TOWN OF LISBON, MAINE
INCIDENT REVIEW PLAN AND POLICY

Adopted: August 20, 2024

Incident Review – Written Program Guidance

Introduction

Incident Review - what is it?

The purpose of an "incident review" is to determine why that specific incident took place. Incidents may involve bodily injury, damage to property or cause interruption in your normal operations. There may also be "near miss" incidents and not cause any of the above.

After an incident occurs, it is important to determine **how** and why an incident took place. By fully investigating how and **why** an incident occurred, the root cause can be established and measures can be taken to prevent a similar incident from happening again.

The purpose of Incident Review is to objectively identify and address the root cause to prevent the same situation from taking place again.

Why should I take time and resources to do Incident Review? How does my organization benefit?

- A thorough incident review can prevent employees or members of the public on your premises from being seriously injured- or worse- killed.
- An incident review may be able to identify weaknesses in your operations to prevent your organization from being disrupted from a future incident causing injuries to employees, injuries or damage to members of the public or damage to your critical equipment.
- Will help can lower workers' compensation costs by reducing the frequency and severity of incidents at the workplace.
- It can be difficult to ask "what in our organizational structure contributed to systemic failures that caused this incident", but the benefits noted above far outweigh the difficulties.

Why do I need to investigate a near miss?

A series of close calls means it is just a matter of time before someone is hurt and/or property gets damaged. These near misses presents an opportunity for an organization to examine the how and why's of what happened in order to prevent a more serious incident in the future.

Why do I need to have a written program?

- Ensuring consistent implementation of all elements of the incident review program.
- Clearly defining expected outcomes, methods and individual behavior.
- Providing a basis for succession of the program through personnel changes.
- Providing a basis for training new employees.
- Providing documentation for regulatory agencies as well as to specify the program's elements and the logic behind the development process.
- Giving investigators the road map for implementing the program.

Program Requirements

All workplace incidents that end in an employee being injured should be reported to your Workers'

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Compensation provider. An incident that causes property damage or other liability to the public may need to be reported to your Property and Causality Insurance Carrier.

Elements of an Incident Review Program should include:

- Employee training on incident reporting, and procedures following an incident
- Incident review procedures.
- Investigator Training.
- Assigning responsibilities for incident reviews and follow-up.
- Identify who will be completing the review and their level of involvement. This should include supervisors, management staff, safety committee members, review team members, and employees knowledgeable with the work process.
- For major events identify an organization contact person for speaking with the media or contacting additional emergency services.
- Implementing a follow-up process to implement recommendations for controlling the risk/hazard exposure in the future. This should include review of information developed in the review and recommendations by employees, management, and the safety committee.

A written Incident Review Program should include the following elements:

- Management/supervisory notification procedures.
- How and which incidents will be investigated.
- Who is responsible for reviews?
- Who will complete the proper reports and forms?
- How investigator training will be performed.
- Periodic program review for effectiveness. (Annual)
- How records will be maintained.
- How monitoring and follow up is to be accomplished.

Review Process

- Employees need to understand the importance of timely reporting and providing accurate event details.
- A prompt review will ensure the likelihood of gathering accurate information related to the event. Ideally the review should be as thorough for a near miss event as for a more serious loss event; usually 24-48 hours and take photographs immediately after the event is reported.
- Determine what staff will participate in the review as well as what their role will be. Staff could include Top Managers, Supervisors and general work force, trained members of the incident review team, safety committee members, or a combination of these groups all could be involved in the review.

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- A direct supervisor should also be involved with the incident review process but keep in mind it may not always be a best practice for that supervisor to be the lead investigator as they may have contributed to the incident by not correcting unsafe employee behavior, ignored unsafe work conditions or may not have recognized the hazard in the first place.
    - The use of specific incident review forms is a critical piece to any review. Staff should be made familiar with these forms prior to an incident occurring and be trained on how to accurately complete this forms.
    - As part of the review process, the Town will need to determine beforehand who will receive a copy of the incident forms and report. This could include the safety committee, management, supervisors or all employees involved in the incident.
- Incident review and follow up on recommendations to ensure the implementation of corrective actions.
- The injured party and the department supervisor should have an opportunity to make recommendations for correction.
- The safety committee should review these recommendations and have an opportunity to comment or make additional recommendations.

Review Procedure

- Timing is critical. Incident Review should be commenced as soon as possible after onsite medical care has been administered for injuries and the scene is safe enough to do so.
- Gather basic facts:
    - Who was involved?
    - What happened? Be specific and detailed, include equipment and condition of equipment used during the event.
    - When? Day of the week, time of day, season, weather conditions, etc.
    - Where? Work site, roadway, work zone, building and specific location.
    - Interview victims/witnesses as soon as possible. Filter out opinions vs. actual facts of the event.
    - "Process" the scene. Take notes of the conditions such as wet floor, lighting conditions, location of, and types, of tools and equipment used before area conditions change.
    - Take photographs of the scene from various angles. Note any warning signs or labels in the area or on equipment (or lack of them).

