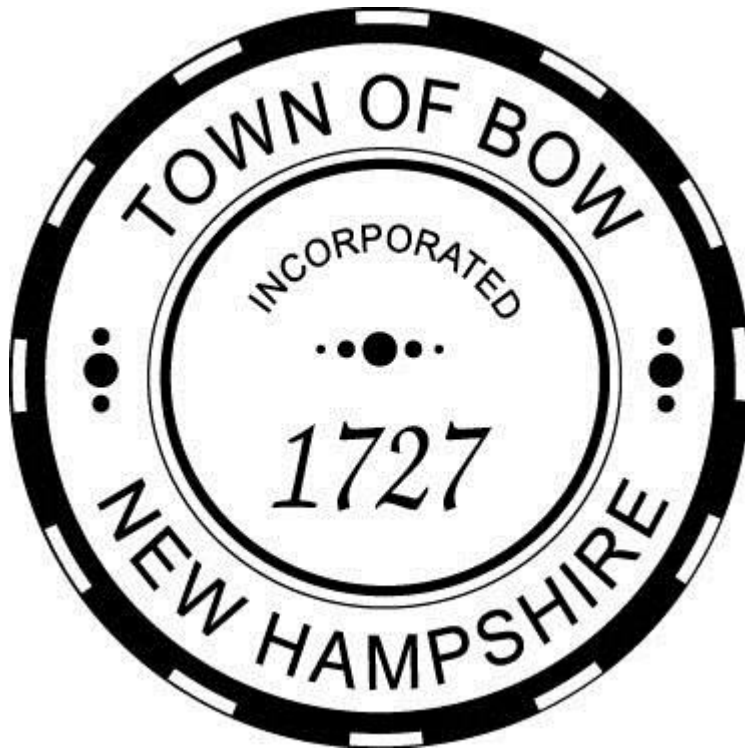


**TOWN OF BOW, NH  
SAFETY AND HEALTH  
MANUAL**



**ADOPTED AUGUST 1, 2006  
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## **POLICY STATEMENT**

The management of The Town of Bow recognizes the importance of safety and health and is committed to providing a workplace for our employees in which recognized hazards are controlled or eliminated. The philosophies and objectives behind this commitment are as follows:

- The safety and health of all Town of Bow employees is a priority.
- All employees will be required to make their safety, and the safety of their coworkers, a priority.
- As a condition of employment, each individual within the Town of Bow will be expected to conduct their daily tasks in a manner that is consistent with the philosophy and objectives of this policy as well as any safety rules or procedures the Town of Bow utilizes.

With these goals in mind, the Town of Bow's Safety and Health Program will:

- Provide adequate safeguards to the maximum extent that is possible.
- Conduct a program of health and safety inspections to identify and eliminate unsafe working conditions or practices, to control health hazards, and to comply fully with all Safety and Health Standards.
- Train all employees in health and safety practices.
- Provide necessary personal protective equipment and instruction for its use and care, when and where applicable.
- Develop, update, and enforce health and safety rules and require all employees to cooperate with these regulations.
- Investigate, promptly and thoroughly, every accident or incident to determine the cause and take actions to prevent any reoccurrence of the problem.
- Support a healthy work environment and personal lifestyle for employees.

It is imperative that every employee, regardless of his or her level in the organization, does his or her part in supporting safety. No job or task is so important that we cannot take the necessary time to perform it safely. Adherence to this policy and our safety program will provide safer working conditions for everybody.

## **GOALS**

The Town of Bow's safety goals are to:

- Provide a safe and healthy environment for all Town of Bow employees.
- Avoid accidents or illness and their related costs.

## **RESPONSIBILITIES**

It is every employee's responsibility to watch for unsafe acts and conditions, and to report these problems to supervisors. However, it will be the specific duty of each Department Head to be knowledgeable of site-specific safety requirements, and to be accountable for their implementation and adherence.

The Town Manager will:

- Have overall responsibility for the coordination and implementation of the Safety Program.
- Ensure adequate resources are budgeted for the Health & Safety Program. Ensure compliance with State and Federal reporting requirements. Ensure emergency backup systems are properly maintained and in good working order.

Department Heads will:

- Develop and implement Department specific health and safety policies and procedures.
- Ensure that each level of supervision and all employees are made aware of the elements of the safety program, and that those elements are implemented.
- Make certain personal protective equipment is available to those employees whose job functions require its use.
- Provide the support necessary to assure a safe and healthy work environment.
- Make certain supervision enforces safety through training, monitoring and through the use of disciplinary actions.
- Take immediate action(s) to correct any hazardous conditions or unsafe employee acts. Such actions could include notifying the Town Manager of any such condition or act.
- Ensure protective guarding is in place and is being properly used, when and where appropriate.
- Ensure employees have received the necessary training for performing their job safely.
- Take prompt action in accident investigating and reporting.
- Enforce established disciplinary procedures with employees who do not adhere to safety rules and regulations.

Employees will:

- Report all accidents or incidents and hazardous conditions to their supervisor.
- Adhere to and follow all safety rules and regulations.
- Attend all required training sessions and safety meetings.
- Be willing to serve as representatives on the Joint Loss Management Committee.

Joint Loss Management Committee (JLMC) will:

- Assist and advise management in establishing and maintaining the safety program.
- Review and recommend updates to rules and programs as needed.
- Plan and coordinate inspections and committee meetings..
- Review workplace accident and injury data to help establish the committee's goals and objectives. (Lab 603.03.f)
- Conduct a program of health and safety inspections to identify and eliminate unsafe working conditions or practices, control health hazards, and comply fully with all Safety and Health Standards.

