Employee Safety Committee Agenda
Month/Year December 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. Lifting Safety
   b. Monthly PPE Audit
   c. Monthly Hazardous Chemicals Audit
   d. Safety Committee Quarterly Inspection
   e. Committee Members and non-members concerns
   f.

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)
**Personal Protective Equipment Audit**

**AGEIA HEALTH SERVICES**

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**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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<tr>
<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>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.
### Hazardous Chemicals Audit

**COMMUNITY:**

<table>
<thead>
<tr>
<th>CHEMICAL NAME</th>
<th>MANUFACTURER</th>
<th>LOCATION USED AT</th>
<th>PPE NEEDED</th>
<th>SDS PRESENT</th>
<th>DATE FIRST USED</th>
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**DATE:**

Note: Outdated hazardous chemical lists are to be archived in permanent safety records.
SAFETY COMMITTEE QUARTERLY INSPECTION FORM

SAFETY COMMITTEE IS TO PERFORM AN INSPECTION ONCE PER QUARTER DURING THESE MONTHS: QTR 1: MARCH QTR 2: JUNE QTR 3: SEPTEMBER QTR. 4: DECEMBER

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 Ansol system cover all cooking equipment ................................. ☐ Yes ☐ No
Ansol System above cooking equipment is serviced every six months ......................... ☐ Yes ☐ No
Ansol 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
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:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
**Do you practice proper lifting techniques?**

There are nearly half a million disabling injuries on the job every year and a large percentage of them are back injuries. Improper lifting technique is the cause of many of these injuries. This is demonstrated by the fact that 23% of all workplace injuries occur while lifting or moving heavy materials. Injuries of this nature are painful and sometimes career-ending. However, these incidents can be avoided by practicing proper lifting procedures.

**Factors involved in accurately assessing a lift:**

The ability to lift an object will depend on the health, physical capability, and overall fitness of the individual performing the lift. Other factors to consider are:

**Load placement:**

- If you are moving the load manually, place the load directly in front of you, with both your feet and the load facing forward, in order to not twist your back.
- Don't bend at your waist or lift with your back; bend at your knees and use your legs to perform the lift.

**Weight lifted:**

- The amount of weight to be lifted is a critical factor. The heavier the weight, the greater the potential for injury. Decrease the weight or reduce the number of lifts per day to decrease the potential of sustaining a back injury.

*Improper lifting technique: Do not bend from the waist!*
Factors involved in accurately assessing a lift (continued):

Proper grip:
- Hold loads as close to the body as possible.
  - The farther the load from the body, the greater the stress on the back.
  - Holding the load closely increases the safety of the lift by allowing your body to push an object as opposed to pulling it.
- Carry the load at waist level to create balance and reduce stress.

What should be done if the load looks too heavy or unsafe to be moved by only one person?
Find a way to move the load that will not put you at risk of a back injury. Mechanical methods, such as push carts or forklifts, are means of moving heavy loads without jeopardizing your health and safety. If mechanical methods are not present, ask for help.

Get in the habit of practicing safe lifting techniques. Following these simple measures can prevent a potentially serious back injury.
Lifting Safely

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization:______________________________________________

Trainer:________________________________ Trainer’s Signature:____________________

Class Participants:

Name:________________________ Signature:________________________ Date:___________

Name:________________________ Signature:________________________ Date:___________

Name:________________________ Signature:________________________ Date:___________

Name:________________________ Signature:________________________ Date:___________

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Name:________________________ Signature:________________________ Date:___________

Name:________________________ Signature:________________________ Date:___________

Remember to load your completed trainings into the Risk Management Center.