

Town of Windham

Incident Investigation and Reporting Program

I. Purpose

The purpose of the Town of Windham's Incident Investigation and Reporting Program is to provide reporting requirements, investigation techniques, documentation, and training to ensure the effective investigation of all incidents and near misses. An effective investigation identifies root causes and develops corrective actions to prevent future occurrences. This program provides tools to track incidents and near misses, to look for trends, and to share information to develop injury prevention programs.

I. Scope

This program applies to all regular, part-time, and temporary employees, as well as volunteers, interns, and officials of the Town.

I. Definitions

Administrative or Work Practice Controls: Work practice controls change the job tasks to make them safer and reduce employee exposure to hazards. Examples include reduction of exposure time and lowering the number of repetitions by job rotation; slowly acclimating employees to new physical job demands or temperature changes; and exercise breaks and training.

Contributing Factors: Factors other than the root cause that contributed to an unsafe condition or unsafe act, incident, or near miss. Examples include worker distraction, lighting, temperature, or stress.

Engineering Controls: Specially designed equipment, tools, or work areas that isolate employees from the hazard or lessen the quantity or severity of job risk factors.

Hazard Hero Report: A report filed by an employee that documents a perceived unsafe act or unsafe condition. (Appendix A)

Incident: An accident which resulted in personal injury, damage to property, or loss of production.

Lockout: A method of de-energizing and isolating a source of energy (electrical, steam, etc.) to prevent another employee from accidental restart during maintenance or servicing of equipment.

Near Miss: A hazardous condition or event that could have resulted in an actual incident involving injury or property loss if the timing or location had shifted slightly.

Personal Protective Equipment (PPE): Equipment worn by employees that reduces exposure to hazards. Examples include gloves, safety glasses, kneepads, etc.

Root Cause: The basic cause (as opposed to contributing factors) that initiated the development of the unsafe act and/or unsafe condition, incident, or near miss. Examples include ineffective or lack of training provided, no job safety analysis, no written procedures, poor management, or lack of rule enforcement.

Safety Committee: A team of employees and managers that have responsibilities for implementing and updating safety and injury prevention programs.

OSHA 300 Log: The Log and Summary of Occupational Injuries and Illnesses, on which all injuries and illnesses that occur in the workplace during the year must be recorded; also used to complete the OSHA 300A summary at the end of the year to satisfy employer posting requirements.

MDOL: Maine Department of Labor

II. Requirements

All incidents and “near misses” must be reported by the employee/volunteer/intern/official and investigated by the supervisor using a team process and root cause investigation.

Employees are required to cooperate in the investigation and complete an Employee Incident Report. If a witness was present, the witness must complete Witness Statement Form (Appendix B). Supervisors will investigate all incidents and near misses and determine root causes. The supervisor will also identify appropriate corrective actions and document the findings using the Supervisor Incident Investigation Report.

The Human Resources Director (Human Resources Director), Safety Compliance Officer (SCO), Directors and Supervisors will follow the Maine Department of Labor reporting requirements for fatalities and/or serious physical injuries:

- **All incidents resulting in fatalities must be reported to MDOL within eight (8) hours of the incident.**
- **All serious injuries¹ requiring immediate hospitalization must be reported to MDOL within 24 hours of the incident.**
- **Reports can be made electronically or by telephone at incident.bls@maine.gov or 207-592-4501 (24 hours).**

The safety of Town employees is paramount. Failure to follow these directives could result in disciplinary action up to and including dismissal.

V. Program Responsibilities

The Human Resource Director shall:

- **Appoint a Safety Committee to include the Safety Compliance Officer, employees and members of the Leadership Team.**
- **Participate in the investigation of all incidents and near misses as a member of the Investigation Team.**
- **Support the Safety Program by**
 - **ensuring an effective incident reporting system and ensuring that there is a prompt response to all reported incidents and near misses; and**
 - **emphasizing safety and loss prevention in periodic communications to employees.**

¹ Title 26 §2(3) “Serious physical injuries,” as used in this section, means an incident that results in an amputation, loss or fracture of any body part or that necessitates immediate hospitalization or formal admission to the inpatient service of a hospital or clinic for care or treatment.

- Ensure a system is in place for employees to report incidents and near misses.
- Ensure that the Safety Committee is actively involved with reviewing incidents and near-misses data.
- Monitor the results of the program and determine additional areas of focus that are needed.
 - Conduct an annual review to determine the effectiveness of employee and supervisor training by looking at the causes identified and corrective actions of each report. The annual review will also consider management support to remedy identified hazards.