Basic tools should be available to the incident review team members:

- Writing /note taking materials.
- Caution/warning tape to delineate the incident area.
- Tape Measure for checking distance/clearance areas.

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- Digital Camera or cell phone.
- Flashlight.
- Review Forms and Witness Statement Forms.
- Basic electric testing equipment "tick tester" for checking circuits for voltage, GFCI/outlet testing device.
- List of active/available review members and safety committee members.
- Any Personal Protective Equipment (PPE) needed such as safety glasses, gloves and/or high visibility vests when working near moving vehicular traffic.

Analyze the gathered information and seek out the causes.

- Outline the event facts in chronologic order.
- Connect how each fact relates to the incident.
- Ask the **why** questions (Why was the warning label missing? Why wasn't the employee trained on this piece of equipment? Why wasn't the missing guard reported to supervisor? Why wasn't the equipment taken out of service?)
- List possible causes- brainstorm where not obvious.
- Personal factors.
- Unsafe conditions-environmental factors.
- Unsafe acts-behavioral factors. (May be a HR or Management Concern; Review may end)
- Review each possible cause- "Does it explain the facts?"
- Sort out direct, contributing, and root causes.
- Review policies, training materials, manuals, job hazard analysis, job task procedures, etc. Do they address what was uncovered as review "facts" and address the root cause?

Factors and Direct Causes

- Personal factors include deficiencies in physical condition, mental condition or attitude and can include physical illness, fatigue or influence of drugs or alcohol. **If a person appears to be impaired from drugs or alcohol refer to HR immediately.** Does the injured party have a history of not following safety protocol? A history of prior incidents? If so, was that prior incident similar to the current incident that led to the injury or damage to property? If the injury involves an employee, was there any personnel issues that could be a factor? Such as on probation, recent discipline issues, etc.
- Unsafe conditions are situations or events not under the individuals control such as Personal Protective Equipment (PPE) not made available, poor lighting, facility/equipment conditions, weather conditions, lack of training.
- Unsafe Acts are specific actions or inactions within the individual's control such as ignoring warning labels, not following safety rules, or lack of supervisor corrective action**. If unsafe acts**

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are witnessed refer to Human Resources or Immediate Supervisor.

- Direct Causes; Defined as the immediate, initiating, or primary cause which that leads to an event or action that allows an event or action to take place. These may include unsafe acts or unsafe conditions.
- Contributing Causes or Factors. Defined as factors or conditions that by themselves did not cause the incident but when combined with the direct causes lead the events down the path of the incident.
    - Examples*:* (weather, time, safety culture, human factors including training and education, job experience, environment factors including lack of management systems, including safety programs and safety policies, equipment and facilities conditions).
    - A significant contributing cause can be the failure of management and supervisory staff to enforce safety policies.
- Root Cause. A root cause is a fundamental, underlying, system-related reason why an incident occurred that identifies one or more correctable system failures.

Hierarchy of Controls and Recommendations

Make recommendations for corrective action based on the Hierarchy of Controls. These are listed from most effective to least effective:

- Elimination of a hazardous procedure or a hazardous substance.
- Substitution of a hazardous procedure or substance with a less hazardous alternative.
- Engineering Controls- machine guarding, material handling devices, etc.
- Administrative Controls, Written policies, Safety Training, Job Hazard Analysis, Job Task Analysis.
- Personal Protective Equipment (PPE).



Source: NIOSH

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Examples

- If an employee falls from a ladder while replacing a light bulb, can a pole with a special grappling tool on the end be used to remove and install bulbs so a ladder is not necessary? **Elimination of Hazard.**
- Replace solvent based paints with water based paints to reduce fumes. **Substitution.**
- Place guards around moving machinery parts to prevent incidental contact by employees. **Engineering Control.**
- Job rotation can be used to alleviate physical fatigue and stress of a particular set of muscles and tendons by rotating employees among other jobs that use different muscle-tendon groups. **Administrative Control.**
- Provide safety glasses/goggles to protect eyes from chips, debris or spray. **Personal Protective Equipment**

Recommendations need to be clear and achievable to reach short and long term goals. Recommendations can also include:

- Revision of written safety programs and safety policies to address discovered risk exposures.
- Improved, refresher or hands on safety training.
- Testing proficiency after training.
- Supervisory safety and management level safety training.
- Defining supervisory responsibilities and expectations.
- Define Hazard Reporting procedures and train staff on them.
- New hire employee orientation and training program.
- Facility or process audits.
- Preventative maintenance program needed.
- Capital Improvement Plan (CIP) to replace hazardous equipment or processes.

