Date: __________

<table>
<thead>
<tr>
<th></th>
<th>Gloves</th>
<th>Goggles</th>
<th>Aprons</th>
<th>CPR Mask</th>
<th>Spill Kits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Stations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medication Carts</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping Carts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soiled Utility Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry Room</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance Shop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CORRECTIVE ACTIONS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completed forms are to be provided to the Safety Committee for evaluation each month.
SAFETY COMMITTEE QUARTERLY INSPECTION FORM

SAFETY COMMITTEE IS TO PERFORM AN INSPECTION ONCE PER QUARTER DURING THESE MONTHS: QTR 1: FEBRUARY QTR 2: MAY QTR 3: AUGUST QTR. 4: NOVEMBER

Community: ___________________________ Date: ___________________________

Notify Administrator/Maintenance/Appropriate Department on all “NO” answers for correction.

Parking Lot/Perimeter of Building

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sidewalks are in good condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landscaping is trimmed &amp; does not create a slip/trip/fall hazard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking lot is in good condition &amp; free of potholes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoses used for watering are not stretched across walkways</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area outside Exit doors is free of debris and allows for easy egress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs/awnings/building/roofing is in good condition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lobby/Front Entry

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power-assisted doors are in good working condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mats &amp; wet floor cones are available for non-carpeted areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor coverings are in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture is in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper receptacles are available &amp; used to extinguish smoking materi</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reception Area/Offices

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor coverings are in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSDS book is available and updated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desks and chairs are in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area is free of clutter and tripping hazards</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Halls/Living Areas

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor coverings are in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handrails are firmly attached to the walls &amp; in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking &amp; No Smoking areas are clearly posted &amp; observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping carts, when in use, are kept on one side of the hall to keep the hall clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Wet Floor” signs are appropriately placed when floors are wet or being mopped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallways are free of clutter and tripping hazards</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Public Restrooms

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floors are free of water and other slip/trip &amp; fall hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good housekeeping &amp; free of debris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grab bars are properly secured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting is adequate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dining Area
Floor coverings are in good repair ......................................................... □ Yes □ No
Mats are used where necessary to prevent slips & falls ................................ □ Yes □ No
Chairs & tables are in good repair ........................................................ □ Yes □ No
Walkers are positioned to avoid causing a trip hazard ................................ □ Yes □ No

Kitchen
Mats are available where necessary to prevent slips & falls & for foot fatigue .......... □ Yes □ No
Potholders are available around ranges and steamers ..................................... □ Yes □ No
Cut-resistant gloves are available for cleaning the slicer ............................... □ Yes □ No
Knives are stored properly ........................................................................ □ Yes □ No
Electrical appliances are unplugged before cleaning ....................................... □ Yes □ No
Entry/exit handles on walk-in cooler are in good repair .................................. □ Yes □ No
Lights in walk-in coolers have protective covers .......................................... □ Yes □ No
Ventilation hood and Ansul system cover all cooking equipment ..................... □ Yes □ No
Ansul System above cooking equipment is serviced every six months .......... □ Yes □ No
Ansul System emergency pull handle is clearly accessible .......................... □ Yes □ No
Removable vent screens in hood are cleaned weekly ..................................... □ Yes □ No
Hood & flue are cleaned every six months as indicated by sticker on hood .... □ Yes □ No
40 BC Fire extinguisher is available, (Class K extinguisher if cooking with grease) □ Yes □ No
Doors are in good working condition ......................................................... □ Yes □ No

Laundry
Floor coverings are in good repair ............................................................ □ Yes □ No
Floor is free of water and other slip/trip & fall hazards .................................. □ Yes □ No
Dryer lint vents are cleaned after each use ................................................ □ Yes □ No

Medication Room
Syringes are not recapped & are placed in SHARPS containers immediately after use □ Yes □ No
Lancets are placed in SHARPS containers immediately after use ..................... □ Yes □ No
Full SHARPS containers are properly disposed of & are not stored on property □ Yes □ No