The Safety Compliance Officer shall:

- Report to the Human Resources Director who is responsible for ensuring the effectiveness of the safety program.
- Participate in the investigation of all incidents and near misses as a member of the Investigation Team.
- Provide a system to help assure that designated employees are properly trained to conduct incident investigations.
- Ensure maintenance of accurate records and complete the OSHA 300A Log for Work Related Injuries and Illnesses each January for posting from February 1 through April 30 each year.
- Review reports submitted and monitor reports for thoroughness, appropriate solutions, and track corrective actions to completion.
- Have basic investigation equipment available, i.e. tape measure, flashlight, clipboard, graph paper, barricade tape, PPE, and a camera.
- Forward all reports to the Worker's Compensation Administrator and Human Resources Director within two business days.
- Review corrective actions and track actions to completion.
- Notify senior management of hazards that are not minimized or eliminated in a timely manner.

Department Heads shall:

- Acknowledge responsibility and accountability for the health and safety of all employees through active support of the Incident Investigation Program.
- Contact the Human Resources Director and the Safety Compliance Officer as soon as notification of an incident or near miss is received.
- Use the Department Incident Investigation Report (Attachment D) to document the details of an incident or near miss.
- Verify (sign) the completed Employee Incident Report and the Department Incident Investigation Report and forward to the Human Resources Director and the SCO.
- Receive appropriate incident prevention and investigation training in order to ensure implementation of the Incident Investigation Program.

- Ensure that subordinate employees have received all appropriate training.
- Implement corrective actions and ensure they are completed through active follow-up in a timely manner.
- Follow the procedures outlined in the Work-Related Injury Policy.

Employees, including Managers and Supervisors, shall:

- Conduct themselves in accordance with this program and all other relevant policies.
- Receive appropriate training for and understanding of incidents and near-miss prevention and reporting procedures.
- Obtain appropriate first aid or medical treatment immediately if an incident occurs involving personal injury.
- Immediately report any incident or near misses to supervisors.
- Complete the Employee Incident Report (Attachment A) and give it to the supervisor immediately, or no later than 24 hours after the incident.
- Immediately correct safety deficiencies that are within the employee's control.
- Report all perceived unsafe acts or unsafe conditions using the Hazard Hero Report. (Appendix B)
- Actively participate in the investigation process to help determine hazards and appropriate corrective actions.

Safety Committee Members shall:

- Determine if additional corrective actions are needed to prevent further injuries within the Town.
- Determine the best methods to be used to alert employees of hazards.
- Review Incident Reports to determine whether additional injury prevention programs are needed.

VI. Initial Response

Steps for responding to an incident include:

1. Call 911 if the injury is serious or life-threatening. The following are examples of serious or life-threatening symptoms: loss of consciousness, seizure, bleeding that cannot be immediately controlled, chest pain or pressure, difficulty breathing, confusion, inability to talk, walk, or raise both arms.

Note: During medical emergencies, an injured employee may request that EMS not be called. The employer has a legal and moral obligation to call EMS if a life-threatening situation is suspected. Do not delay care; do not argue with the victim; call 911.

2. Ensure the scene is safe for employees and emergency responders or remove victim in extreme situations when the scene is dangerous to life and health.
3. Emergency vs. Non-emergency

- a. If the injury is not an emergency but requires additional medical care, provide transportation for the initial visit to an authorized Urgent Care Facility in your area or provide first aid.
 - b. If the injury is an emergency and the response involve the transport of an employee to the hospital, the supervisor or designee should go to the hospital to provide support.
4. Supervisors must report the injury immediately to the SCO and the Human Resources Director.
 5. Secure the Scene
 - a. Isolate the scene with rope, tape, guards, etc. (if needed)
 - b. Provide a hard copy of the First Report of Injury and an Employee Incident Report for the employee to complete. These must be forwarded to the Safety Compliance Officer as soon as possible following the injury.
 - c. Do whatever it takes to prevent a reoccurrence while preserving all evidence.
 6. No employee shall release information to the news media. Employees must instruct inquiring media to contact the Human Resources Director.
 7. Serious injuries require involvement of the Town's Human Resources Director and Safety Compliance Officer.

