

**Dedicated Nursing Associates & DNA**  
**Safety Committee Meeting Minutes – Key Risk**

**Date of Meeting:** 09/24/2020

**Time of Meeting:** 11:00 AM

**Location of Meeting:** Suite 202 Conference Room or Teleconference. Conference Line: 412-430-0330, 289688 - 4419

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 the status of old business and the committee's suggested corrective actions.**
  - o **Article on "NIOSH How to Prevent Latex Allergies"**
6. **– New Business**
  - o **Article on "Sprains and Strains Prevention"**
  - o **Discuss workers comp issues and go over ones that are consistently happening**
  - o **Next Member to come up with next topics for discussion**
7. **Recommendations to management**

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

<b>Meeting Date: 09/24/2020</b>	<b>Time meeting started:</b> <i>11:00 AM</i>
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<b>Meeting Chairperson:</b> <b>Danielle Reilly</b>
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<u>Present</u>	<u>Absent</u>
Jenna Highfield	Chris Young
Danielle Reilly	
Nikki Raveling	
Christina Zappa	
Roya Fashandi	
Melissa Spagnol	
Casandra Angelone	
Heidi Zedlar	

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

Previous meeting minutes from (08/2020) were read and approved:  Yes  No

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

<b>Date</b>	<b>Injury Causation (Description)</b>	<b>Assignment/ Client/WC Company</b>	<b>Injured Body Part (Body Part, Left/Right, Lower/Upper)</b>	<b>Follow Up (Communication, Contact Facility, Treatment, Education, etc.)</b>	<b>Recommended Corrective Action</b>	<b>Is Claim Ongoing? Current Outcome</b>
9/13/2020	IW felt strain in her back after transferring a patient from wheelchair to bed. During the transfer, the patient's body gave out and became difficult to move. Patient was a one assist.	Travel/Long Term Care/ Key Risk  *Utilized VirtualMD	Lower Back	Suggested speaking with supervisor to discuss a reevaluation of the patient being a 1 assist. Sent education on requesting assistance. IW Reviewed education.		Closed. Employee returned on 9/16 with no restrictions
9/13/2020	IW felt strain in her back after transferring a patient from wheelchair to the toilet. Was assisted by an aide during the lift	Travel/ Retirement Community/ Key Risk	Lower Back	IW sent Refusal of Treatment	Send education and confirm understanding.	Closed. IW signed Refusal of Treatment

**Status / Progress of Uncompleted Old Business**

<b><u>Old Business Item:</u></b>	<b><u>Updates:</u></b>
NIOSH How to Prevent Latex Allergies	Uploaded to DNA Website

## New Business (Round Table Discussion)

<u>Committee Member Name:</u>	<u>Topic / Hazard Identified:</u>	<u>Responsibility Assigned To Whom &amp; Action To Be Taken:</u>
Group	Discuss new incidents	
Group	Article on: "Sprains and Strains Prevention"	

## Other Reports or Guest Speakers

<u>Guest Name:</u>	<u>Topic Discussed / Presented to the Group</u>
Peaches Newby	
David Brewer	
Cara Neff	

<b>Meeting Adjourned:</b>	11:30 PM
<b>Next Meeting:</b>	10/2020
<b>Meeting Minutes Completed By:</b> Jenna Highfield	

- *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.*