## **JOINT LOSS MANAGEMENT COMMITTEE**

The Joint Loss Management Committee will consist of equal numbers of representatives from employees and management. At a minimum, members of the Committee will include the Town's Finance Director and a representative each from the police, fire, and public works departments with one of them being middle management.

The JLMC will meet at least quarterly 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 for employees on the subject of workplace safety.

### **HEALTH AND SAFETY INSPECTIONS**

The Joint Loss Management Committee will oversee the annual safety inspection of all Town of Bow facilities. The purpose of the inspection is to identify any potential hazards. A list of items to look for:

General housekeeping	Hand Rails, Stairs
Means of egress and exit	Electrical cords, outlets
Fire hazards/extinguishers	Unsafe storage methods
Hazardous equipment/materials	Weapons storage, handling and use
Ergonomic and workstation design	Air Quality
Industrial hygiene (i.e. noise/air quality, etc.)	Office Safety
Exit Signs	
Furnace inspection & maintenance	
Snow & ice removal	

### **SAFETY AUDITS AND CORRECTIVE ACTIONS**

After the safety inspection, the Joint Loss Management Committee will prepare an audit of its findings. The audit will address provisions to correct or improve safety hazards or concerns found during inspection.

### **COMMUNICATION OF IDENTIFIED HAZARDS**

The Joint Loss Management Committee will share audit findings with senior management and all employees. The JLMC will submit its findings and recommendations in writing to the Town Manager. After the audit is reviewed by the Town Manager, it will be placed on Departmental Bulletin Boards for all employees to review.

### **TRACKING LOSSES**

The JLMC will review insurance company loss records, first report of an injury, investigation reports, etc., in order to identify problem areas or concerns and to assist with the identification of necessary safety and health training for employees (Labo 603.03.h)

## **SAFETY RULES AND REGULATIONS**

- No employee will perform any task he or she feels is unsafe.
- Each employee shall report all unsafe conditions and practices immediately to his/her supervisor.
- Smoking in unauthorized areas is strictly forbidden.
- Each employee shall cooperate with members of the Town of Bow's JLMC.
- Each employee shall use common sense and care to prevent injury to him/her and to others.
- Deliberate destruction of Town of Bow property is not permitted.
- Working under the influence of alcohol and drugs is strictly forbidden.
- Each employee shall be responsible for putting equipment away when finished with his/her job.
- Each employee will keep aisles and exits clear at all times and practice proper housekeeping.
- Each employee shall immediately report any accidents, incidents, or injuries to their supervisor.
- Each employee shall use protective equipment when required.

### **DISCIPLINARY POLICY**

As a condition of employment, all employees are required to participate actively in Town health & safety programs and follow safety regulations in the interest of on-the-job accident prevention.

Willful disregard of safety practices, rules, instruction, or the welfare of fellow employees has no place in the Town of Bow, This kind of behavior may lead to injuries, damage to products or equipment, and work delays.

Disciplinary action up to and including termination of employment will be taken in those cases where it is determined that blatant disregard for safety practices has occurred. Supervisors are to follow disciplinary procedures outlined in the Town personnel plan.

### **TRAINING**

The JLMC will plan and schedule periodic training on safety and health subjects. Each Department Head should plan and schedule periodic training on safety and health subjects that meet specific Department objectives. Participants must also complete the Safety Training Acknowledgement Form (Appendix A)

### **COMMUNICATION OF SAFETY ISSUES**

This written safety and health manual, and any subsequent amendments, will be conspicuously available in each department. Minutes of the Joint Loss Management Committee will be posted on the Departmental Bulletin board. When new policies are adopted by the Town based on safety inspections, department and/or office head or employee recommendations, those policies will be immediately distributed to each department or office head for distribution to employees. Training will be done on new policies either within the affected departments or town-wide as necessary within a reasonable time frame.

### **FUNDING AND RESOURCES DEDICATED TO SAFETY**

The Town of Bow will provide the funding and resources necessary to comply with the goals and policies of the Joint Loss Management Program.

### **EMERGENCY RESPONSE PROCEDURES**

Emergency Phone Numbers

- Fire 911
- Police 911
- Ambulance 911
- Poison Control (800) 222-1222

## **ACCIDENT REPORTING**

Employees should report all accidents, injuries, near misses and property damage immediately to a supervisor. The supervisor or management, upon report of injury, will immediately administer appropriate first aid or will ensure the injured person receives necessary medical attention. The supervisor should assure that the area and/or equipment and environment where an accident has occurred is properly secured until an accident investigation has been completed.

Department heads will assist employees in completing the (Form 8aWCA) Notice of Accidental Injury form (Appendix C) and submitting it to the Town Manager's office Finance Office within 24 hours. A First Report of Injury (Appendix D) form (8WC) shall be filled out by the Town Manager's office Finance Office and sent to the N.H. Department of Labor (Fax 271-6149) and Primex (228-3833) within 5 days of injury. Internal accident reports shall also be completed. A copy of all reports shall also be forwarded to the Finance Director as soon as possible. The Finance Director will keep reports on file. The format will include information such as:

- Injured employee information
- Date and time of injury
- Date and time of treatment
- Parts of body injured
- Treatment given
- Location of accident
- How the accident occurred
- Why the accident occurred

Very minor injuries requiring only minimal first aid treatment do not require a First Report of Injury but shall be entered in a First Aid Log (Appendix E) maintained in each department. The log will record the employee's name and position title, the date and cause of injury, extent of injury, and treatment provided.

