

**Catholic Charities Disabilities Services
Administrative Protocol**

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| Protocol Category | Administration |
| Protocol Title | Safety Committee Hazard Assessments |
| Regulation | |
| Original Issue Date | June 9, 2025 |
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| Number of Pages | |
| Attachments | Hazard Assessment Checklist |
| Approved by Peggy Maliski, Associate Executive Director |  |

Purpose

Legislation passed in 2016 requires that the agency create a safety committee. One of the tasks of this committee is to conduct a hazard assessment which, "...should consider such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas."

Protocol

No less frequently than once annually, two members of the Safety Committee will together conduct an on-site review of each residence in which at least one individual needs assistance with transfer, ambulation, or positioning. As of 6/9/25, this includes the following IRAs: Serena, Warren, Glenbrook, Jules and Riverview.

The review will encompass:

- the condition of the physical plant of the house in which the individual resides,
- the safety of the agency van(s) used to transport the individual,
- the adaptive equipment used by the individual,
- the clinical assessment(s) and service plans developed to assist that individual with these mobility and positioning needs, as well as
- the staff training around these needs.

These surveys are designed to supplement and not replace any routine surveys conducted by residential staff or QA staff.

During each assessment, a sample of approximately 25% of the individuals with these needs will be reviewed. If the house has four or less individuals with these needs, one person will be selected. If the house has between five and eight of these individuals, two will be selected. If more than eight reside in the IRA, three people will be selected.

The results of the survey will be shared with the members of the committee, the administrative staff of the residential program, as well as the agency Executive Director and Associate Executive Director.

Hazard Assessment Checklist

| | |
|-----------------------------------|--|
| Individual | |
| Site | |
| Date of Review | |
| Name and Signature of Reviewer #1 | |
| Name and Signature of Reviewer #2 | |

| | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Exterior Grounds | | | | |
| Are pathways and sidewalks clear of debris or other trip hazards? | | | | |
| Are porches, ramps, stairs, and railing in good condition? | | | | |
| General Common Areas | | | | |
| Are there any obvious trip hazards? | | | | |
| Are floors in good repair? | | | | |
| Are all appliances free of safety hazards? | | | | |
| Is the furniture in good repair and free of safety hazards? | | | | |
| Bedrooms | | | | |
| Is the bedroom furniture free of safety hazards? | | | | |
| Are the closet doors working and in good repair? | | | | |
| Is the flooring in good repair? | | | | |
| Do all bedroom windows open, close and latch properly? | | | | |
| Are the beds and mattresses in good repair? | | | | |
| Are bedrails and padding properly fitting, clean, and in good repair? | | | | |

| | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Bathrooms | | | | |
| Is there excessive moisture possibly causing a slip hazard? | | | | |
| Are there any trip hazards? | | | | |
| Is the toilet seat working properly and in good repair? | | | | |
| If present, are toilet seat belts working properly and in good condition? | | | | |
| Are shower chairs in good repair, including brakes, harnesses and seat belts? | | | | |
| Vehicles | | | | |
| Is the inspection and registration current? | | | | |
| Are the tie downs in good working condition? | | | | |
| Are seat belts in good working order? | | | | |
| Are lifts safe and operable? | | | | |
| Adaptive Equipment | | | | |
| Are wheel chairs and power chairs clean, well fitting, and mechanically sound? | | | | |
| Are slings clean and of the proper size? | | | | |
| Are lifts in good working order? Are there batteries and chargers available? | | | | |
| Other areas of concern | | | | |
| Adaptive Equipment for the Selected Individual | | | | |
| If the individual uses personal adaptive equipment like AFO's, glasses, hearing aids, helmets, gait belts, transfer belts, walkers etc. are they present and in good working order? | | | | |
| If the individual uses adaptive equipment to dine, is it present as required in the dining plan and in good working order? | | | | |
| Other areas of concern | | | | |

| | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Clinical issues regarding the individual | | | | |
| Is there a PT assessment on file for the individual that is less than a year old? | | | | |
| Is there an OT assessment on file for the individual that is less than a year old? | | | | |
| If the individual needs to be turned or positioned, is there a written plan in place for staff to follow? | | | | |
| If the individual needs assistance with transfer, is there a written plan in place for the staff to follow? | | | | |
| Is there a current dining plan in place for the individual? | | | | |
| Is there a current toileting plan in place for the individual (if needed)? | | | | |
| Is there a current bathing plan in place for the individual (if needed)? | | | | |
| Training | | | | |
| Is there documentation that all staff assigned to the residence are currently trained on the individual's need for turning and positioning? | | | | |
| Transfer? | | | | |
| Dining? | | | | |
| Toileting? | | | | |
| Bathing? | | | | |
| If the individual uses a wheel chair or power chair, is there documentation that all staff assigned to the residence are currently trained on how the individual is secured in a vehicle? | | | | |