# **Dedicated Nursing Associates & DNA**

**Date of Meeting: 10/28/2016.** 

### **Safety Committee Meeting Sign-In Sheet**

| <b>Committee Member Name</b> | <b>Present</b> | <b>Absent</b> | Signature       |
|------------------------------|----------------|---------------|-----------------|
| Danielle Reilly              | X              |               |                 |
| Chastity Williams            | X              |               | Conference Line |
| Aaron Ziraks                 | X              |               | Conference Line |
| Melissa Spagnol              | X              |               |                 |
|                              |                |               |                 |
|                              |                |               |                 |
|                              |                |               |                 |
|                              |                |               |                 |
|                              |                |               |                 |
|                              |                |               |                 |

### **Safety Committee Guests / Visitors**

| Sam Baudoux | X |  |
|-------------|---|--|
|             |   |  |
|             |   |  |
|             |   |  |

- ✓ Per the State of PA, you must have a quorum (one more than half) of members present at the meeting in order for the meeting to count towards your twelve meeting per year.
- ✓ This sign-in sheet should be attached to the corresponding safety committee meeting minutes and agenda, and kept on file with your safety committee records.
- ✓ <u>Please be certain that the date on the sign-in sheet, agenda, and minutes are all the same for each meeting.</u>
- ✓ You must maintain these records for at least FIVE years

# **Dedicated Nursing Associates & DNA Safety Committee Meeting Agenda**

**Date Of Meeting:** 10/28/2016

Time of Meeting: 11:00

Location of Meeting: Corporate Office - 3875 Franklintown Ct, Suite 240, Murrysville, PA

15668

- 1. Roll Call
- 2. Review agenda for this meeting.
- 3. Review and approve last month's meeting minutes.
- 4. Review of workplace accidents that have occurred since the last meeting; discuss contributing cause, root cause, and corrective actions.
- 5. Review of hazard inspections if completed this month.
- 6. Review the status of old business and the committee's suggested corrective actions.
- 7. Round table discussion New Business
- 8. Reports / information from guest speakers
- ✓ The agenda should be distributed to safety committee members at least three to five days prior to the actual meeting.
- ✓ A copy should be attached to meeting minutes for distribution and/or posting.
- ✓ This agenda should be attached to the corresponding safety committee meeting minutes and sign-in sheet, and kept on file with your safety committee records.
- ✓ Please be certain that the date of the sign-in sheet, agenda, and minutes are all the same for each meeting.
- ✓ You must maintain these records for at least FIVE years.

# **Dedicated Nursing Associates & DNA Safety Committee Minutes**

Meeting Date: 10/28/2016 Time meeting started: 11:00AM

**Meeting Chairperson:** Danielle Reilly (Elected today by Committee)

| <u>Present</u>    | <u>Absent</u> |
|-------------------|---------------|
| Danielle Reilly   |               |
| Chastity Williams |               |
| Melissa Spagnol   |               |
| Aaron Zirak       |               |
| Sam Baudoux       |               |
|                   |               |
|                   |               |
|                   |               |
|                   |               |
|                   |               |

Previous meeting minutes from (Month & Year) were read and approved:\_\_\_Yes \_\_\_No N/A, First Meeting of Committee

No

Agenda for today's meeting was reviewed by all members: X Yes

# Review of Accidents/Incidents Since the Last Meeting (employee, non-employee, vehicle accidents, near misses, property, & other)

| Date: | Cause / Description:    | Corrective Action: |
|-------|-------------------------|--------------------|
| N/A   | First Committee Meeting |                    |
|       |                         |                    |

#### Safety Walkthrough / Hazard Detection Review (if completed this month)

| Date: | Area: | <u>Finding:</u> | Responsibility Assigned To Whom & Action Taken: |
|-------|-------|-----------------|---|
| N/A   |       |                 |   |

## **Status / Progress of Uncompleted Old Business**

| Old Business Item: | <u>Updates:</u>         |
|--------------------|-------------------------|
| N/A                | First Committee Meeting |

### **New Business (Round Table Discussion)**

| Committee        | Topic / Hazard Identified:                | Responsibility Assigned To Whom &       |
|------------------|---|---|
| Member Name:     |   | Action To Be Taken:                     |
| Group Discussion | Elect Committee Chairperson and Secretary | Chairperson: Danielle Reilly            |
|                  |   | Secretary: Chastity Williams            |
|                  |   | Elected by unanimous vote               |
| Group Discussion | Inclement weather                         | Danielle Reilly to research Winter      |
|                  |   | related accidents and educational       |
|                  |   | literature to minimize them. Present at |
|                  |   | next committee meeting for review.      |