Maintenance Room
Paints/Chemicals stored properly .............................................................. □ Yes □ No
Room is locked to prevent general access .................................................. □ Yes □ No
All tools/appliances are in good repair ...................................................... □ Yes □ No

Housekeeping Room
Gloves/Goggles and other PPE for mixing chemicals are available .................. □ Yes □ No
Eye wash station is available & functioning .............................................. □ Yes □ No
All tools/appliances are in good repair ...................................................... □ Yes □ No
### Break/Lunch Room
- Safety bulletin board is present: [ ] Yes [ ] No
- Safety Committee meeting minutes are posted: [ ] Yes [ ] No
- Required postings are present: [ ] Yes [ ] No
- Room is clean and free of debris and clutter: [ ] Yes [ ] No

### Activity Room
- Room is clean & free of debris and clutter: [ ] Yes [ ] No
- Floor coverings are in good repair: [ ] Yes [ ] No
- Furniture is in good repair: [ ] Yes [ ] No

### Fire Systems/Protection
- Community sprinkler system is serviced annually: [ ] Yes [ ] No
- Community sprinkler riser area/room is free of clutter & debris: [ ] Yes [ ] No
- Fire sprinkler heads throughout facility are unblocked & have at least 18” clearance: [ ] Yes [ ] No
- Fire extinguishers are all charged, identified & serviced annually: [ ] Yes [ ] No

### Electrical
- No extension cords are being used throughout the Community: [ ] Yes [ ] No
- A 36” path is clear in front of all breaker panels: [ ] Yes [ ] No
- Breaker panel doors are closed: [ ] Yes [ ] No
- Breakers are individually identified: [ ] Yes [ ] No
- Missing breakers have blank plugs: [ ] Yes [ ] No
- Cords on all machinery & equipment are in good condition and not patched or taped: [ ] Yes [ ] No

### Egress
- Exit doors are not obstructed: [ ] Yes [ ] No
- Stairways are not obstructed: [ ] Yes [ ] No
- Fire doors are all functioning & not blocked: [ ] Yes [ ] No
- Exits are identified & marked with signs: [ ] Yes [ ] No
- Automatic doors are functioning properly & do not close prematurely: [ ] Yes [ ] No

### Elevators
- Cars level properly (within ½” of landing): [ ] Yes [ ] No
- Cars are provided with some type of car-door leading edge protection: [ ] Yes [ ] No
- Alarm bell functions: [ ] Yes [ ] No
- Inspection certificates are up-to-date: [ ] Yes [ ] No
- General car interior is adequate & does not present hazards: [ ] Yes [ ] No
- Elevator Maintenance Guide or logs are available & up-to-date: [ ] Yes [ ] No

### Universal Precautions
- Gloves are readily available for use with each resident: [ ] Yes [ ] No
- Gloves are used for pericare, oral care & changing garments/diapers: [ ] Yes [ ] No
Gloves are used for injections & blood testing. □ Yes □ No
Needles are not recapped. □ Yes □ No
SHARPS containers are adequate & available for use. □ Yes □ No
Gloves are used for emptying bedpans/catheter bags. □ Yes □ No
Gloves are used for treatments and/or dressings. □ Yes □ No
Soiled dressings are disposed of in a separate bag. □ Yes □ No
Hands are washed before & after resident care. □ Yes □ No

**Bath and Shower Areas**

Bathtubs & showers are clean. □ Yes □ No
Grab bars are secure. □ Yes □ No
Rubber mats are in place, where appropriate. □ Yes □ No
Rubber gloves are used when cleaning bathtubs & showers. □ Yes □ No
Showers are in good working order. □ Yes □ No
Water temperature does not exceed state maximum. □ Yes □ No

**Hazardous Communications/Personal Protective Equipment/OSHA**

Material Safety Data Sheets (MSDS') are available for all chemicals. □ Yes □ No
MSDS books are up to date. □ Yes □ No
Personnel knows the location of the MSDS books. □ Yes □ No
Gloves, goggles & other personal protective equipment are available for use with chemicals. □ Yes □ No
Eye wash stations are located in close proximity to areas where chemicals are used. □ Yes □ No
OSHA Log/Summary up to date. □ Yes □ No
Disaster plan accessible to staff. □ Yes □ No

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Signatures of each safety committee member participating in the inspection:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
AGEIA HEALTH SERVICES

Respiratory Hygiene,
Cough Etiquette
and
Hand Hygiene
RESPIRATORY HYGIENE

To prevent the transmission of all respiratory infections in healthcare settings, the following infection control measure must be implemented at the first point of contact with a potentially infected or ill persons.