## **ACCIDENT INVESTIGATION**

Most accidents are caused by a failure of people, equipment, or the environment. Accident investigations are conducted to determine how and why these failures occurred. By using information found during an investigation, a similar or perhaps more serious accident may be prevented in the future. Accident investigations are targeted toward accident prevention and are not conducted to place blame. Each Department shall initiate the investigation of all accidents. Internal department policies will be followed.

The Joint Loss Management Committee will aid in accident and incident investigations when requested by the Department Head. They will be guided by the following:

- Accident investigations have one primary goal - to prevent future accidents.  
All accidents resulting in an injury, repetitive injury, or any accident with the potential to have caused injury, should be investigated.
- The primary objective is to find out exactly and completely how and why the accident occurred.
- The secondary objective, based on the facts, is to establish what could have been done to prevent the accident, and what can be done to prevent a reoccurrence.

A good accident investigation includes an investigation to get the facts, identification of the hazards or exposures involved, identification of the causes involved without placing blame, developing a plan of action which consists of physical and administrative controls, presenting the plan to management, and follow through.

The accident investigation may include any/all of the following:

- Conducted as soon as possible after the accident has occurred at the site where the accident took place.
- Photograph or sketch the accident scene.
- Identify the people involved in the accident.
- Interview witnesses separately and as soon as possible after the accident for:
  1. The event(s) leading up to the accident.
  2. How the accident occurred.
  3. Who arrived at the scene immediately after it occurred.

Interviews may include any/all of the following:

- Interview for facts, not fault.
- Ask non-leading questions.
- Test the information.
- Beware of "smoke screens."
- Interview privately.
- Get complete information about the injured person and accident, including the job the employee was performing.
- Describe where the accident took place, including all environmental conditions at the time of the accident.
- Present the information and documentation to management so corrective actions can be taken to prevent a reoccurrence.

### **RECORD KEEPING AND POSTING**

The Town of Bow shall keep on file: first reports of injury; safety inspection of facilities and audit findings; accident reports; insurance loss reports; minutes of Joint Loss Management Committee meetings; written responses from management regarding committee recommendations and investigation reports. All training records and first aid treatment records will be maintained at the department level.



## **WORKERS RIGHT TO KNOW: HAZARDOUS MATERIALS (RSA 277-A)**

Each Department that stores or uses hazardous materials will develop and implement a written hazard communication program. This program will include:

- Provisions for container labeling.
  - Collection and availability of Material Safety Data Sheets.
  - Employee training program.
  - Listings of hazardous material in each work area.
  - Provisions for the program to be available to all employees.
  - Maintain/archive old MSDS min of 30 years on file.
- \*Each Department that stores hazardous materials will develop and implement a written hazard communication program.**
- Listings of hazardous material in each work area.

## **TOWN OF BOW TOXIC SUBSTANCE POLICY**

### **PURPOSE**

To protect employees from hazards associated with the storage and handling of hazardous and toxic substances.

To ensure compliance with New Hampshire Department of Labor Standards **1403.61 Toxic Substances, and N.H. RSA 277-A “Worker’s Right to Know Act.”**

### **RESPONSIBILITIES**

#### **Employer shall:**

1. Train employees who handle, use, or are otherwise exposed to hazardous and toxic substances in accordance with N.H. RSA 277-A “Worker’s Right to Know Act.”
2. Keep a running inventory of all hazardous and toxic substances in the workplace.
3. Determine the level of chemical hazards within the workplace.
4. Replace chemicals with less harmful alternatives when applicable.
5. Obtain and make Material Safety Data Sheets for all hazardous and toxic substances in the workplace available to employees, upon request, for examination and reproduction.
6. Ensure proper labeling of all hazardous and toxic substances, including those that are transferred out of their original containers.
7. Post appropriate signs and notices as required by N.H. RSA 277-A “Worker’s Right to Know Act.”
8. Provide and require the use of appropriate personal protective equipment at no cost to employees.
9. Maintain on file at the workplace material safety data sheets for a period of at least 30 years after discontinuation of the use of each toxic substance. In the event that the employer ceases operations or relocates, all material safety data sheets shall be submitted to the department of labor to be maintained on file for the statutorily required 30 year period. All rights of access to material safety data sheets provided in this chapter shall apply to the full 30 year period.

**Employee shall:**

1. Handle, store and dispose of hazardous and toxic substances according to manufacturer's guidelines.
2. Never mix chemicals unless authorized by employer.
3. Never remove labels from containers of hazardous or toxic substances.
4. Use appropriate personal protective equipment when the employer and/or the Material Safety Data Sheet indicate that it is necessary.

**PROCEDURAL OVERVIEW****Material Safety Data Sheets:**

1. Material Safety Data Sheets shall be supplied for each hazardous and toxic substance in the workplace.
2. The Material Safety Data Sheets shall be kept on file in a convenient office location **<note location(s)>** and made available, upon request, for examination and reproduction.
3. Each Material Safety Data Sheet must contain the following information about the substance for which it is supplied:
  - a) Identity of the substance as it is listed on the label;
  - b) The chemical's common name;
  - c) If the chemical is a mixture, the identity of the ingredients;
  - d) Physical and chemical characteristics;
  - e) Physical and health hazards including the primary routes of entry into the body;
  - f) Safe handling, use and disposal procedures;
  - g) Spill and leak precautions and procedures;
  - h) Emergency and first aid procedures; and
  - i) Name, address and phone number of the chemical manufacturer

**Labeling Requirements:**

1. All hazardous and toxic substances must have a label containing the following information;
  - a) Identity of the substance
  - b) Name and address of the chemical manufacturer, importer, etc.
  - c) Hazard warnings including acute and chronic health hazards as well as physical hazards.
2. Labels must be substantial.
3. Labels must not be removed under any circumstances.
4. Containers without labels must be removed from use even if the contents are supposedly known.
5. Signs, placards, process sheets, batch tickets, operating procedures or other written materials may be used in place of individual container labels as long as the above labeling requirements are met.