VII. Investigation Team

1. The Investigation Team shall begin the investigation process within 24 hours of notification of the incident.
 - a. The Team will determine the sequence of events that led to the incident or near miss in order to discover all the contributing factors and root cause(s).
 - b. Each step and employee decision that took place should be added to the timeline.
 - c. The investigation should detail factors, to include physical and psychological conditions, at each step, along with the employee's knowledge and focus at the time of each step.
 - d. The Team should investigate and report any factors that might have caused a lapse in judgement or distractedness.
2. Identify Potential Witnesses
 - a. Make a list of everyone who was involved or might have witnessed the event.
 - b. Look for employees within hearing or visual site of the event.
 - c. Look for experts in the process related to the events.
 - d. Provide the Witness Statement Form (Attachment C) and have witnesses complete the form by themselves without input from anyone, telling their own impression of what they heard, smelled, or saw prior to, during, and after the event. The witness should also provide all the facts surrounding the event of which they are aware.

Answer to second Why?	The alternator is not functioning.
Answer to third Why?	The alternator belt is broken.
Answer to fourth Why?	The alternator belt is worn out and had not been replaced.
Answer to fifth Why?	The vehicle was not being maintained per the manufacturer's service schedule.

4. For more complex investigations involving equipment, tasks, and processes, a more detailed line of questioning will provide valuable information to determine all causes. Here are some examples of relevant questions to better determine what led up to the situation that resulted in an incident.

Tasks and Procedures

- Is there a written procedure?
- Was the procedure used?
- Had conditions changed to make the normal procedure unsafe?
- Were the appropriate tools and materials available? Were they used?
- Were safety devices working properly?
- Was lockout used when necessary?

Equipment Related Incidents

- Was there an equipment failure?
- What caused the equipment to fail?
- Were hazardous substances involved?
- Were the substances clearly identified?
- Was a less hazardous alternative substance possible and available?
- Should personal protective equipment (PPE) have been worn?
- Was PPE used?
- Were users of PPE properly fitted, trained, and documented?

Personal Factors

- Were workers experienced in the work performed?
- Have workers been adequately trained?
- How much overtime is being worked?
- Does the employee have a second job that does not allow for recovery between shifts?
- Can the employee physically do the work?
- Was the employee tired?

- Was the employee under stress (work or personal)?
- Was there any indication of drug or alcohol use?

Environmental Factors

- Were there changes in the normal work environment (especially sudden changes)?
- What were the weather conditions and humidity?
- Was poor housekeeping a problem?
- Was it too hot or too cold?
- Was noise a problem?
- Was there adequate light?
- Were toxic or hazardous gases, dusts, or fumes present?

Root Causes

- Were safety rules communicated to and understood by all employees?
- Were written procedures and orientation available?
- Were rules and procedures being enforced?
- Was there adequate supervision?
- Were workers trained to do the work?
- Had hazards been previously identified?
- Had procedures been developed to overcome hazards and prevent injuries?
- Were unsafe conditions corrected?
- Was regular maintenance of equipment carried out?
- Were regular safety inspections carried out?

IX. Recommending Specific Solutions

1. The Investigation Team will work together to determine appropriate corrective actions for every contributing factor or root cause identified.
2. Corrective actions should be based on risk and opportunity of exposure.
3. The team should explore these common corrective actions:
 - a. Short-term solutions may be needed to warn or guard against the hazard
 - b. Work orders or purchases may be needed
 - c. Procedures or policies may need to be created or updated
 - d. Employees may need training or retraining

- e. The training course may need to be updated for effectiveness
 - f. Hazard Awareness meetings may need to take place
 - g. Capital budget money may need to be requested for a long-term correction
4. When selecting and recommending corrective actions, possible solutions will be prioritized using the following hierarchy. In this hierarchy of hazard control, elimination is the most desirable solution followed by substitution, engineering controls, administrative controls, and PPE.
 - Elimination – eliminating the hazard from the workplace
 - Substitution – replacing a hazardous substance or activity with a less hazardous one
 - Engineering controls – providing guards, ventilation, or other equipment to control the hazard
 - Administrative controls – developing policies and procedures for safe work practices
 - Personal Protective Equipment – using respirators, earplugs, safety glasses, etc.
 5. Corrective actions need to be as specific as possible. “Be Careful” is not an acceptable corrective action.
 6. Think through all corrective actions to determine if the suggested change will create new hazards.
 7. Management should confirm that corrective actions were effective, that the hazard has been minimized or eliminated, that employees are able to follow the new process, and that no new hazards were introduced when the changes were made.
 8. The Investigation Team should conduct follow-up interviews with employees who were part of the incident investigation to determine if the implemented corrective actions require any adjustments to provide maximum safety to the employees.
 9. The Safety Committee should review the corrective actions to ensure that the corrective actions remain effective.

