Employee Safety Committee Agenda
Month/Year October 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. Influenza Virus
   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
Influenza Virus—Preventing the Spread

Influenza (commonly known as the flu) is a serious contagious disease that can lead to hospitalization or even death. Prevent its spread and minimize its potential impact with the following steps.

**Flu prevention measures:**
- Wash your hands frequently with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose or mouth to limit the spread of germs.
- Limit close contact with others who are ill.
- Cover your nose and mouth with a tissue when you cough or sneeze.
- Get a flu shot or a nasal-spray vaccine.

**Flu treatment:**
- If you become ill, limit your own contact with others.
- If you are experiencing flu-like symptoms, the CDC recommends staying home for at least 24 hours after your fever has normalized without the use of fever-reducing medicine.
  - However, leaving to get medical care or other necessities may be a necessary exception.
- Anti-viral drugs have been proven to be helpful in lessening the symptoms and length of the time you are sick. If medications have been prescribed, make sure to take them as directed.

*The best protection from the flu is to get vaccinated every year.*
Influenza Virus—Preventing the Spread

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: __________

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Name: ___________________________ Signature: ___________________________ Date: __________

Name: ___________________________ Signature: ___________________________ Date: __________

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