**Training Requirements:**

1. Employees will receive training on hazardous and toxic substances in their work area upon initial assignment and whenever a new hazard becomes present.
2. Employees will receive the following information:
  - a) Any operations in their work area where hazardous chemicals are present;
  - b) Location and availability of Material Safety Data Sheets and lists of chemicals.
3. Employees will be trained in the following areas:
  - a) Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area;
  - b) Physical and health hazards of the chemicals in their work area;

- c) Methods employees can use to protect themselves from hazards in their work area;
- d) Labeling systems;
- e) How to use Material Safety Data Sheets

### **PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment required for handling hazardous and toxic substances will be listed on each Material Safety Data Sheet. Equipment most commonly required includes:

- Goggles
- Face shields
- Goggles
- Chemical resistant gloves
- Aprons
- Appropriate Footwear

## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

To ensure compliance with New Hampshire Department of Labor Standard 1403.40, all employees will possess and use personal protective equipment provided by the Town. Department Heads will supplement this policy to identify Department specific personal protective equipment that will be issued to employees. In addition to other hazards known to exist within specific departments, all departments will address the specific hazards below:

## **NOISE HAZARDS/HEARING PROTECTION PROGRAM**

All workers who are subjected to a noise level of 85 DBA (action level) or above are to be included in a Hearing Protection Program consisting of the following procedures:

### **MONITORING**

All workplaces suspected of having noise levels that may exceed the action level are to be monitored by the Department Head to identify employees who receive daily noise doses at or above the action level.

Noise levels must be re-measured whenever any change relating to noise production is suspected of increasing exposures to the extent that additional employees may receive at or above the action level, or the attenuation provided by the selected hearing protection is rendered inadequate.

Noise levels must also be re-measured to determine the effectiveness of any engineering controls that are installed.

Monitoring may be accomplished by an area survey technique in which sound level meter readings are combined with estimates of the length of exposure of individuals to particular sound levels in order to calculate an eight (8) hour Time Weighted Average (TWA), or may be measured by personal sampling method by the use of noise dosimeters.

### **NOISE EXPOSURE 1403.38**

Hearing protection must be made available to all workers exposed at or above the action level. The use of hearing protection is mandatory for those exposed at or above the Permissible Exposure Limit (PEL), and for those exposed at or above the action level. Hearing protection must reduce exposure Below 85 DBA.

The employee's department must provide a variety of suitable hearing protectors from which employees may choose. Hearing protection with the highest NRR should be available. This requires the availability of at least one type of plug and one type of muff.

These devices are to be supplied to employees at no cost, and replaced as necessary. The Town will not pay for an unlimited supply of protectors or replace devices that are lost or damaged due to employee negligence. Employees shall pay for replacement items when gross negligence has been determined to be the cause of loss or irreparable damage.

### **TRAINING**

Employees exposed at or above the action level must be trained at least annually regarding the effects of noise, the purpose, advantages, disadvantages, and attenuation of hearing protection being offered, and the selection, fitting, and care of protectors.

### **RECORD KEEPING**

Noise exposure records must be retained for two years, but data older than two years should not be discarded unless re-monitoring has been performed.

### **NOISE REDUCTION**

The reduction or elimination of noise producing sources and/or employee exposure should be sought through administrative (e.g., modified work schedule) and/or engineering controls.

### **RESPONSIBILITIES**

**The Joint Loss management Committee** will be responsible for the coordination of the overall program, with specific responsibility for:

- Auditing the various departments' decision of the need for hearing protection and identification of those employees who should be included in the Hearing Protection Program through monitoring.
- Departmental selection of the types of hearing protection to be provided to Town employees.
- Insuring that departments provide initial training for care, use, and maintenance of hearing protection.
- Conducting periodic inspections and evaluation to determine the continued effectiveness of the program.
- Maintaining copies of all records relating to workplace monitoring and testing.

**Departmental Responsibilities** - Actual implementation of the program is the responsibility of the individual department in which exposed employees work. These responsibilities include:

- Coordination of employee training schedules with the JLMC.
- Enforcement of the proper care and usage of assigned hearing protection.

**Employee Responsibility** - To use the hearing protection provided in accordance with the instructions and training received.

# **BLOOD BORNE PATHOGENS**

## **1403.08**

### **PURPOSE**

To protect employees from hazards associated with contact, clean-up, disposal and handling of human body fluid wastes.

- Universal precautions, an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious where the potential exists for contact with blood or other potentially infectious material.
- To ensure compliance with New Hampshire Department of Labor Standard **1403.08, Blood Borne Pathogens**.