What categories of controls do the above examples fall under?

For more information on hazard controls, see: https://www.osha.gov/shpguidelines/hazard-prevention.html

What to do if having difficulty coming up with recommendations following an incident:

- Review incident at safety meetings / with all employees. Gather input from the people that know the job the best or perform the task on a regular basis.
- Look for experience of similar organizations / operations. (In the municipal sector, most municipalities have similar exposures, but may have significant differences in controlling risk/hazard exposures).
- Check OSHA and Maine Department of Labor resources.

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- Contact your assigned MMA Loss Control Consultant.

Avoid making questionable conclusions such as:

- "Tell employees to be more careful."
- "Incidents happen."
- "There was no way of preventing the incident."

Sample Analysis of an Incident

Two employees are completing the task of transferring lube oil from one tank to another. A spill of the lube oil happens on the floor walking surface level. Fortunately no one was injured but a Near Miss event takes place. Let's take a look at what the review uncovered.

- Personnel pumping lube oil down to tank in lower level. - **Direct Cause** of the event, job task related.
- Co-worker watching the level indicator had left the work area for several moments to open doors for other workers carrying materials is a **Contributing Factor**. It's easy to say that the employee should not have left the area to assist other employees. However, there has not been a job hazard analysis or job task procedures developed for the task, how does the employee know not to leave the operation? The employee was trying to be helpful to other employees with completion of their task, positively impacting the organization. Further review shows that there may not be enough hand trucks and dollies for material handling. Could an automated door control helped to prevent the incident? **Engineering Controls**
- Overflow from the tank was not completely contained by dike curb (cracked). This was a **Contributing Factor**- Are facility and equipment inspections completed? If so, how are identified deficiencies being tracked for completion? This maintenance issue and inspection task is an **Administrative Control**.
- After the spill happened and before clean up could be done, an operator walked by the area and slipped. No barricade tape had been set up or cones placed to demarcate the hazardous area. **Direct Cause- Near Miss Event**. Are employees empowered to make spot corrections of safety hazards? And have they been trained in how to do this? **Administrative Control**.
- No written procedure for the job. This is the **Root Cause**- If written job procedures are not developed how can employees be expected to perform in a specific manner? Developing a written procedure is an **Administrative Control**.

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Summary

- Near misses, close calls and little incidents are warning signs that a big incident can occur.
- Investigate to determine facts, learn from failures, and identify improvement opportunities to safety programs or facilities, equipment, and maintenance programs.
- Check into personal, environmental, and behavioral factors that lead to incidents.
- Seek the direct, underlying and root causes.
- Have a formal process to address root causes with follow-up and accountability.
- Assign responsibility and follow-up reporting.
- Monitor results.

Additional resources can be found at:

- Incident Reviews for employers:

  https://www.osha.gov/dte/IncInvGuide4Empl_Dec2015.pdf

- OSHA: Importance of Root Cause Analysis During Incident Review:

  https://www.osha.gov/Publications/OSHA3895.pdf

- MDOL Safety Works: Safety Works has employer compliance directives, sample safety policies, and provides safety training for employees and supervisors.

  http://www.safetyworksmaine.gov/index.shtml

- MMA Risk Management Loss Control: contact your assigned Loss Control Consultant for assistance with Incident Review training, loss trending, and risk exposure control at 1-800-590-5583.

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Incident Review Program

Purpose

The purpose of this program is to define and document the incident review process at the Town of Lisbon.

This program defines the responsibilities of human resources, management and supervisory staff in investigating the causes of incidents and implementing appropriate corrective actions to prevent similar situations from recurring.

Definitions

Incident - An unplanned, unwanted event that causes injury, illness or property damage or the probability of injury, illness or property damage.

Incident – An unplanned or unwanted event that does not result in an injury, illness or property damage. Often times called a "**close call**" or "**near miss**".

Hazard – Anything that presents a danger to employees or property.

Hazard Control - Any method used to reduce or eliminate a hazard, such as:

- Eliminating the hazard.
- Substitute the hazard with a less dangerous method or process.
- Engineering Controls (isolate people from the hazard).
- Administrative Controls (policies, procedures, training, housekeeping, safe work practices).
- Personal Protective Equipment (PPE).

