Seniors Helping Seniors Employee Safety Policy

INTRODUCTION
The safety of our employees is a primary concern of Seniors Helping Seniors. Seniors Helping Seniors has an active and engaged Joint Loss Management Committee with members from both management and employees.

MANAGEMENT COMMITMENT
We believe that safety is as important as any other business function. Without our employees giving the great care they give, we would not have a functioning business, and the mission of Seniors Helping Seniors would not be fulfilled. Therefore, the management of Seniors Helping Seniors is committed to educating and enforcing safe work practices.

With proper attention to safety we believe that:
- every accident is preventable
- working safely is a condition of employment
- all operating exposures can be safeguarded
- training employees to work safely is essential
- injury prevention saves money and keeps the business mission alive

RESPONSIBILITIES
Management
- Insure that all employees are made aware of the element of the safety program and that those elements are implemented.
- Correct any unsafe conditions brought to their attention.
- Assure proper training is being provided.

Care Managers
- Look for any unsafe practices by the home care employees.
- Correct unsafe practices, by teaching and modeling proper technique.

Home Care Employees
- Be aware of safe technique.
- Report unsafe conditions immediately to Care Manager.
- Obey all safety and health regulations in this company Safety Program.

Safety Committee
- Assist and advise all employees in establishing an effect safety program.
- Provide safety and health training.
Maintain accident reports.
Review and update rules and programs as needed.

JOINT LOSS MANAGEMENT COMMITTEE/ SAFETY COMMITTEE

Purpose of the committee
To investigate all injury reports
Determine if further action involving training or oversight needs to be developed and implemented.

Size
4 Members
2 Management, 2 Employees

Meetings
Quarterly

SAFETY STATUTES, RULES AND REGULATIONS

PUBLIC SECTOR:
- Lab 1400 rules, Administrative Rules for Safety and Health
- Lab 600 rules, Safety Programs
- RSA 277, Safety & Health of Employees
- RSA 277A, Employees Right to Know
- RSA 28 l-A:64, Safety Provision

Enforcement agency: New Hampshire Department of Labor (NH DOL)

Areas in which the public employers should develop an effective safety and health program can be found in the Lab 1400 rules. Examples:
- Accident Reporting Requirements- (Lab 1403.04)
- Machine Guarding- (Lab 1403.33)
- Personal Protective Equipment- (Lab 1403.40)

PRIVATE SECTOR:
- Lab 600 rules, Safety Programs
- RSA 28 l-A:64, Safety Provision

Enforcement agency: New Hampshire Department of Labor (NH DOL)
Areas in which private employers should develop an effective safety and health program can be found in the Code of Federal Regulations (CFR) 29 CFR 1910 General Industry Standards or 29 CFR 1926 Construction Standards:

- Permit Required Confined Space (29 CFR 1910.146)
- Lockout/Tagout (29 CFR 1910.147 CFR)

**DISCIPLINARY POLICY**

Seniors Helping Seniors takes safety seriously and as such, failure to follow company policy can result in discharge for cause.

It is the employee’s responsibility to actively remind themselves of the company’s safety policy and keep safe practices in mind as they are performing their duties. The company safety policy is available online in the provider resources section (www.seniorshelpingseniorsnh.com, click on Judy’s signature).

If the employee is cited with a violation of company policy, a verbal warning will be issued by the Care Manager. A second violation will result in a written warning in the personnel file. A third violation could result in suspension or discharge for cause.

**ACCIDENT AND INCIDENT REPORTING AND INVESTIGATION**

Employers should have an established written procedure for performing accident or incident investigations. Immediate supervisors, members of the Joint Loss Management Committee and other designated individuals shall perform the investigation in order to determine:

1. *what happened?*
2. *why it happened?*
3. *what can be done to prevent it from happening again?*

Accident investigations should contain the following:
• Inspections of the scene by trained personnel;
• Interviews with witnesses as soon as possible after occurrence;
• Interview with the victim at appropriate time;
• Attempts to determine cause, or causes;
• Write reports based on fact findings;
• Recommendations to prevent it from happening again;
• Photographs or sketches of the scene;
• Samples of chemicals, vapors etc., if required.

An accident/incident report form should be established and all supervisors, foremen and managers who fill them out should be made aware of the necessary information which should be included.

