Employee Safety Committee Agenda
Month/Year June 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. Incident Investigation
   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)

________________________________________________________________________
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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)
Personal Protective Equipment Audit

Inspect the following areas each month to identify if the proper PPE is available

<table>
<thead>
<tr>
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<th>Gloves</th>
<th>Goggles</th>
<th>Aprons</th>
<th>CPR Mask</th>
<th>Spill Kits</th>
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<td>Nurses Stations</td>
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<td>Medication Carts</td>
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<td>Laundry Room</td>
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<td>Dietary</td>
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<td>Maintenance Shop</td>
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CORRECTIVE ACTIONS:


Completed forms are to be provided to the Safety Committee for evaluation each month.

Personal Protective Equipment Audit
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**
- Sidewalks are in good condition ................................................................. [ ] Yes [ ] No
- Landscaping is trimmed & does not create a slip/trip/fall hazard .................... [ ] Yes [ ] No
- Parking lot is in good condition & free of potholes ...................................... [ ] Yes [ ] No
- Hoses used for watering are not stretched across walkways ...................... [ ] Yes [ ] No
- Area outside Exit doors is free of debris and allows for easy egress ............. [ ] Yes [ ] No
- Signs/awnings/building/roofing is in good condition .................................. [ ] Yes [ ] No

**Lobby/Front Entry**
- Power-assisted doors are in good working condition ................................. [ ] Yes [ ] No
- Mats & wet floor cones are available for non-carpeted areas .................... [ ] Yes [ ] No
- Floor coverings are in good repair ............................................................ [ ] Yes [ ] No
- Furniture is in good repair ........................................................................ [ ] Yes [ ] No
- Proper receptacles are available & used to extinguish smoking materials .... [ ] Yes [ ] No

**Reception Area/Offices**
- Floor coverings are in good repair ............................................................ [ ] Yes [ ] No
- MSDS book is available and updated ....................................................... [ ] Yes [ ] No
- Desks and chairs are in good repair ........................................................... [ ] Yes [ ] No
- Area is free of clutter and tripping hazards ................................................ [ ] Yes [ ] No

**Halls/Living Areas**
- Floor coverings are in good repair ............................................................ [ ] Yes [ ] No
- Handrails are firmly attached to the walls & in good repair ......................... [ ] Yes [ ] No
- Smoking & No Smoking areas are clearly posted & observed .................... [ ] Yes [ ] No
- Housekeeping carts, when in use, are kept on one side of the hall to keep the hall clear ................................................. [ ] Yes [ ] No
- “Wet Floor” signs are appropriately placed when floors are wet or being mopped ......................................................... [ ] Yes [ ] No
- Hallways are free of clutter and tripping hazards ...................................... [ ] Yes [ ] No

**Public Restrooms**
- Floors are free of water and other slip/trip & fall hazards ......................... [ ] Yes [ ] No
- Good housekeeping & free of debris ......................................................... [ ] Yes [ ] No
- Grab bars are properly secured .................................................................. [ ] Yes [ ] No
- Lighting is adequate .................................................................................. [ ] Yes [ ] No
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 Ansal system cover all cooking equipment .................... ☐ Yes ☐ No
Ansal System above cooking equipment is serviced every six months .......... ☐ Yes ☐ No
Ansal 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 and functioning .............................................. ☐ Yes ☐ No
All tools/appliances are in good repair .......................................................... ☐ Yes ☐ No
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>Break/Lunch Room</strong></td>
<td>Safety bulletin board is present</td>
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<td>Safety Committee meeting minutes are posted</td>
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<td>Required postings are present</td>
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<td>Room is clean and free of debris and clutter</td>
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<td><strong>Activity Room</strong></td>
<td>Room is clean &amp; free of debris and clutter</td>
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<td></td>
<td>Floor coverings are in good repair</td>
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<td>Furniture is in good repair</td>
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<td><strong>Fire Systems/Protection</strong></td>
<td>Community sprinkler system is serviced annually</td>
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<td>Community sprinkler riser area/room is free of clutter &amp; debris</td>
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<td>Fire sprinkler heads throughout facility are unblocked &amp; have at least 18&quot; clearance</td>
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<td>Fire extinguishers are all charged, identified &amp; serviced annually</td>
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<td><strong>Electrical</strong></td>
<td>No extension cords are being used throughout the Community</td>
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<td>A 36&quot; path is clear in front of all breaker panels</td>
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<td>Breaker panel doors are closed</td>
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<td>Breakers are individually identified</td>
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<td>Missing breakers have blank plugs</td>
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<td>Cords on all machinery &amp; equipment are in good condition and not patched or taped</td>
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<td><strong>Egress</strong></td>
<td>Exit doors are not obstructed</td>
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<td>Stairways are not obstructed</td>
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<td>Fire doors are all functioning &amp; not blocked</td>
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<td>Exits are identified &amp; marked with signs</td>
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<td>Automatic doors are functioning properly &amp; do not close prematurely</td>
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<td><strong>Elevators</strong></td>
<td>Cars level properly (within 1/2&quot; of landing)</td>
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<td>Cars are provided with some type of car-door leading edge protection</td>
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<td>Alarm bell functions</td>
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<td></td>
<td>Inspection certificates are up-to-date</td>
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<td>General car interior is adequate &amp; does not present hazards</td>
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<td>Elevator Maintenance Guide or logs are available &amp; up-to-date</td>
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<td><strong>Universal Precautions</strong></td>
<td>Gloves are readily available for use with each resident</td>
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<td></td>
<td>Gloves are used for pericare, oral care &amp; changing garments/diapers</td>
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</table>
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
Bathubs & 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 bathubs & 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:

..............................................................................................................
..............................................................................................................
..............................................................................................................
..............................................................................................................
Investigation for prevention:

Injuries must be thoroughly understood in an effort to prevent repeat occurrences. Incident investigations are so important that both management and the Safety Committee must be involved. The investigation pinpoints the causes of an incident and also provides an accurate analysis of the steps that must be taken to prevent a recurrence. After the investigation, all missing safeguards or corrective measures must be put into place.

An Investigation Team must be established and prepared before an incident happens, so that it will be ready to respond when the need occurs. Investigation Team members will change periodically, but the ideal team will include the following:

- A worker from the area where the incident occurred.
- A supervisor from a work area not involved in the incident.
- A maintenance supervisor who understands equipment or processes associated with the incident.
- The Safety Supervisor.
- A Safety Committee representative.

There are five steps to an effective incident investigation:

- **Gather information:** The Investigation Team learns the facts about the incident and interviews witnesses and others involved. The Incident Investigation Form is used to document the facts and organize the information.

- **Analyze facts:** The Investigation Team identifies the incident's causes and contributing factors and determines how the incident could have been prevented.

- **Report findings:** The Investigation Team prepares a written report that describes who was involved, where the incident occurred, when it happened, and what caused it. The report recommends what can be done to prevent the incident from happening again.

- **Act on recommendations:** Management reviews the report and determines how to prevent the incident from happening again. A modification to a Safety policy, procedure, or program needs to be developed and implemented to prevent future recurrences. This assures proper corrective action is taken.

- **Follow up:** The Safety Supervisor, Safety Committee and Investigation Team follows up to ensure that appropriate corrective action was taken to prevent the incident from happening again.
This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

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<tr>
<th>Name:</th>
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Remember to load your completed trainings into the Risk Management Center.