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

Responsibilities

The Program Administrator, the Human Resources Director, is responsible for:

- Administering program and issuing written materials to support it.
- Reviewing the program annually and updating as appropriate.
- Analyzing incident records to identify program deficiencies.
- Scheduling managers, supervisors and (if applicable) safety committee members for training.
- Coordinating all activities related to hazard control, insurance, state and local regulatory compliance.

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- Reporting incidents to the Maine Department of Labor when required:
  - All incidents resulting in fatalities must be reported to MDOL within eight (8) hours of the incident.
  - All serious injuries 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).

This person or their designee is also responsible for:

- Maintaining training recordkeeping.
- Maintaining OSHA Recordkeeping on OSHA 300 Log and Summary of Occupational Injuries and Illnesses.
- Posting the OSHA 300A Summary Work-Related Injuries and Illnesses form February 1 to April 30 of the year following the year covered by the form.

Supervisors and Managers are responsible for:

- Establishing incident reporting policies and procedure.
- Training employees on procedures and policies.
- Ensuring all incidents and injuries are properly investigated and provide appropriate corrective actions in a timely manner.
- Ensuring immediate and long term corrective actions are taken to prevent reoccurrence.
- Coordinating the reporting of claims to applicable insurers in compliance with Maine's Workers Compensation laws.
- Maintaining incident reports on file.
- Providing or arrange for all necessary medical care for injured workers.
- Initiating incident reviews immediately upon notification and completing them within 24 hours of occurrence if they involve an employee injury or illness that requires a physician's care.
- Ensuring review interviews are conducted in a professional manner. (The purpose of the interview is to gather facts, not to find fault or assign blame.)
- Taking action to protect people and property from secondary effects of incidents.

Employees are responsible for:

- Immediately reporting all incidents and injuries to their supervisors.
- Promptly reporting all hazardous conditions and near misses to supervisors.
- Assisting, as requested, in all incident reviews.

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1.0 – Incident Review General Policy

The Town of Lisbon considers employees to be our most valued asset and as such we will ensure that all incident and incidents are analyzed to correct the hazardous conditions, unsafe practices, and improve related system weaknesses that produced them. This incident/incident analysis plan has been developed to ensure our policy is effectively implemented.

The Human Resources Director will ensure this plan is communicated, maintained and updated as appropriate.

2.0 Incident/Incident Reporting

2.1 Background. Incidents and incidents cannot be investigated or analyzed if they are not reported. A common reason that they go unreported is that the incident/incident analysis process is perceived to be a search for the "guilty party" rather than a search for the facts. We agree with current research that indicates most incidents are ultimately caused by system weaknesses. Management will assume responsibility for improving these system weaknesses. When incident/incident analysis is handled as a search for facts, the all employees are more likely to work together to report incidents/incidents and to correct any procedural, training, human error, managerial, or other deficiencies.

2.2 Employees often are reluctant to report an incident because of fear, peer pressure, or concern that it may affect their job in some one way. To ensure that incidents will be reported, employee must be encouraged to participate in the "fact-finding" process. The purpose of the incident review then becomes one that will uncover system problems and provide solutions that will result in long term corrective action.

2.3 Consequently, our policy is to analyze incidents to primarily determine how we can fix the system. We will not investigate incidents to determine fault. A "no-fault" incident/incident analysis policy will help ensure we improve all aspects of our manufacturing process.

2.4 Policy**.** All employees will report immediately to their supervisor, any unusual or out of the ordinary condition or behavior at any level of the organization that has caused or could cause an injury or illness of any kind.

Supervisors will recognize employees immediately when an employee reports an injury or a hazard that could cause serious physical harm or fatality, or could result in shutting down operations.

The Human Resources Director will ensure effective reporting procedures are developed so we can quickly eliminate or reduce hazardous conditions, unsafe practices, and system weaknesses.

3.0 Preplanning

3.1 Effective incident/incident analysis starts before the event occurs by establishing a well thought-out incident/incident analysis process. Preplanning is crucial to ensure accurate information is obtained before it is lost over time following the incident/incident as a result of cleanup efforts or possible blurring of people's recollections.

4.0 Incident/Incident Analysis

4.1 If applicable, the Safety Committee or the Incident Review Team is responsible for analyzing incidents**.**

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4.2 Supervisors are assigned the responsibility for analyzing incidents in their departments. All supervisors will be familiar with this plan and properly trained in analysis procedures. Other staff may also investigate in conjunction with the supervisor.

4.3 All incidents (near misses) that might have resulted in serious injury or fatality will be analyzed. Incidents that might have resulted in minor injury or property damage will be investigated within four (4) hours of notification.

4.4 An incident/minor injury report will be submitted through management levels to senior level management. If within the capability/authority of the department supervisor, corrective actions will begin immediately to eliminate or reduce the hazardous condition or unsafe work practice the might result in injury or illness.