TRAINING REQUIREMENTS FOR SAFETY AND HEALTH

Training occurs:

• All new employees at the Pre Hire Program
• In the field upon quarterly visits by the Care Manager
• In the field when employee requests additional training by the Care Manager
• Outside contractors entering your facility
• Employee disregard for safety rules and regulations
• Whenever new processes or equipment are added
• Joint Loss Management Committee members

EMERGENCY EVACUATION AND RESPONSE PLANS

Preparedness in the event of such an emergency is vital. All employees are familiar with the layout of our building (small building, three easy exits). There are evacuation routes to follow at several places within the building.

Fire extinguishers are in many locations throughout the building and on an inspection routine with a skilled outside contractor. Employees know they
are to leave the building in the case of fire and meet out in the front parking lot. A member of the safety committee will take a head count.

All employees are required to review emergency policies and procedures annually. Both within our building and the employees who provide home care.

In the event of a medical emergency:

- A member of the safety committee will notify the ambulance
- A member of the safety committee will meet and direct medical help to the area where help is needed
- Management must be notified

SAFETY AND HEALTH COMMUNICATION

Seniors Helping Seniors safety committee encourages employees to suggest safety and health changes to management, to notify management of any unsafe conditions or equipment, and to actively participate on company safety committees.

Management keeps employees informed on issues of safety & health:

- By providing all employees with a copy of the safety program;
- Posting information such as notification of safety meetings and the minutes of the meetings;
- Annual required training on Emergency Procedures.
- Safety & Health signs and posters;
WORKPLACE VIOLENCE

"No single strategy for preventing occupational violence will ever fit all workplaces. Employers and workers should develop and pursue the mix of actions most appropriate for the specific circumstances."

- NIOSH Director Linda Rosentock, M.D., M.P.H.

While it may be correct to assume Seniors Helping Seniors employees are not engaged in traditional high risk areas (e.g. cashiers), workplace violence is still possible and we must be aware of situations that may lead to unsafe conditions:

- Walking alone at night outside of the home to get to automobile
- Being alone with receiver with an unstable emotional condition
- Discharging an upset employee

The initial assessment at the client's home must make note of the caliber of neighborhood, and the mental/emotional condition and history of the client and client's family. Risk areas must be brought to the attention of the Executive Director to make a determination as to whether Seniors Helping Seniors will take or refuse the client care agreement.

STATE LEGISLATION

TITLE XXIII LABOR
CHAPTER 281-A
WORKERS' COMPENSATION
Section 281-A:64

281-A:64 Safety Provisions; Administrative Penalty. -

I. Every employer shall provide employees with safe employment. Safe employment includes but is not limited to furnishing personal protective equipment, safety appliances and safeguards; ensuring that such equipment, appliances, and safeguards are used regularly; and adopting work methods and procedures which will protect the life, health, and safety of the employees. For the purposes of this section, "employer" shall include railroads, even if the employees of such railroads receive compensation for work injuries under federal law rather than RSA 281-A.

II. All employers with 15 or more employees shall prepare, with the assistance of the
commissioner, a current written safety program and file this program with the commissioner. After a written safety program has been filed, the program shall be reviewed and updated by the employer at least every 2 years. Employer programs shall, in addition to the specific rules and regulations regarding worker safety, include the process of warnings, job suspension, and job termination for violations of the safety rules and regulations set forth in the program.

1D. Every employer of 15 or more employees shall establish and administer a joint loss management committee composed of equal numbers of employer and employee representatives. Employee representatives shall be selected by the employees. If workers are represented by a union, the union shall select the employee representatives. The joint loss management committee shall meet regularly to develop and carry out workplace safety programs, alternative work programs that allow and encourage injured employees to return to work, and programs for continuing education of employers and employees on the subject of workplace safety. The committee shall perform all duties required in rules adopted pursuant to this section.

IV. Employers subject to the requirements of paragraph 1D, other than employers participating in the safety incentive program under RSA 281-A:64-a, shall be placed on a list for early and periodic workplace inspections by the department's safety inspectors in accordance with rules adopted by the commissioner. Such employers shall comply with the directives of the department resulting from such inspections.

V. Notwithstanding paragraphs 1D and IV, an employer of 15 or more employees may satisfy the requirements of those paragraphs if such employer implements an equivalent loss management and safety program approved by the commissioner.