### **RESPONSIBILITIES**

#### **Employer shall:**

1. Identify job classifications where employees have occupational exposure to blood or other potentially infectious materials.
2. Identify job classifications where some employees have exposure based on certain tasks.
3. Train the above-identified employees in proper response procedures for situations involving blood and other potentially infectious materials.
4. Train employees to treat all blood and other body fluids with universal precautions (as if known to be infected with HIV, HBV or other blood borne pathogens).
5. Supply first aid and potentially infectious material clean-up kits that contain:
  - a) One time use disposable gloves such as surgical or examination gloves;
  - b) Eye/face protection to protect the face against splashing of body fluids;
  - c) Material to absorb blood or other potentially infectious material;
  - d) Device(s) to scoop up the absorbent and body fluid (two pieces of stiff cardboard will suffice).
  - e) Disinfectant to clean all surfaces which blood or other potentially infectious material has contacted. For some surfaces a 1:10 bleach/water mixture is appropriate.
  - f) Biohazard containers/bags or specific containers for the disposal of needles, sharps, used bandages, and all other emergency items that come in contact with blood or other potentially infectious materials. These containers must be marked so that they are not confused with other similar containers in the workplace used for other purposes.
  - g) Waterless, disinfectant hand cleaners

#### **Employee shall:**

1. Respond to all situations involving blood or other human body fluids with universal precautions (treat all blood and body fluids as if known to be infectious for HIV, HBV or other blood borne pathogens).
2. Follow the procedure listed in section 3 of this policy when responding to any situation involving blood or other potentially infectious materials.

### **PROCEDURAL OVERVIEW**

#### **Protection measures when responding to a medical emergency:**

1. Before attending to a victim medically, don the following personal protective equipment:
  - a) Single use disposable gloves, such as surgical or examination gloves;
  - b) Wash hands after removal of exam gloves and wear eye protection when blood or other potentially infectious material might be splashed.
    - c) Eye and face protection to protect from splashed body fluids.
2. Attend to victim and perform needed medical measures.
3. Clean up and dispose of contaminated sharps and dressings as outlined below.

**Clean-up of blood or any other potentially infectious material:**

1. Before cleaning up any human blood or other potentially infectious material don the following personal protective equipment:
  - a) Single use disposable gloves such as surgical or examination gloves;
  - b) Eye and face protection to protect from splashed body fluids.
2. Pour absorbent over the entire fluid spill and wait until the fluid absorbs into the material.
3. Scoop up the fluid soaked absorbent using a designated device or two pieces of cardboard into a biohazard container or another container specified only for disposal of body fluids, etc.
4. Once all the absorbent and body fluid(s) are scooped up, dispose of the device(s) into the same container.
5. Dispose of sharps (needles, lancets, etc.) in puncture resistant containers that are appropriately marked and designated for such purposes.
6. Dispose of used bandages, gauze, linens and all other items that come in contact with blood or other potentially infectious materials.
7. Thoroughly wash hands immediately following clean-up and disposal using an appropriate disinfectant soap and warm water (waterless hand cleaners can provide for immediate washing, but are not a substitute for appropriate washing).

**Procedures following an unprotected critical exposure or suspected unprotected exposure to blood and/or body fluids:**

1. Wash the affected area immediately. If exposure involves the eye, flush copiously with running water.
2. Do not suck or "force bleed" the exposed area.
3. Report the exposure to your supervisor.
4. Fill out appropriate forms, which may include:
  - For Fire, Police, EMS, Corrections:
    - a. Emergency Response/Public Safety Worker Incident Report Form
    - b. First Report of Injury
  - For Others:
    - a. First Report of Injury

## **TAG-OUT & LOCK OUT**

### **1403.32**

Electrical equipment shall be effectively disconnected, and disconnected switches locked in the "off" position prior to making repairs, adjustments, lubricating, cleaning, or performing any work where there is a danger of being injured from contact with live parts, or from equipment activation.

All stored energy hazards produced by mechanical means, such as hydraulic pressure, pneumatic pressure, steam pressure, vacuum, and electricity shall be released, locked-out, or otherwise rendered non-hazardous prior to commencement of any work which could subject the employee to potential injury.

Padlocks shall be made available to employees for the purpose of locking-out equipment when required. Only the individual who is working on the equipment shall be allowed to remove the lock-out device.

## **EXCAVATION & TRENCHING**

### **1403.19**

#### **PURPOSE**

- To protect employees from hazards associated with excavating and trenching.
- To ensure compliance with New Hampshire Department of Labor Standard **1403.19, Excavating and Trenching.**

#### **RESPONSIBILITIES**

##### **Employer shall:**

1. Before excavation begins, contact utility companies to determine if there are underground utility installations in that area.
2. Ensure that underground utilities are identified and marked prior to excavation.
3. Supply employees with trench protective systems when necessary.

##### **Competent Person (Supervisor) shall:**

1. Inspect and evaluate the condition of all trenches and excavations prior to permitting employees to enter.
2. Perform inspection at the beginning of each day and at least 3 to 4 times during the operation thereafter.
3. Cease operation when weather or other conditions may affect the integrity of trench or excavation.
4. Continue trenching or excavation operations once the conditions have been made safe according to the guidelines identified in section 3 of this policy.
5. Evaluate proximity of trenching operations to retaining walls, utility poles, and other objects that may need support to prevent collapse or undermining.

##### **Employee shall:**

1. Follow the applicable procedures identified in section 3 of this policy.

#### **PROCEDURAL OVERVIEW**

##### **Before Excavation or Trenching Operation**

1. Contact utility companies to determine if there are any underground utility installations in that area.
2. Identify and mark underground utility installations prior to operations.
3. Competent person must inspect and evaluate the condition of trench or excavation prior to permitting employees to enter.

#### **During Excavation or Trenching Operation-**

1. Competent person must inspect and evaluate the trench or excavation 3 to 4 times during the work day.
2. Use a trench protective system (e.g. trench box) or sloping of the ground to the appropriate angle of repose when walls and faces of trenches and excavations are 5 feet or more deep, or when, regardless of depth, there is a danger of cave in or moving ground.
3. Trenches 4 feet deep or more must have adequate means of exit such as ladders or steps, located so as to require no more than 25 feet of lateral travel.
4. When employees are required to enter a trench or excavation, excavated or other material shall be stored and retained at least 2 feet or more from the edge of the excavation.
5. Support retaining walls, utility poles, or other objects which could collapse or undermine if not properly supported.
6. Wear/use appropriate personnel protective equipment.