1. VISUAL ALERTS
In order to protect those healthy residents and employees from visitors who may have symptoms of a respiratory infection, we should post reminder signs at the entrance of our communities, especially during flu season.

2. MASKING
During periods of high or increased respiratory infection activity in the community, management and nursing may elect to offer masks to residents with active infections that provoke uncontrollable coughing.
3. COUGH ETIQUETTE

Bad Cough Etiquette

- Coughing or sneezing in your hand will guarantee spread of infection

Good Cough Etiquette

- Cover your mouth/nose with a tissue
- If you do not have a tissue, cough in your elbow
- Dispose of tissue in waste receptacle
- Wash hands or use an alcohol based rub
Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu and even hard-to-treat infections, such as MRSA.
HAND HYGIENE

WHEN SHOULD I WASH OR SANITIZE MY HANDS?

Hands must be cleaned frequently. Always perform hand hygiene:
- At the start and finish of your shift and breaks;
- Before and after any direct resident care or contact i.e. dressings, toileting, showering;
- Between different procedures on the same client;
- Before and after contact with invasive devices such as catheters or respiratory equipment;
- After contact with blood or body substances;
- After handling soiled equipment, clothing or bedlinen;
- After the removal of gloves;
- Before and after activities such as going to the toilet, eating, handling food or coughing or sneezing.

If hands are visibly soiled, they must be washed with soap and water.
If not visibly soiled, an alcohol based hand rub may be used.
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the handwash (steps 2-7): 15-20 seconds
 Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;

1. Apply enough soap to cover all hand surfaces;

2. Rub hands palm to palm;

3. Right palm over left dorsum with interlaced fingers and vice versa;

4. Palm to palm with fingers interlaced;

5. Backs of fingers to opposing palms with fingers interlocked;

6. Rotational rubbing of left thumb clasped in right palm and vice versa;

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8. Rinse hands with water;

9. Dry hands thoroughly with a single use towel;

10. Use towel to turn off faucet;

11. Your hands are now safe.

World Health Organization
Patient Safety
SAVE LIVES
Clean Your Hands

Based on the 'How to Handwash', URL: http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf © World Health Organization 2009. All rights reserved

May 2009
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDDRUB

1. Duration of the handwash (steps 2-7): 15-20 seconds
2. Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
2. Rub hands palm to palm;
3. Right palm over left dorsum with interlaced fingers and vice versa;
4. Palm to palm with fingers interlaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.

World Health Organization
Patient Safety
A World Alliance for Safer Health Care
SAVE LIVES
Clean Your Hands

Based on the 'How to Handwash', URL: http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf © World Health Organization 2009. All rights reserved

May 2009
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;

1b. Rub hands palm to palm;

2. Right palm over left dorsum with interlaced fingers and vice versa;

3. Palm to palm with fingers interlaced;

4. Backs of fingers to opposing palms with fingers interlocked;

5. Rotational rubbing of left thumb clasped in right palm and vice versa;

6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

7. Once dry, your hands are safe.

World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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WHO acknowledges the Health Universities of Osewa (PNU), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009
Kristy Walters

From: Kathern Ziemer <gijaneret54@hotmail.com>
Sent: Monday, December 01, 2014 12:17 PM
To: Mary
Subject: A couple things please

First, did I miss something on Betty McCormick's calendar? I notice that my shift for this Saturday is crossed out. I usually check to see what they have going on for when I'm there getting Betty up and ready for her day.

Also, I'd like to change my mailing address to my home. I'm getting rid of my PO box address when it's due again so changing things now.

Kathern Ziemer

130 NW 2nd St
Redmond OR 97756

541 350 2950