VI. The commissioner, in conjunction with the National Council of Compensation Insurance (NCCI), shall develop a list of the best and worst performers based on the experience modification factors promulgated by NCCI. The list shall include the top 10 lowest experience modification employers. The commissioner shall publicly recognize these low experience modification employers by presenting them with an award at the department's annual workers' compensation conference. The list of the top 10 highest and lowest experience modification employers shall be provided to the advisory council. The department shall review any specific claim against any employer listed in the top 10 highest experience modification list in conjunction with the safety program on file with the commissioner.

VII. In order to assist self-insurers in developing experience modification factors, self-insurers may submit the appropriate statistical information to the National Council of Compensation Insurance for calculating experience modifications.

VIII. The commissioner may assess an administrative penalty of up to $250 a day on any employer not in compliance with the written safety program required under paragraph II of this section, the joint loss management committee required under paragraph III of this section, or the directives of the department under paragraph IV of this section. Each violation shall be subject to a separate administrative penalty. All penalties collected under this paragraph shall be deposited in the general fund.

IX. [Repealed.]

CHAPTER Lab 600 SAFETY PROGRAMS AND JOINT LOSS MANAGEMENT COMMITTEES

REVISION NOTE:

Document #5909, effective 10-13-94, made extensive changes to the wording, format, structure, and numbering of rules in Chapter Lab 600. Document #5909 supersedes all prior filings for the sections in this chapter. The prior filings for former Chapter Lab 600 include the following documents:

Source. #5372. eff 4-14-92

PART Lab 601 Definitions

Lab 601.01 "Employer representative" as used in RSA 281-A: 64 III means any individual who serves as the management member of the joint loss management committee and who has the authority delegated by the employer to use his/her judgment in the interest of the employer to take the following actions:

(a) Hire;
(b) Transfer;
(c) Suspend;
(d) Lay off;
(e) Recall;
(f) Promote;
(g) Discharge;
(h) Assign;
(i) Reward;
(j) Discipline;
(k) Direct them; or
(l) Adjust grievances or effectively to recommend such actions.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94,

EXPIRED: 10-13-00 New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

PART Lab 602 SAFETY PROGRAMS

Lab 602.01 Program Requirements. As set forth in RSA 281-A: 64, II, the written safety program shall include the following:

(a) The components required by Lab 603.03(g);
(b) The process of warnings, job suspension, and job termination for violations of the safety rules and regulations set forth in the program;
(c) Provision(s) for the commitment of adequate resources solely for safety;
(d) Provision(s) for medical services, emergency response, first aid, and accident reporting and investigation; and
(e) Provision(s) for review of the current written safety program by all employees.
(f) Provision(s) for review and update of the written safety program by an
employer representative at least every 2 years; and

(g) Provision(s) for a signature of the above employer representative which shall include the date the program was reviewed and updated.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94.

Lab 602.02 Filing Procedures. To carry out the intent of RSA 281-A: 64, II, a single submission of the summary of the above written safety program shall be filed with the commissioner of labor by submitting Safety Summary Form No WCSSF pursuant to Lab 515.16.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94; ss by #6735, eff 4-23-98; ss by #8592, eff 3-24-06; ss by #10379, eff 7-18-13

PART Lab 603 JOINT LOSS MANAGEMENT COMMITTEES

Lab 603.01 Purpose. To carry out the purpose of RSA 281-A: 64, a joint loss management committee is to bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in each workplace. A joint loss management committee assists the employer and makes recommendations for change.

Source. (See Revision Note at chapter beading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00 New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 603.02 Establishment of Joint Loss Management Committee.

(a) Pursuant to RSA281-A: 64, III, all employers of 15 or more employees shall establish a working joint loss management committee composed of equal numbers of employer and employee representatives or more employee representatives as follows:

(1) The size of the joint loss management committee shall be determined as follows:
   a. Employers with 15 to 20 employees shall have a minimum of 2 members; and
   b. Employers with more than 20 employees shall have a minimum of 4 members;

(2) Employee representatives shall be selected by the employees;

(3) Where the employees are represented by a single, exclusive bargaining representative, the bargaining representative shall designate the members;

(4) Where the employees are represented by more than one labor organization or where some but not all of the employees are represented by a labor organization, each bargaining unit of represented employees and any residual group of employees not represented shall have a proportionate number of committee members based on the number of employees in each bargaining unit or group; and

(5) Committee members shall be representative of the major work activities of the
employer.