#### **PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment typically required for this operation:

- Hardhat
- Safety Footwear
- Gloves

## **SUB-CONTRACTORS/OUTSIDE SERVICE PROVIDERS**

All Sub-contractors and Outside Service Providers are required to follow their own company's safety policies. In circumstances where there are no policies, all Subcontractors/Outside Service Providers will adhere to the Town of Bow's safety policy while on Town property.

## **ALTERNATE DUTY PROGRAM**

- A. In accordance with the provisions of RSA 281-A: 23-b, the Town will provide temporary alternative work opportunities for employees who suffer a work-related injury or illness.

When practicable, employees will be returned to their regular duties with modifications consistent with a healthcare provider's stipulated work restrictions. In the event that such restrictions make it impracticable for an employee to perform his or her normal job duties, even with modification, the employee may be reassigned to different duties or a different work schedule and may include assignment to a different department with the Town. The specific assignment of duties shall be determined on a case-by-case basis pursuant to the healthcare provider's restrictions and the work available at the time of the injury or illness.



- B. The Temporary Alternative Work program will be available to employees for a period of time extending as long as the circumstances of the illness/injury requires, but not longer than four (4) months as dictated by the treating physician and as such duties are available.
- C. The treating healthcare provider and the ill/injured employee share the responsibility of providing the Town with the NH Workers' Compensation Medical Form. This form provides information relating to the employee's capabilities necessary to structure a temporary duty program. The department head and Town Manager will work with the employee to facilitate a safe return to work program within limitations listed by the treating physician. If necessary, the Town may contact the treating physician for additional information.
- D. After each subsequent visit, the ill/injured employee will be responsible for providing an updated medical form completed by the treating healthcare provider and returned to the Department Head or Town Manager. Additional modifications will be made to the return to work program as required. Employee should be evaluated every 6 -8 weeks for signs of progress.
- E. Upon release by the healthcare professional, the employee will assume normal duties of his or her regular position.

The Town of Bow has no obligation to provide temporary alternative work opportunities to employees who suffer a non-work related injury or illness.

## **ADOPTION OF SAFETY POLICY BY TOWN MANAGER**

The Town Manager has adopted this Manual/Policy for the Town of Bow effective August 1, 2006.

**UPDATED March 2013, July 2016.**

## APPENDIX A

### Safety Training Acknowledgement Form

I have attended the following safety training:

Training Description:

Date of Training

The goals and objectives of the training were fully explained to me. I understand that personal safety and accident prevention are my responsibility and the responsibility of all employees. I will actively participate in accident prevention. I understand that I will be held accountable for my safety performance.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I confirm that the above named employee has successfully completed the training described on this form.**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX B

### Employee Safety Responsibility Signature Form

As an employee of the Town of Bow I will:

Observe all town rules and apply the principals of incident prevention in my day-to-day duties.

Report any job related injury, illness or property damage to my supervisor and seek treatment promptly.

Report hazardous conditions (unsafe equipment, floors, and material) and unsafe acts to my supervisor or Joint Loss Management Committee representative promptly.

Observe all hazard warnings and no smoking signs.

Keep aisles, walkways and working areas clear of slipping/tripping hazards.

Know the location of fire/safety exits and evacuation procedures.

Keep all emergency equipment such as fire extinguisher, fire alarms, fire hose, exit doors and stairways clear of obstacles.

Not report for work under the influence of alcoholic beverages or drugs nor to consume them while on Town property.

Refrain from fighting, horseplay, or distracting my fellow workers.

Observe safe operating procedures for all equipment I am authorized to operate.

Follow proper lifting procedures at all times.

Ride as a passenger in a vehicle only if it is equipped with a passenger seat.

Be alert to see that all guards and other protective devices are in their proper places when operating equipment.

Not wear frayed, torn or loose clothing, jewelry, or long unrestrained hair near moving objects or other sources of entanglement, or around electrical equipment.

Actively participate in the Town's efforts to provide a joint loss management program.

I hereby acknowledge that I have received a copy of the employee safety responsibility form, and that my responsibilities were explained to me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX C**  
**MAKE SURE THIS IS THE LATEST FORM FROM DOL**

THE STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF LABOR  
 SPAULDING BUILDING  
 95 PLEASANT STREET  
 CONCORD, NEW HAMPSHIRE

**NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA**  
 (Please print or type)

To \_\_\_\_\_ Phone # \_\_\_\_\_  
 (Name of Employer)

(Business Name and Address)

IN ACCORDANCE WITH RSA 281-A: 20, This is to notify you that an injury occurred.

\_\_\_\_\_  
 (Name of Injured Employee) SS# \_\_\_\_\_

\_\_\_\_\_  
 (Address of Injured Employee) Day Phone# \_\_\_\_\_

(Date of Accident or First Treatment)

(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have been unable to work since my injury.

\_\_\_\_\_  
 Yes No

I have incurred the following medical bills.

