

**Dedicated Nursing Associates & DNA**  
**Safety Committee Meeting Agenda – Ohio BWC**

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

**Time of Meeting:** 11:45 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.**
  - **Article on "NIOSH How to Prevent Latex Allergies"**
6. **– New Business**
  - **Article on " Strains and Sprains Prevention"**
  - **Discuss workers comp issues and go over ones that are consistently happening**
  - **Next Member to come up with next topics for discussion**
7. **Recommendations to management**

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

<b>Meeting Date: 09/24/2020</b>	<b>Time meeting started:</b> 11:45 AM
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<b>Meeting Chairperson:</b> Danielle Reilly
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<u>Present</u>	<u>Absent</u>
Jenna Highfield	Chris Young
Christina Zappa	
Roya Fashandi	
Melissa Spagnol	
Cassandra Angelone	
Heidi Zedlar	
Nikki Raveling	
Danielle Reilly	

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>
9/6/2020	IW was attempting to close a patient's door behind her when she slammed the door shut on her finger.	Travel/Long Term Care/ Ohio BWC	Left Ring Finger	No Treatment.  Signed Refusal of Treatment.	Send education on awareness of surroundings	Closed.
9/23/2020	When IW was passing trays out, there was liquid on the floor, She did not notice the water. Slipped on the water, fell on R thigh and glute.	Travel/Long Term Care/Ohio BWC	Right Thigh and Glute	No Treatment.  Signed Refusal of Treatment.	Refusal received. Send education on slips, trips and falls.	Closed once we receive 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>

<b>Meeting Adjourned:</b>	12:00 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.*