

Dedicated Nursing Associates & DNA

Date of Meeting: 1/13/17

Safety Committee Meeting Sign-In Sheet

Committee Member Name	Present	Absent	Signature
Danielle Reilly	X		
Melissa Spagnol		X	
Aaron Ziraks	X		
Chastity Williams	X		
Tori Cerutti	X		

Safety Committee Guests / Visitors

- ✓ **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.**
- ✓ **Please be certain that the date on 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 Meeting Agenda

Date Of Meeting: 01/13/2017

Time of Meeting: 10:30 AM

Location of Meeting: Corporate Office - 3875 Franklinton 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 safety walkthroughs for each office and recommend changes/fixes if necessary**
- 6. Review the status of old business and the committee's suggested corrective actions.**
 - ✓ Follow up on education to branch managers about not being allowed to transport**
 - ✓ Check status of getting promotional safety items like ice scrapers**
- 7. Round table discussion – New Business**
 - ✓ Approval of new incident reporting form**
- 8. Recommendations to management**

Dedicated Nursing Associates & DNA
Safety Committee Minutes

Meeting Date:
1/13/17

Time meeting started: 10:30AM

Meeting Chairperson:
Danielle Reilly

<u>Present</u>	<u>Absent</u>
<i>Danielle Reilly</i>	<i>Melissa Spagnol</i>
<i>Aaron Ziraks</i>	
<i>Chastity Williams</i>	
<i>Tori Cerutti</i>	

Agenda for today's meeting was reviewed by all members: X Yes ___ No

Previous meeting minutes from (12/2016) were read and approved: X Yes ___ No

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

Date:	Cause / Description:	Corrective Action:
<i>1/4/2017</i>	While transferring, the resident fell and weight of patient put on left wrist	
<i>1/7/2017</i>	Employee was pushing a food cart and hit left hand against display unit on wall.	
<i>1/19/2017</i>	PT being combative by throwing alarm across room. EE attempted to tend to PT and PT grabbed right wrist and would not let go. (Facility disputed the validity of this claim)	

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

<u>Date:</u>	<u>Area:</u>	<u>Finding:</u>	<u>Responsibility Assigned To Whom & Action Taken:</u>
12/26/16	Allentown	Areas found to be safe	Christopher Young
12/28/16	Cleveland	Areas found to be safe	Aaron Ziraks
12/27/16	Columbus	Areas found to be safe	Aaron Ziraks
12/22/16	Corporate	Areas found to be safe	Danielle Reilly
12/22/16	Dayton/Cincinnati	Areas found to be safe	Chastity Williams
12/27/16	Lewisburg	Areas found to be safe	Christopher Young
12/22/16	Pittsburgh	Areas found to be safe	Danielle Reilly
12/20/16	Reading	Areas found to be safe	Christopher Young
12/22/16	Sales	Areas found to be safe	Danielle Reilly
12/22/16	York	Areas found to be safe	Christopher Young

Status / Progress of Uncompleted Old Business

<u>Old Business Item:</u>	<u>Updates:</u>
Promotional Safety Items	
Drug Testing	Email sent. EE requested a drug test at medical facility but it was unable to be completed without a request from the employer being sent to facility per EE.
Incident Report	Drafted by Tori and sent out to all managers.
BWC 2016 PERRP Report	Sent by Tori on 1/30/2017 by mail and fax

New Business (Round Table Discussion)

<u>Committee Member Name:</u>	<u>Topic / Hazard Identified:</u>	<u>Responsibility Assigned To Whom & Action To Be Taken:</u>
Tori Cerutti	How to handle employees on restrictions for extended period of time	
Tori Cerutti	Drug Testing request form needs to be drafted and distributed to managers	

Other Reports or Guest Speakers

Guest Name:	Topic Discussed / Presented to the Group

Meeting Adjourned:	
Next Meeting:	
Meeting Minutes Completed By:	

- ✓ *A copy of these minutes & the agenda should be distributed to all company employees, 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.*
- ✓ *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.*

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 5th or 6th why question.

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

Incident Location:		Date of Incident:	
Employee(s) Involved:			
Supervisor:			

Undesired Event	<i><u>Describe briefly what the event was:</u></i>
Why did the incident happen? (Direct Cause)	
Why did this occur? (Contributing Cause)	
Why did that occur? (Contributing Cause)	
Why did this occur? (Contributing Cause)	

Why did that occur? (Contributing Cause)	
Root Cause:	
Corrective Action(s):	