Name of Doctor	Dates of Service	Amount
_____	_____	_____
Name of Hospital	Dates of Service	Amount
_____	_____	_____
Other	Dates of Service	Amount
_____	_____	_____

(Employer's Signature)

(Employee's Signature)

(Date)

(Date)

**This form can be returned to DOL with or without employer's signature.**

**NOTICE TO EMPLOYER**

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500. (RSA 281-A:53)

**APPENDIX D: MAKE SURE THIS IS THE LATEST FORM FROM DOL**

**New Hampshire**

**Employer's First Report of Injury**

**WEB-8WC —  
NHDOL# —**

**Submission Date:**

**EMPLOYEE INFORMATION**

Employee Name (First & Last)		Gender	Hired Date		Hired in NH
Employee ID	Date of Birth	Age	Occupation when Injured		
Employee Address	Telephone	Wages per Hour	Hrs. per Day	Days per Week	Average Weekly Earnings

Injury Date / Time	Date Employer Notified of Injury	<b>I</b> Location/Jobsite & Business Name where accident occurred			
Disability Began Date					
Claim Type	Full Wages Paid on Injury Date				
Accident Description					
Body part Injured		Cause of Injury			
Nature of Injury		Witness Name		Witness Phone	
Has injured returned to work?	If so, what date?	If so, at what occupation?		If so, at what duty status?	
Initial Treatment					
Initial Treatment Comments					
Name of Treating Physician		Name of Treating Hospital		Has injured died? If so, what date	

**EMPLOYER INFORMATION**

Employer Name		Employer FEIN	Industry Code
Employer Contact Name	Contact Phone Number	Employer Business Address	
Managed Care Provider		OCIP/Wrap-Up Policy? Name of policy holder	
Leased Employee? Client Company			

**INSURER INFORMATION**

Insurance Carrier	Insurer Type	Policy Number	Telephone Number
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## APPENDIX F

### Town of Bow Supervisor's Accident/Loss Investigation Report Guidelines (2007)

Supervisors are responsible to investigate all city accidents in their areas or that involve employees they supervise. During an investigation the supervisor should review how the accident happened, what caused the accident, and what actions should be taken to prevent recurrence. The Town of Bow Supervisor's Accident/Loss Investigation Report is designed to document the supervisor's investigation, gather statistical data, and assist in preparing recommendations for accident prevention.

#### **Report Preparation:**

- The immediate supervisor should prepare the Supervisor's Accident/Loss Investigation Report after fully investigating how and why an accident has occurred.
- The completed report should be typed or printed whenever possible to ensure legibility.
- One report should be submitted per accident.
- Refer to the appropriate policy for additional procedural information

**Section I. GENERAL INFORMATION:** This section of the report identifies the Department, Division, Date of Occurrence, Time, Date Reported, and Exact Location of accident. Completion of this section should be self-explanatory.

#### **Section II. PERSONAL INJURY OR ILLNESS (WC):**

This section of the report should be used when an employee is injured as a result of a work related accident or has been exposed during the performance of work related duties to an illness for which treatment is needed. It is also used when prescription glasses or other durable medical equipment has been broken as a result of a work related accident.

- **Name:** Self-explanatory (Please do not use nickname)
- **Job title or occupation:** Self-explanatory
- **Nature of Injury or Illness:** What is the injury? Example: Broke left Foot or Exposed to ....
- **Did Employee seek medical attention?:** Yes, No
- **Additional Forms completed:** This block is intended as a reminder to ensure required DOL forms have been completed. Check to see if forms have been completed and check the box.
- **Was appropriate Personal Protective Equipment available and in use if applicable:** Please check appropriate box.
- **If No, why not?** Answer as why the employee was not wearing the appropriate PPE. Example: Eye protection was available but employee couldn't find it; employee didn't know gloves were required; or proper PPE was not available and is now on order.

#### **Section III. MOTOR VEHICLE (MV):** Motor Vehicle Accident Reporting Procedure.

- **Name of City Employee involved:** Self-explanatory. If more than one employee was involved, use the name of the employee that was driving, most responsible, or most knowledgeable of what happened.
- **City Vehicle No:** self-explanatory
- **Department Notified:** This is intended to be a reminder that the department needs to be notified of all motor vehicle accidents so that they may look the vehicle over for damage, etc. Please check the appropriate block.
- **Enter estimated or actual cost of damage:** If the actual cost or estimate of damage is less than \$1000 write the dollar amount in the space provided next to <\$1000. If over \$1000, write in the space provided next to >\$1000.
- **Did Police investigate?** Yes or No. It is the Town's policy to be called whenever a Town Vehicle is in an accident. If the police were not called, you will need to explain why.

## **APPENDIX F (continued)**

- **Seat Belts in use?** Yes or No. Check appropriate block. If the answer is No you will need to explain why.
- **Road Conditions?** Indicate what the road conditions were at the time of the accident. For example were the roads icy, wet, or dry.

### **Section IV. PROPERTY / LIABILITY CLAIMS:**

- **Name of City Contact Person:** Name of individual who should be contacted in regards to the damaged property.
- **Town Property Damaged:** Name the Town owned property that was damaged
- **Enter estimated or actual cost of damage:** If the actual cost or estimate of damage is less than \$1000 write the dollar amount in the space provided next to <\$1000. If over \$1000, write in the space provided next to >\$1000.
- **Non-Town Property Damaged:** Indicate what was damaged by address or name of property. Example: Basement flooded or wooden fence damaged.
- **Property Owner Name:** Self-Explanatory
- **Contact Phone Number:** Self-Explanatory
- **Owner Contacted:** Yes or No. Indicate by checking the appropriate block if the owner of the property has been contacted.
- **Enter estimated or actual cost of damage:** If the actual cost or estimate of damage is less than \$1000 write the dollar amount in the space provided next to <\$1000. If over \$1000, write in the space provided next to >\$1000.