(b) An employer's auxiliary, mobile or satellite location, may be combined into a single, centralized joint loss management committee when an employer owned/leased facility is physically and/or geographically separated from the employer's primary facility such as would be found in construction operations, trucking, branch or field offices, sales operations or highly mobile activities, which shall represent the safety and health concerns of all locations.

(c) A joint loss management committee shall be located at each of the employer's primary places of employment at a major economic unit at a single geographic location comprised of a building or group of buildings and all surrounding facilities. The location shall have both employer and employee representatives present, control of a portion of a budget, and the ability to take action on the majority of the recommendations made by the joint loss management committee.

(d) Committee members shall be trained in workplace hazard identification and accident/incident investigation adequate to carry out the committee's responsibilities.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00 New. #8592, eff 3-24-06; ss by #I 0379, eff 7-18-13

Lab 603.03 Duties and Responsibilities of Joint Loss Management Committee.
To carry out the intent of RSA 281-A: 64, the joint loss management committee shall:

a) Meet at least quarterly to carry out their duties and responsibilities. Minutes of which meetings which shall be made available for review of all employees;

b) Elect a chairperson, alternating between employee and employer representatives; develop and disseminate to all employees a committee policy statement;

c) Maintain current and disseminate to all employees the clearly established goals and objectives of the committee;

d) Review workplace accident and injury data to help establish the committee's goals and objectives;

e) Establish specific safety programs which include, but are not be limited to, the following:

f) Designation, by name and title, of a person who shall be knowledgeable of site specific safety requirements and be accountable for their implementation and adherence;

g) Provisions for health and safety inspections at least annually for hazard identification purposes;

h) Performance of audits at least annually regarding the inspection findings; and
i) Communication of identified hazards, with recommended control measures, to the person(s) most able to implement controls;

j) Assist with the identification of necessary safety and health training for employees; and

k) Assist with the identification and definition of temporary, alternate tasks.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00 New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 603.04 Duties and Responsibilities of the Employer. To carry out the intent of RSA 281-A: 64, the employer shall:

(a) Respond in writing to recommendations made by the committee, or make a verbal response that is recorded in the committee's official minutes,

(b) Pay any employee who participates in committee activities in his/her role as a committee member, including, but not limited to, attending meetings, training activities, and inspections, at his/her regular rate of pay for all time spent on such activities; and

(c) Provide for the required and necessary safety and health training for employees, at no cost and without any loss of pay so they can perform their work in a safe and healthy manner and environment.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00 New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13
IDENTIFIED HAZARDS

The following seven hazardous tasks are the most common causes of injury in home care:

1. Vacuuming
   - Pushing/pulling vacuum, awkward posture, packing/unpacking machine, moving furniture

What is the problem?
The task of vacuuming is the most commonly reported cause of musculoskeletal injuries for workers performing home care duties.

What are the risks?
Workers may be at risk of injuries from strains to the back, neck, shoulders and wrists when pushing, pulling, bending and lifting.
The frequency of these actions and the time it takes to complete the task can also increase the risk of these injuries.
The common sources of risk include:
   - vacuum equipment that is in poor working condition, not suitable for the task (too heavy, wand not height adjustable), stored in an inaccessible location or at an unsafe height or is difficult to empty
   - surfaces that make it difficult to push and pull the vacuum cleaner (eg. thick pile carpet)
These issues should all be considered during the initial assessment of the client’s needs and if they pose a risk, they must be controlled prior to the first service visit by the home care worker.

2. Mopping
   - Repetitive movements, awkward posture

What is the problem?
The task of mopping has been associated with a high level of musculoskeletal injuries for workers performing home care duties.

What are the risks?
Workers may be at risk of injuries from strains to the back, neck, shoulders and wrists when pushing, pulling, bending, twisting, gripping and lifting. The frequency of these actions and the time it takes to complete the task can also increase the risk of these injuries. The common sources of risk include:
• storing mops and buckets in an inaccessible or inappropriate location
  • buckets not matching the mop head shape
  • Manually wringing the mop head
  • lifting heavy buckets of water
  • insufficient time to complete the task
  • performing other tasks before or after mopping that require same, or similar, actions (eg vacuuming and sweeping)
  • moving heavy furniture, rugs, mats and other items so area can be mopped.