X. Training

All employees and new hires will receive training on the Incident Investigation and Reporting Program. Upon hire or promotion into their position, managers and supervisors will be appropriately trained on the Town’s incident prevention and investigation philosophy and the methods that should be used to conduct an incident investigation according to this program.

Employees and supervisors will receive appropriate refresher training at regularly scheduled intervals as determined by the Human Resources Director.

The minimum training for all employees will include the following elements:

- An explanation of the Incident Prevention and Investigation Program and roles
- An emphasis on the importance and method of prompt reporting of incidents and near misses
- A review of the Employee Incident Form, the Department Investigation Form and the Witness Statement Form with emphasis on determining root causes, contributing factors, and corrective actions.

XI. Periodic Program Review

The Human Resources Director will review data and look for trends, such as injury types, sources of injury, age, time of day, day of week, gender, work location, body part injured, and date hired. Conducting this trend analysis will help the Town focus on injury prevention.

The Safety Compliance Officer will conduct an Annual Program Review every January of the previous year and send findings to the Human Resources Director. The review should consist of the following:

- Evaluation of incident/near-miss training programs and records
- The need for retraining managers, supervisors, and employees
- The length of time between incident, reporting, investigations, and corrective actions implementation
- The program's success based upon comparison to previous years, using the following criteria:
 - Frequency of incidents and near misses
 - Frequency and severity of Workers' Compensation claims
 - Employee feedback through tools such as direct interviews, walk-through observations, written surveys, questionnaires, and re-evaluations

XII. Records Retention

The Town will maintain information related to incident investigations for 30 years past the employee separation date. All incident investigation records will be kept by the Human Resources Director. "Near miss" investigation reports will be maintained for five years.

APPROVED: _____



Date: _____

10/19/2020

Barry A. Tibbetts

Town Manager

Town of Windham



Hazard Hero Report – Appendix A

Name: _____ Title: _____ Department: _____

Work Phone #: _____ Home Phone #: _____ Employee Email Address: _____

Address Where Hazard Observed: _____ Date Hazard Observed: ___/___/___

Specific Location Hazard Observed: _____

Describe Hazard in Detail:

Suggested Corrective action:

Employee Signature: _____ Date Reported: ___/___/___

Corrective Action Taken:

SCO Signature: _____ Date Corrected: ___/___/___

EMPLOYEE REPORT OF INCIDENT/INJURY – APPENDIX B

THE EMPLOYEE MUST COMPLETE THIS REPORT AS SOON AS POSSIBLE FOLLOWING AN INCIDENT/INJURY. THIS REPORT WILL BE PROVIDED TO THE SUPERVISOR WITHIN 24 HOURS OF AN INCIDENT/INJURY.

Name: _____ Date of Injury: ___/___/___ Time of Injury: _____ AM / PM

Social Security #: _____ Date of Birth: ___/___/___ Work Phone #: _____ Home Phone #: _____

Full Time Part Time Date Employed: ___/___/___ Department: _____

Home Address: _____

Start Time of Workday: _____ AM / PM

Witnesses (attach statement for each):

Name: _____ Title: _____ Phone Number: _____

Name: _____ Title: _____ Phone Number: _____

Name: _____ Title: _____ Phone Number: _____

Exact Location Incident/Injury Occurred: _____ Duties Being Performed: _____

Describe the circumstances causing the injury:

Personal Protective Equipment Used:

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Foot Protection | <input type="checkbox"/> Head Protection | <input type="checkbox"/> Lifting Assist. Device | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hand Protection | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Apron/Chaps | <input type="checkbox"/> None |
| <input type="checkbox"/> Face/Eye Protection | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Back Belt | |

Choose factor (s), which directly or indirectly caused the incident to occur:

- | | | |
|---|--|--|
| <input type="checkbox"/> Struck by flying/Thrown Object | <input type="checkbox"/> Client Assault | <input type="checkbox"/> Temperature Extremes |
| <input type="checkbox"/> A Fall | <input type="checkbox"/> Caught In/Under/Between Objects | <input type="checkbox"/> Rubbed or Abraded by Object |
| <input type="checkbox"/> Bodily Reaction | <input type="checkbox"/> Struck by an Object/Person | <input type="checkbox"/> Struck Against Object |
| <input type="checkbox"/> Blood/Fluid Exposure | <input type="checkbox"/> Electric Shock | <input type="checkbox"/> Noise Exposure |
| <input type="checkbox"/> Vehicle/Equipment Accident | <input type="checkbox"/> Other Disease Exposure | <input type="checkbox"/> Repetitive Motion |
| <input type="checkbox"/> Client Caused | <input type="checkbox"/> Toxic Material Exposure | <input type="checkbox"/> Other: _____ |