**Section V. DESCRIBE ACCIDENT:** Please investigate and describe accident clearly as to: who, what, when, where and why. Please annotate if there were any witnesses and provide contact information if available. (Not required for accidents when a police report is filed)

\*Remember this form should be completed by the individual performing the accident investigation and not the individual who had the accident.

### **Section VI. FUTURE PREVENTION:**

- **How would you prevent reoccurrence?** Suggested examples: Better aware of surroundings, Lifting device should be used, Modification of equipment, Special equipment should be purchased, Policy should be developed, or Process should be studied.
- **Action Taken (if Applicable):** Describe any action you have taken to prevent reoccurrence or plan to take. (Ex: A policy change has been recommended; a training class has been scheduled on this piece of equipment; sidewalk sanded and all employees have been reminded to watch for slippery sidewalks) Remember, if an employee does not follow a Town safety policy corrective action must be taken.
- **Signature Block:** All reports must be signed by the investigating supervisor and reviewed by Department Head or by an individual designated by the department head for this purpose.



## APPENDIX G

### SUPERVISOR'S ACCIDENT/LOSS INVESTIGATION REPORT

#### I. GENERAL INFORMATION

Dept:		Division:	
Date of Occurrence:	Time:	Date Reported:	
Exact Location of Occurrence:			

#### II. PERSONAL INJURY OR ILLNESS (WC)

Name:	Job title or occupation:
Nature of Injury or Illness:	<b>Additional Forms completed:</b> Employee: <input type="checkbox"/> Notice of Accidental Injury or Occupational Disease (8aWCA)  Employer: <input type="checkbox"/> Employer's First Report of Occupational Injury or Disease (8WC)
Did Employee seek medical attention?	If No, why not
Was appropriate Personal Protective Equipment available and in use if applicable. <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why not

#### III. MOTOR VEHICLE (MV)

Name of Employee involved:	<b>Vehicle No / ID:</b>  Department Head Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Enter Estimated cost or actual if known:</b> < \$1000      _____  >\$1000      _____	<b>Did Police investigate?</b> <b>If No, explain why not:</b>
Seat Belts in use? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, explain why not:</b>	<b>Road Conditions?</b>

#### IV. PROPERTY DAMAGE (P/L)

Name of Contact Person:	Owner of Property Damaged:
Property Damaged Involved:	<b>Property Owner Name:</b> <b>Contact Phone Number:</b> <b>Owner Contacted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Enter estimated or actual cost of damage?</b> < \$1000      _____  >\$1000      _____	<b>Enter estimated or actual cost of damage to Non-City Property?</b> < \$1000      _____

**V. DESCRIBE ACCIDENT:**

**Describe clearly how the accident occurred**

**VI. FUTURE PREVENTION**

**How would you prevent reoccurrence?**

---

**What corrective action has been or will be taken? (if Applicable)**

<b>Supervisor (Print or Type)</b>	<b>Signature</b>	<b>Date:</b>	<b>Contact Number</b>
<b>Dept. Head/ Designated Individual</b>	<b>Signature</b>	<b>Date:</b>	

## APPENDIX H

### Accident/Incident Review

Date of Review: \_\_\_\_\_ Department/Job Title: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Location: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_

#### Personal Injury or Illness Information

Part of Body Affected: \_\_\_\_\_ Nature of Injury/Illness: \_\_\_\_\_

Cause of Injury/Illness (Object/equipment/substance): \_\_\_\_\_

**Describe Clearly What Happened, Including Events Leading Up to Accident/Illness:**

Did Injured Leave Work? \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Date: \_\_\_\_\_

Did Injured Go to Doctor? \_\_\_\_\_ Hospital? \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

**Describe conditions or factors that may have contributed to the Accident/Illness**

For Slip/Trip/Fall or Material Handling Incidents, please complete reverse side

#### **Corrective Actions Taken:**

(Please outline actions taken to reduce likelihood that this type of incident will reoccur)

**Safety Committee Comments:**

**Material Handling Analysis**

1. What was being handled? \_\_\_\_\_
2. How much did it weigh? \_\_\_\_\_ 3. Distance of lift/lower? \_\_\_\_\_
4. Did the employee slip while lifting? Yes \_\_\_\_\_ NO \_\_\_\_\_
5. Were there any abnormal working conditions at the location of the accident (wet floors, material on floors etc.)?  
\_\_\_\_\_
6. Was the material handled in the standard way? \_\_\_\_\_
7. How often is this job done \_\_\_\_\_
8. Was the accident reported immediately? \_\_\_\_\_
9. Who was the employee working with at the time of the accident? \_\_\_\_\_
10. Has the employee had previous material handling accidents? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**Slips, Trips or Falls**

1. What was the condition of the walking surface? (i.e. damaged, worn, wet, icy, cluttered)  
\_\_\_\_\_
2. Was hazardous condition reported prior to the accident?  
\_\_\_\_\_
3. How long had the condition existed?  
\_\_\_\_\_
4. Was the hazardous condition corrected?  
When? \_\_\_\_\_  
How? \_\_\_\_\_
5. Was the lighting adequate?  
\_\_\_\_\_
6. Was the employee wearing appropriate footwear?  
\_\_\_\_\_
7. Was the employee carrying/pulling anything?  
\_\_\_\_\_
8. Have similar accidents occurred at this location prior to this accident?  
\_\_\_\_\_

# APPENDIX I

## Action Plan

**ACTION PLAN** for \_\_\_\_\_ **DATE:** \_\_\_\_\_

OBJECTIVE	ACTIONS	TARGET DATES	ACCOUNTABILITY	COMMENTS/RESULTS