5.0 Management Responsibilities

5.1 When an incident/incident takes place resulting in injury or damage, management and/or supervisory personnel will:

A. Provide medical and other safety/health help to personnel.

B. Bring the incident under control.

C. Investigate the incident effectively to preserve information and evidence.

5.2 To preserve relevant information the assigned investigator(s) will do the following when it is safe to do so:

A. Secure or barricade the scene.

B. Immediately collect information that may be transient or time sensitive, such as debris, scuff marks, gouges, discoloration of surfaces or components, or other indicators that may fade or disappear with time.

C. Interview personnel. The purpose of the interview is to gather facts, not to find fault or assign blame.

6.0 Incident/Incident Analysis Team

6.1 Background. It is important to identify and establish incident/incident analysis staff or teams **before** an event occurs so they can quickly move into action if called on. The experience of staff or the team is another important factor affecting the quality of the analysis. Competent employees will be appointed who are trained, and have the knowledge and skills necessary to conduct an effective analysis.

6.2 Training. Staff identified in section 6.3 as Investigators will undergo initial training for Incident Review, and an annual refresher training.

6.3 Incident/Incident Analysis Team Makeup. Although team membership may vary according to the type of incident, a typical team analyzing an incident/incident may include:

A. A first-line supervisor from the affected area.

B. Personnel from an area not involved in the incident.

C. An engineering and/or maintenance supervisor.

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D. The safety supervisor.

E. Members of the Safety Committee.

F. Occupational health/environmental personnel.

G. Appropriate front line personnel (i.e., operators, mechanics, technicians); and,

H. Research and/or technical personnel.

Team Member Contact Information:

6.4 The Incident/Incident Analysis Team Leader

The incident/Incident Analysis team leader will:

A. Control the scope of investigative activity by identifying which lines of analysis should be pursued, referred to another group for study, or deferred.

B. Call and preside over meetings regarding the review and analysis.

C. Assign tasks and establish timetables.

D. Ensure that no potentially useful data source is overlooked; and,

E. Keep management advised of the progress of the review and analysis.

7.0 Determining the Facts

A thorough search for the facts is an important step in incident/incident analysis. During the fact-finding phase of the process, team members will:

A. When safe to do so, visit the scene before physical evidence is disturbed.

B. Sample unknown spills, vapors, residues, etc., noting conditions which may have affected the sample; (Be sure you sample using proper safety and health procedures).

C. Prepare visual aids, such as photographs, field sketches, diagrams, and other graphical representations to provide data for the analysis.

D. Obtain on-the-spot information from eyewitnesses, if possible. Interview with those directly involved and others whose input might be useful should be scheduled soon thereafter. The interviews should be conducted privately and individually; so that the comments of one witness will not influence the responses of others.

E. Observe key mechanical equipment as it is disassembled. Include inspection logs, maintenance logs, operating logs, recorder charts, previous reports, procedures, equipment manuals, oral instruction, as-built drawings (if available), change of design records, design data, records indicating the previous training and performance of the employees involved, computer simulations, laboratory tests, etc.

F. Determine which incident-related items should be preserved. When a preliminary analysis reveals that an item may have failed to operate correctly, was damaged, etc., arrangements should be made to either preserve the item or carefully document any subsequent repairs or modifications. Photographs should be obtained before any alterations or modifications are done.

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G. Carefully document the sources of information contained in the incident report. This will be valuable should it subsequently be determined that further study of the incident or potential incident is necessary.

8.0 Determining the Cause

It is critical to establish the root cause(s) of an incident/incident so that effective recommendations are made to correct the hazardous conditions and unsafe work practices, and make system improvements to prevent the incident from recurring. The incident/incident analysis team will use appropriate methods to sort out the facts, inferences, and judgments they assemble. Even when the cause of an incident appears obvious, the review team will still conduct a formal analysis to make sure any oversight, or a premature/erroneous judgment is not made. Below is one method to develop cause and effect relationships:

A. Develop the chronology, timeline or sequence of events, which occurred before, during, and after the incident. The focus of the chronology should be solely on what happened and what actions were taken. List alternatives when the status cannot be definitely established because of missing or contradictory information.

B. List conditions or circumstances which deviated from normal, no matter how insignificant they may seem.

C. List all hypotheses of the causes of the incident based on these deviations.

9.0 Recommending Corrective Actions and System Improvements

Usually, making recommendations for corrective actions and system improvements follow in a straightforward manner from the cause(s) that were determined. A recommendation for corrective action and system improvement will contain three parts:

1. The recommendation itself, which describes the actions and improvements to be taken to prevent a recurrence of the incident.
2. The name of the person(s) or position(s) responsible for accomplishing actions and improvements.
3. The correction date(s).