## **Other Reports or Guest Speakers**

| <b>Guest Name:</b> | Topic Discussed / Presented to the Group   |
|--------------------|--|
| Sam                | Safety Committee Training completed by Sam.  |
|                    | <ul> <li>Apply to PA State Health &amp; Safety Division to get BWC Safety Discount at least<br/>30 days from April Renewal Date.</li> </ul>    |
|                    | Safety Committee to meet once per month.   |
|                    | Safety Committee members remain on the committee for at least one year   |
|                    | <ul> <li>Safety Committee Meetings must have an agenda, Sign-in Sheet, and meeting<br/>minutes.</li> </ul>                                     |
|                    | <ul> <li>Must complete safety walk through of branches at least once per quarter,<br/>completed by a member of the safety committee</li> </ul> |
|                    | <ul> <li>During monthly Committee meetings, must discuss previous months<br/>incidents/accidents and discuss corrective actions.</li> </ul>    |
|                    | <ul> <li>Committee decisions are made via majority vote.</li> </ul>  |

| <b>Meeting Adjourned:</b>                       | Date / Time: 10/28/2016 12:00PM |  |
|---|---------------------------------|--|
| <b>Next Meeting:</b>                            | Date / Time: 11/18/2016 10:30AM |  |
| Meeting Minutes Completed By: Chastity Williams |                                 |  |

- ✓ <u>A copy of these minutes & the agenda should be distributed to all company employees,</u> or posted where all employees have access to them.
- ✓ These meeting minutes should be attached to the corresponding agenda and sign-in sheet, and kept on file with your safety committee records.
- ✓ <u>Please be certain that the date of the sign-in sheet, agenda, and minutes are all the same for each meeting.</u>
- ✓ You must maintain these records for at least FIVE years.

#### The 5 Why's - Root Cause Analysis for Workplace Injuries & Near-Miss Incidents

#### Steps in using The 5 Why's Root Cause Analysis Method:

- 1. Start with the undesired event.
- 2. Ask: "Why did the incident happen?" This is typically the Direct Cause.
- 3. Ask: "Why did that happen?" or "Why did that occur?" This is often a Contributing Cause.
- 4. Ask: "Why did this happen?" or "Why did this occur? There may be other Contributing Causes
- 5. Continue asking "Why?" 5 or 6 times. You should get to the **root cause** by the answer to the 5<sup>th</sup> or 6<sup>th</sup> why question.

#### Use the form below to help you determine the root cause of an incident.

| Incident                               |             |                                    |     | ate of   |      |
|--|-------------|------------------------------------|-----|----------|------|
| <b>Location:</b>                       |             |                                    | Ir  | ncident: |      |
| Employee(s) Involved:                  |             |                                    |     |          |      |
| Supervisor:                            |             |                                    |     |          |      |
|  |             |                                    |     |          |      |
| <b>Undesired Event</b>                 |             | Describe briefly what the event we | as: |          |      |
|  |             |                                    |     |          |      |
|  |             |                                    |     |          |      |
| Why did the incide                     | ent happen? |                                    |     |          |      |
| (Direct Cause)                         |             |                                    |     |          |      |
| ****                                   | 0           |                                    |     |          |      |
| Why did this occu<br>(Contributing Cau |             |                                    |     |          |      |
|  |             |                                    |     |          |      |
| Why did that occu                      |             |                                    |     |          |      |
| (Contributing Cau                      | ıse)        |                                    |     |          |      |
| Why did this occu                      | r?          |                                    |     |          |      |
| (Contributing Cau                      |             |                                    |     |          |      |
|  |             |                                    |     |          |      |
| Why did that occu                      | ır?         |                                    |     |          |      |
| (Contributing Cau                      |             |                                    |     |          |      |
|  |             |                                    |     |          |      |
|  |             |                                    |     |          |      |
| <b>Root Cause:</b>                     |             |                                    |     |          | <br> |
|  |             |                                    |     |          |      |
| <b>Corrective Action</b>               | (s):        |                                    |     |          |      |