Employee Safety Committee Agenda
Month/Year June 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. Injury Risks in Patient and Resident Handling
   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

AGEN
HEALTH SERVICES

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>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.
**Hazardous Chemicals Audit**

<table>
<thead>
<tr>
<th>COMMUNITY:</th>
<th>DATE:</th>
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<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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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.

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

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

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

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

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<thead>
<tr>
<th>Public Restrooms</th>
<th>□ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>Floors are free of water and other slip/trip &amp; fall hazards</td>
<td></td>
</tr>
<tr>
<td>Good housekeeping &amp; free of debris</td>
<td></td>
</tr>
<tr>
<td>Grab bars are properly secured</td>
<td></td>
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<tr>
<td>Lighting is adequate</td>
<td></td>
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</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 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:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Injury Risks**

**Objective:** To reinforce awareness of common types of patient handling injuries, risk factors, and injury prevention techniques

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**Common Injuries**

**Back injury:**
- Back strain and sprain are extremely common to the nursing industry: **half** of injuries are to the back or shoulder.
- In the last ten years, the number of back injuries has been rising.
- Even in general industry, **one of four** injuries is a back sprain or strain.
- Injured back muscles can take **6 – 8 weeks** to heal.

**Spinal disc injuries:**
- Spinal disc injuries are extremely painful and some may require surgery before improving.
- Types of injury include:
  - Disks slipping out of position.
  - Discs rupturing.
  - Bones grinding together.

**Musculoskeletal disorders (MSDs):**
- MSDs include back pain, carpal tunnel syndrome, and rotator cuff injuries.
- Some MSDs develop gradually, but they can also result from **one event.**
- Early signs of MSDs include persistent pain, restriction of joint movement, and soft tissue swelling.

**Injury to ligaments:**
Injured ligaments can take a few weeks or more to heal, depending on proper rest and treatment.
Injury Risks

Example Risk Factors

High-force tasks:
Tasks that require a high level of exertion put you at risk for serious injuries.

Examples:
• Trying to stop a patient or resident from falling
• Transferring a combative resident
• Lifting patients or residents who are:
  – Unable to support their own weight
  – Uncooperative or confused
  – Particularly heavy
• Lifting by yourself when there is no other help available
• Traveling a long distance while lifting or pulling a patient or resident
• Maintaining control of equipment or tools

Awkward postures:
Awkward postures place stress on the body and make you vulnerable to back muscle strain and ligament damage.

Types of awkward postures include reaching above shoulder height, kneeling, squatting, leaning, or twisting.

Common activities that use awkward postures:
• Bending over to feed a patient or resident
• Stooping to bathe a patient or resident
• Manually lifting a patient or resident using just one side of your body
• Reaching and manually lifting a resident from a Geri chair to a bed

Repetitive motion:
For caregivers, a common repetitive motion is repeatedly cranking manual adjustments on beds.
Injury Risks

Avoiding Injury

Avoid overexertion:

- Limit lifting patients and residents manually or bearing their weight.
- Know which tasks require multiple caregivers, and do not try to perform them on your own.
- Follow your fall management plan.

Avoid awkward positions:

- Always aim to keep your body in a neutral position (i.e., comfortable and natural alignment).
- Learn how to perform tasks ergonomically.
- If awkward positions are unavoidable, alternate tasks to limit the time spent in these postures.
- Avoid combining high-force tasks with awkward postures.
- Use gait belts.

Avoid repetitive motion:

Avoid hand-cranked beds. The repetitive motion of cranking can lead to MSDs or strains of the wrist and shoulder.

Discussion

Ask your training group to recount situations where they encountered injury risks in their patient handling activities.

- Have you experienced injury as a result of a patient handling task? If so, how?
- Did you feel pain or other warning signs during your handling activity? What were they?
- How could you approach these past situations differently to avoid injury?
Injury Risks

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

Organization: ___________________________ Date: ___________________________

Trainer: ___________________________ Trainer’s Signature: ___________________________

Class Participants:

Name: ___________________________ Signature: ___________________________

Name: ___________________________ Signature: ___________________________

Name: ___________________________ Signature: ___________________________

Name: ___________________________ Signature: ___________________________

Name: ___________________________ Signature: ___________________________

Name: ___________________________ Signature: ___________________________

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Name: ___________________________ Signature: ___________________________

Name: ___________________________ Signature: ___________________________

Remember to document attendance in the Training Track application of the Risk Management Center.