10.0 Follow-up System

To make sure follow-up and closure of open recommendations resulting from an incident, the Town of Lisbon will develop and implement a system to track open recommendations and document actions taken to close out those recommendations. Such a system will include a periodic status report to management.

11.0 Communicating Results

11.1 To prevent recurring incidents we will take two additional steps:

1. Document findings; and
2. Review the results of the analysis with appropriate personnel.

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11.2 Incident documentation will address the following topics:

1. Description of the incident (date, time, location, etc.);
2. Facts determined during the analysis (including chronology as appropriate);
3. Statement of causes; and
4. Recommendations for corrective and preventive action (including who is responsible and correction date).

12.0 Review and Approval

Appropriate operating, maintenance and other personnel – including the Town Safety Committee - will review all incident/incident analysis reports. Personnel at other departments may also review the report to preclude a similar occurrence of the incident.

This Plan and Policy has been adopted by the Lisbon Town Council on August 20, 2024.

13.0 Program Updates

The written program will be reviewed annually by the Safety Committee and updated as appropriate.

Date of last review: by:
Date of last review: by:
Date of last review: by:
Date of last review: by:
Date of last review: by:
Date of last review: by:

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Incident Review Plan and Policy Created:

8/16/24

Plan and Policy Approved:

8/20/24

Lisbon Town Council

Harry Moore, Jr., *Chair*	Raymond Robishaw, *Vice Chair*
Mark Lunt	Jo-Jean Keller
Christine Cain	Fern Larochelle
Normand Albert	

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EMPLOYEE INCIDENT REPORTING PLAN AND POLICY ACKNOWLEDGEMENT

I acknowledge that I have been informed of the Town of Lisbon's Incident Reporting Plan and Policy and have knowledge of where the written plan and policy is maintained. I have been provided initial training and understand that my supervisor will conduct additional job-related training. I understand my responsibilities as they relate to incident reporting, and I accept this plan and procedures as working documents that I will support and follow in my daily work at the Town of Lisbon. I further understand that failure to follow these procedures or instructions from management may result in disciplinary action.

I have read and understand the following sections of this Plan and Policy:

Town of Lisbon, Maine

Employee Name (print and sign)	Date
Supervisor's Name (print and sign)	Date

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First Injury Report Instructions

All claims should be reported to MMA **as soon as possible** following the notice of or knowledge of the injury.

Late Notices: MMA may require more time to investigate your claim and/or more time to clarify your report.

1) Please fill out the following forms and return it to Human Resources as soon as possible.
   a. Incident Report Form
   b. WCB-1 form

2) If the person who got injured needs to go see a doctor, please let HR know.
   HR will contact WorkMED and set up an appointment.

If you cannot reach the HR Department, please contact MMA Claims Department: 1-800-590-5583.

AFTER HOURS / WEEKEND EMERGENCY #: 207-624-0183 OR 207-624-0182

If the injured needs to see a doctor, and cannot reach Human Resources, please contact:

WorkMED, 15 Gracelawn Road Auburn, ME 04210
207-753-3080
Open 07:00 AM to 4:30 PM

After hours, you can go to:
St. Mary's Urgent Care in Auburn, 791 Turner St, Auburn, ME 04210
207-330-3900
Open 08:00 AM to 8:00 PM

If an emergency, go to:
St. Mary's Emergency Care, 93 campus Avenue Lewiston, ME 04240
207-777-8100
Open 24 hours

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Supervisor's Incident Review-Report of Injury Form

Indicate Expected Incident Type 1st Aid☐ Med Only☐ Med with Lost Time☐	Department:	Report Completed Date	
Exact Location of Incident:	Date of Incident:	Time of Incident: a.m./p.m.	Date Reported:

Work-Related Injury or Illness	**Tools and Safety Equipment**	**Other Information**
Injured Worker's Name:	Was a Machine or Tool Involved? Yes☐ No☐	List any witnesses below. Interview each witness individually. Signed witness statements should be maintained separately.
Part of Body: RT/LT	If yes, was machine or tool defective? Yes☐ No☐	1.
Describe Injury/Illness:	Safety Equip/PPE Required? Yes☐ No☐ If Yes, was it used: Yes☐ No☐	2. 3.
Presently, is any loss of work time expected? Yes☐ No☐	Was there anything the injured worker could have done to prevent the injury?	**Indicate Shift Start Time on Date of Injury:**_____
Job Title:		

Does Employee work for another employer? Yes☐ No☐ If yes, Name and Address

Was *First Aid* Provided? Yes☐ No☐ If YES, by whom:

Was *Medical Treatment* provided by a healthcare provider? Yes☐ No☐

Check☐ if from ***LIST YOUR MED PROVIDER HERE***. Provide name of medical provider IF other medical provider was used:

Describe details leading up to and including the incident/injury or manifestation of symptoms:

Was activity part of employee's normal job duties? Yes☐ No☐

What conditions, circumstances or factors contributed to this incident (i.e. tools, equipment, PPE, policies, object, training, hazards, employee action/inaction, weight of item, etc.)? Be thorough and descriptive!
Correction Suggestions (Note what could be done to prevent this from happening again-*being more careful is not an option*)
Reviewed by Safety Committee? Yes ☐ No ☐ Signature Safety Committee Chair: **Who is responsible for reviewing/implementing corrective actions noted above?**

Signature of Reviewing Supervisor:		Date:	
Employee Signature:		Date:	

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MMA Workers Compensation Injury Reporting Instructions

MAINE MUNICIPAL ASSOCIATION
RISK MANAGEMENT SERVICES
60 Community Drive I PO Box 9109 I Augusta, ME 04330-9109

Reporting Workers' Compensation (WC) claims is now easier than ever.
The First Report of Injury Form is available on the Maine Municipal Association (MMA) website.
Claim reporting is fast, accurate, and secure.

The website address for MMA is: https://www.memun.org

- **You need to be registered with MMA to have access to the online WC First Report of Injury form.**
- **To register and obtain a password, go to the MMA Website and click the "Register" button on the home page. When filling out the requested registration information, be sure to check the box for "File a First Report of Injury (Workers Compensation) Claim".**
- Once registered with access to file WC claims; in order to file a claim online, log into the MMA website and hover over the "Risk Management" link at the top of the page.
- A menu will appear. In the far-right column, you will see two orange buttons:
    - "File First Report of Injury" (WC)
    - "File Property & Casualty Claim." (PC)
- Select "File First Report of Injury".
- When you have completed filling out the requested information for the claim submission, click the "Submit Claim" button at the bottom of the form on the last tab. After a successful submission, you will be prompted to print two copies of the First Report of Injury. One copy is for your records and one copy is required to be given to the employee.
- You will also receive an email confirming your claim notice has been received. If you do not receive a confirmation email, please contact the MMA RMS Claims Department at (207) 626-5583.

Important

- You must submit the First Report of Injury to MMA no later than 24 hours after you receive notice from your employee.
- The RMS Worker's Compensation Claims Department is responsible for filing the First Report of Injury with the State of Maine Workers' Compensation Board.
- Required State Reporting is required for fatalities and serious Injuries.
    - All fatalities must be reported to the Maine Department of Labor within 8 hours.
    - All serious injuries that require hospitalization including amputation, loss or fracture of any body part must be reported to the Maine Department of Labor within 24 hours.
    - Maine Department of Labor (207) 592-4501

Questions about online reporting, please contact the RMS Claims Department

Normal Business Hours: Monday – Friday 8:00AM – 4:30PM
(207) 626-5583 or 800-590-5583

After Hours/Emergency #: (207) 624-0182 or (207) 624-0183

EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE

1. WCB FILE NUMBER (if known):

1a. OSHA 300 CASE NUMBER (if applicable):

REASON FOR REPORT (check all that apply)

2a. ☐ LOST TIME - ONE OR MORE DAYS 2b. WAS EMPLOYEE PAID FOR ½ DAY OR MORE ON DAY OF INJURY? ☐ YES ☐ NO

3. ☐ LOST EARNINGS BUT NO LOST TIME 4. ☐ MEDICAL/HEALTH CARE 5. ☐ FATALITY DATE OF DEATH: ___/___/___ MM DD YYYY

6a. ☐ OCCUPATIONAL DISEASE 6b. DATE OF LAST EXPOSURE: ___/___/___ MM DD YYYY 6c. DATE OF DIAGNOSIS AS OCCUPATIONALLY RELATED: ___/___/___ MM DD YYYY

7a. ☐ CORRECT PRIOR REPORT 7b. DATE OF CORRECTION: ___/___/___ MM DD YYYY 7c. DATE CORRECTION SENT TO WCB: ___/___/___ MM DD YYYY