These issues should all be considered during the initial assessment of the client’s needs and if they pose a risk, they must be controlled prior to the first service visit by the worker.

3. Showering/bathing client
  • Working in awkward body positions

What is the problem?
The task of showering or bathing a person in their own home has been associated with musculoskeletal injuries within the home care industry.

What are the risks?
Workers may be at risk of injuries from strains to the back, neck and shoulders when bending, reaching, twisting and exerting high or unexpected forces.

The common sources of risk include:
  • a mismatch between the assistance required by the client and the assessed needs on the client care plan
  • aids and equipment not being provided and/or used when assessed as necessary
  • inadequate space to shower/bath the client
  • wet and slippery floors
  • unexpected and unplanned movement by the client.

These issues should all be considered during the initial assessment of the client’s needs and if they pose a risk, they must be controlled prior to the first service visit by the worker.
4. Moving the Client

- Transferring client’s position
- Moving client from one location to another

What is the problem?

The task of moving and lifting people in their own home has been associated with musculoskeletal injuries within the home care industry.

What are the risks?

Workers may be at risk of injuries from strains to the back, neck and shoulders when bending, twisting, lifting, pushing, pulling and exerting high or unexpected forces. The common sources of risk include:

- changes in client mobility that require excess exertion by the worker to assist
- unexpected and unplanned movement by the client
- using inappropriate equipment and aids
- having inadequate space to operate equipment and aids
- using equipment and aids that are not appropriately maintained
- attempting to stop the person falling
- not using aids due to lack of training in use of equipment, problems with equipment or inability to afford equipment
- not having the appropriate number of people to assist.

These issues should all be considered during the initial assessment of the client’s needs and if they pose a risk, they must be controlled prior to the first service visit by the worker.

5. Cleaning the Bathroom

- Repetitive movements, awkward posture
What is the problem?
The task of cleaning bathrooms in private homes has been associated with musculoskeletal injuries for workers performing home care duties.

What are the risks?
Workers may be at risk of injuries from strains to the back, neck and shoulders, particularly when bending, reaching and twisting.
The frequency of these actions and the time it takes to complete the task can also increase the risk of these injuries.
The common sources of risk include:
- cleaning toilets, baths and showers below knee height
- cleaning showers, mirrors, tiles and glass above shoulder height
- cleaning that involves reaching (eg baths and showers)
- cleaning in restricted spaces where awkward postures are required to complete the task
- using equipment that requires considerable effort to use
- using equipment that requires repetitive gripping actions
- using equipment that is not suited to the task.

These issues should all be considered during the initial assessment of the client’s needs and if they pose a risk, they must be controlled prior to the first service visit by the home care worker.

6. Making the Bed
What is the problem?
The task of making beds has been associated with musculoskeletal injuries within the home care industry.

What are the risks?
Workers may be at risk of injuries from strains to the back, neck and shoulders, particularly when bending, lifting and reaching.

The common sources of risk include:
- moving the bed
- making beds at low height
- adopting awkward postures due to inadequate space and the placement of furniture around the bed. This makes it difficult to access all three sides of the bed.

These issues should all be considered during the initial assessment of the client’s needs and if they pose a risk, they must be controlled prior to the first service visit by the worker.

7. Use of Vehicles
   - Transporting clients and equipment
What is the problem?
Manual handling involved with using vehicles to transport people, equipment or other items.

What are the risks?
Workers may be at risk of musculoskeletal injuries (e.g. sprains, strains, fractures and soft tissue injuries) to the back, neck, shoulders and knees due to awkward postures or exerting high or unexpected force to move people or equipment in and out of vehicles.
Common sources of risk include:
• vehicles not matched to the needs of the people or equipment being transported
• manually transferring heavy or awkward equipment and items into and out of vehicles
• items that are difficult to reach or obstructed by other objects in the vehicle
• moving people or equipment in and out of vehicles frequently
• insufficient time to move people or equipment
• insufficient number of workers to move people or equipment
• uneven surfaces, insufficient or inappropriate parking space where people and equipment are transferred.