Nature of Injury:

- | | | | | |
|--------------------------------|--------------------------------------|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Circulatory | <input type="checkbox"/> Wrist R L B | <input type="checkbox"/> Foot R L B |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Groin | <input type="checkbox"/> Hand R L B | <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Toe(s) |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Skin | <input type="checkbox"/> Eye R L B | T I M R P | B I M R P |
| <input type="checkbox"/> Back | <input type="checkbox"/> Digestive | <input type="checkbox"/> Shoulder R L B | <input type="checkbox"/> Hip R L B | <input type="checkbox"/> Other |
| <input type="checkbox"/> Trunk | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Arm R L B | <input type="checkbox"/> Ankle R L B | _____ |

Medical Treatment: First Aid No Treatment Employee Health Clinic Outside Medical Treatment

Name: _____ Title: _____ Date: ___/___/___

Name: _____ Title: _____ Date: ___/___/___

INCIDENT/INJURY WITNESS STATEMENT- APPENDIX C

THIS REPORT WILL BE PROVIDED TO HUMAN RESOURCES WITHIN 24 HOURS OF NOTIFICATION OF AN INCIDENT/INJURY.

Employee: _____ Title: _____ Phone Number: _____

Supervisor: _____ Title: _____ Phone Number: _____

Department: _____ Location of Incident: _____

Date of Incident: ___/___/___ Time of Incident: _____ AM/PM

Please describe the incident sequence from start to finish (Use additional space if needed for each portion of report):

Please fully describe the work and conditions in progress leading up to the incident:

Note anything unusual you observed before or during the incident (sights, sounds, odors, etc.):

What was your role in the incident sequence?:

What conditions influenced the incident? (Weather, time of day, equipment malfunctions, etc):

What do you think was the root cause of the incident?:

How could the incident have been prevented?:

Please list other possible witnesses:

Additional comments/observations:

Signature: _____ Date: ___/___/___

DEPARTMENT INVESTIGATION OF EMPLOYEE INCIDENT/INJURY – APPENDIX D

THIS REPORT WILL BE PROVIDED TO HUMAN RESOURCES WITHIN 24 HOURS OF NOTIFICATION OF AN INCIDENT/INJURY.

Employee: _____ Date of Injury: Time of Injury: _____ AM / PM

Supervisor: _____ Title: _____ Phone Number: _____

Department: _____ Shift: A B C Start Time of Workday: _____ AM / PM

Date Notified of Incident: ___/___/___ Date of Investigation: ___/___/___ Medical Treatment Provided: YES NO

Witnesses (attach statement for each):

Name: _____ Title: _____ Phone Number: _____

Name: _____ Title: _____ Phone Number: _____

Name: _____ Title: _____ Phone Number: _____

Exact Location Incident/Injury Occurred: _____ Duties Being Performed: _____

Describe the events immediately prior to the incident and the circumstances causing the injury:

Personal Protective Equipment Used:

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Foot Protection | <input type="checkbox"/> Head Protection | <input type="checkbox"/> Lifting Assist. Device | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hand Protection | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Apron/Chaps | <input type="checkbox"/> None |
| <input type="checkbox"/> Face/Eye Protection | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Back Belt | |

Choose factor (s), which directly or indirectly caused the incident to occur:

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Lack of Skill/Ability | <input type="checkbox"/> Physical Weakness/Disability | <input type="checkbox"/> Carelessness | <input type="checkbox"/> Unsafe Act |
| <input type="checkbox"/> Failure to Use PPE | <input type="checkbox"/> Failure to Follow Procedure | <input type="checkbox"/> Unsafe Conditions | <input type="checkbox"/> Undetermined |
| <input type="checkbox"/> Sudden Distraction | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Client Assault | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Client Caused | |

Other Factors:

- | | | |
|--|--|--|
| <input type="checkbox"/> Poor Workplace Design | <input type="checkbox"/> Inadequate Procedures | <input type="checkbox"/> Inadequate Procedures |
| <input type="checkbox"/> Broken/Damaged Equipment/Object | <input type="checkbox"/> Inadequate Resources | <input type="checkbox"/> Actions by another Person |

Other: _____

Are your findings consistent with employee's description? YES NO

Describe Incident if different from employee's description:

Describe actions to prevent reoccurrences: _____

Make recommendations to the Safety compliance Officer/ Safety Committee. Provide additional attachments as required.

Supervisor's Signature: _____ Title: _____ Date: ___/___/___

Department Head Initials: _____ Date ___/___/___