Employee Safety Committee Agenda
Month/Year August 20___

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. Workplace Safety
   b. Monthly PPE Audit
   c. Monthly Hazardous Chemicals Audit
   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: __________

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<thead>
<tr>
<th></th>
<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>Housekeeping Carts</td>
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<td>Soiled Utility Room</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.
<table>
<thead>
<tr>
<th>COMMUNITY:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>CHEMICAL NAME</td>
<td>MANUFACTURER</td>
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Note: Outdated hazardous chemical lists are to be archived in permanent safety records
SAFETY

It's as simple as ABC...

Always Be Careful
We are committed to the health and safety of our employees.

We provide:

A safe working environment
Personal Protective Equipment (PPE)
Safety training
Safety incentives
Worker’s compensation insurance

AND

A Return To Work program
Safety is your responsibility too. Most workplace injuries are caused by human error.
WORKPLACE INJURY STATISTICS

On each work day a fatal injury occurs every 2 hours and a disabling injury happens every 8 hours.

What Causes Accidents

- **88% Are Caused By Human Error**
  - Under Confident With Job Task Or Environment
  - Over Confident With Job Task Or Environment
  - Short Cuts

- **10% Are Caused By Mechanical Failure**
  - Worn Equipment
  - Faulty Equipment

- **2% Beyond Human Control**
  - Act Of Nature

What we expect from you

BE CAREFUL

STOP!
THINK!
IF IT SEEMS LIKE
A BAD IDEA IT
PROBABLY IS!
YOUR RESPONSIBILITIES

- Attend the 1st three Safety Committee Meetings after you're hired.
New employees are required to attend 3 safety committee meetings.

The purpose of a safety committee is to bring workers and management together in a non-adversarial & cooperative effort to support safety.
YOUR RESPONSIBILITIES

- Report all incidents to your supervisor immediately
YOUR RESPONSIBILITIES

- Always use a gait belt when transferring or ambulating a resident
YOUR RESPONSIBILITIES

➢ Observe and report unsafe work practices or hazards
YOUR RESPONSIBILITIES

- Complete all safety trainings
YOUR RESPONSIBILITIES

➢ Never roughhouse or engage in practical jokes
HORSEPLAY AND PRACTICAL JOKES

Practical jokes and clowning-around on the job create an unsafe work environment for all workers. This kind of activity is one of the primary causes of "freak accidents."

- Don’t engage in it. It is against company safety policy and it could get you fired.
- Don’t encourage or laugh at others horseplay.
- Report horseplay to your supervisor.

Not a good idea
YOUR RESPONSIBILITIES

- Use proper body mechanics when lifting, pushing or pulling
YOUR RESPONSIBILITIES

Abide by Ageia's Drug Free Workplace policy
YOUR RESPONSIBILITIES

Dispose of sharps properly: NEVER recap!
Our goal
NO Accidents

Safety begins with YOU
On the job injury procedures

And

Return to work program
Uh oh, I think I’m injured.
Now what do I do?
First, report immediately to your supervisor

Then...
Immediately notify the Executive Director, day or night, weekends and holidays too.
Fill out the incident report
Before seeking medical treatment...
Consult with the community nurse:
in person or by telephone
If you DO need to have outside medical treatment, the Executive Director or authorized designee will take you to the clinic.
Your Executive Director took you to the clinic to be checked out.

If the doctor ok's you to return to full duty, great!

Give the paperwork to the ED and return to work or to your next scheduled shift.
What if the doctor says I can’t do my regular job for a while?

Ageia’s Return to Work Program is in place to take care of you. You MUST tell the doctor that Ageia has a No Time Loss philosophy and has modified duty available to meet ANY work restrictions.
You won’t have to miss work and worry about losing money.

We have light duty jobs you can do while you’re recovering.
If you are not released to full duty, don’t worry. We have modified duty jobs that we can customize to suit any work restrictions. It’s very important to us that you do not miss any work. Being injured hurts; you don’t need financial worries as well.

Your ED will give you a modified duty job offer that meets your restrictions.
The ED will provide you with a light duty job offer letter. Your scheduled hours may change because you’ll be doing different work, but you will still receive your regular rate of pay.
You must follow doctor's orders and not exceed your restrictions; at work or outside of work.

Each and every time you have a follow-up appointment, whether it's for treatment or simply a re-check, you MUST return the paperwork to the ED.
Injured employees are required to attend at least the next three Safety Committee Meetings.
If you are still not released to full duty after 3 months, you need to keep attending the meetings until you are released to full duty. Injured worker’s cannot play Safety Bingo until the next game that starts after they are released to full duty.

Continue to work your light duty job as scheduled and report to the ED after each appointment until you are released to full duty.
Your medical appointments need to be scheduled outside of your work hours.
Let’s review what you’ve learned

Your workplace safety responsibilities are...
- Attend the first 3 Safety Committee Meetings after your employment begins
- Report all incidents to your supervisor immediately
- Always use a gait belt when transferring or ambulating a resident
- Observe and report unsafe work practices or hazards
- Complete all safety trainings
- Wear appropriate PPE
- Never roughhouse or engage in practical jokes
- Use proper body mechanics when lifting, pushing or pulling
- Abide by the drug free workplace policy
- Dispose of sharps properly: NEVER recap!
Report incident to your supervisor immediately.
Notify the Executive Director or the authorized designee immediately, in person or by phone, no matter what time of day or night it is.

Fill out the incident report.
Consult with the community nurse to help determine if medical treatment is necessary.

If you do not need medical treatment return incident report to the Executive Director.

If you need medical treatment, your ED or his/her authorized designee will take you to the clinic.
You must inform the doctor that we have a “no time loss” philosophy and can provide modified duty work for any restriction.
In the event of a workplace injury

- If you are released to full duty, great! Give the paperwork to the ED and return to work or to your next scheduled shift.
- If you are not released to full duty we have modified duty jobs that we can customize to suit any work restrictions.
- The ED will provide you with a light duty job offer letter.
- Attend at least three Safety Committee Meetings.
- You must follow the treating provider’s orders and not exceed your restrictions, at work or outside of work.
- Each and every time you have a follow-up appointment, whether it’s for treatment or simply a re-check, you MUST return the paperwork to the ED.
- Continue to work your modified job until you are released to full duty.