EMPLOYER

8. STATE EMPLOYER UNEMPLOYMENT INSURANCE ACCOUNT NUMBER (UIAN):	9. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):	10. EMPLOYER NAME:		
0067256000	016000239	Town of Lisbon		
11. STREET/P.O BOX MAILING ADDRESS:	**12. CITY:**	**13. STATE:**	**14. ZIP:**	**15. TELEPHONE NUMBER:**
300 Lisbon St	Lisbon	ME	04250	(207) 353-3000
16. PRIMARY BUSINESS PERFORMED BY EMPLOYER WHERE INJURY OCCURRED:	**17. EMPLOYER LOCATION IF DIFFERENT FROM MAILING ADDRESS:**	**18. DID INJURY OR EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO IF NO, THEN GIVE NAME AND PHYSICAL ADDRESS OF THE EMPLOYER WHERE THE EMPLOYEE WAS INJURED OR EXPOSED:**		

(check one) ☑ **INSURER** ☐ **THIRD PARTY ADMINISTRATOR (TPA)** ☐ **SELF-ADMINISTERED EMPLOYER**

19. INSURANCE / TPA COMPANY NAME:	20. POLICY NUMBER:	21. INSURER FILE NUMBER:		
MMA		Town of Lisbon		
22. STREET/P.O. BOX MAILING ADDRESS:	**23. CITY:**	**24. STATE:**	**25. ZIP:**	**26. TELEPHONE NUMBER:**
P.O. Box 9109	Augusta	ME	04332	(800) 590-5583

EMPLOYEE

27. LAST NAME:	28. FIRST NAME:	29. MI:	30. TELEPHONE NUMBER: ( )	31. SOCIAL SECURITY NUMBER:	32. GENDER: ☐ MALE ☐ FEMALE
33. STREET/P.O. BOX MAILING ADDRESS:	**34. CITY:**	**35. STATE:**	**36. ZIP:**	**37. DATE OF BIRTH:**	
				___/___/___ MM DD YYYY	
38. OCCUPATION/JOB TITLE:	**39. DATE OF HIRE:**	**40. WEEKLY WAGE AT TIME OF INJURY:**	**41. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? ☐ YES ☐ NO IF YES, GIVE NAME AND ADDRESS:**		
	___/___/___ MM DD YYYY	$			

CLAIM INFORMATION

42. DATE OF INJURY OR ILLNESS:	43. DATE OF INCAPACITY:	44. TIME EMPLOYEE BEGAN WORK (e.g. 7:30 a.m.):	45. DATE EMPLOYER NOTIFIED INSURER/TPA:
___/___/___ MM DD YYYY	___/___/___ MM DD YYYY		___/___/___ MM DD YYYY
DATE EMPLOYER NOTIFIED: ___/___/___ MM DD YYYY	DATE EMPLOYER NOTIFIED: ___/___/___ MM DD YYYY	46. TIME OF INJURY (e.g. 1:10 p.m.):	47. HAS EMPLOYEE RETURNED TO WORK? ☐ YES ☐ NO IF YES, GIVE DATE: ___/___/___ MM DD YYYY

48. SPECIFIC INJURY OR ILLNESS (e.g. second degree burn or toxic hepatitis):	49. BODY PART(s) AFFECTED (e.g. lower right forearm):	50. ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN THE EVENT OCCURRED (e.g. acetylene torch, metal plate):

51. SPECIFY ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE EVENT OCCURRED (e.g. cutting metal plate for flooring.): WAS ACTIVITY PART OF NORMAL JOB DUTIES? ☐ YES ☐ NO	52. HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED OR MADE THE EMPLOYEE ILL. (e.g. worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against hot metal.):

53. HOSPITALIZED OVERNIGHT AS INPATIENT? ☐ YES ☐ NO	54. WAS THE EMPLOYEE TREATED IN AN EMERGENCY ROOM? ☐ YES ☐ NO:	55. HEALTH CARE PROVIDER NAME:	56. MAILING ADDRESS:	57. TELEPHONE NUMBER: ( )

PREPARER INFORMATION

58. PREPARER NAME AND TITLE (TYPE OR PRINT):	59. TELEPHONE NUMBER: ( )	60. DATE SENT TO WCB: ___/___/___ MM DD YYYY

THE STATE OF MAINE DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN ADMISSION TO, ACCESS TO, OR OPERATION OF ITS PROGRAMS, SERVICES, OR ACTIVITIES. THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT. FOR FURTHER ASSISTANCE, CONTACT THE MAINE WORKERS' COMPENSATION BOARD, ADA COORDINATOR, TELEPHONE: 1-888-801-9087 OR TTY Maine Relay 711.

WCB-1 (eff. 1/1/13)

Incident Analysis Form

Instructions:

1. Write down the incident event in the space in the middle of the page.
2. Determine if the incident circumstances are in the areas of People, Equipment, or Management.
3. If there are circumstances in a particular section, ask a series of "why?" questions to determine the reasons for every set of circumstances.
4. When you have run out of "why?" questions, analyze the result. Eliminate any unlikely causes or circumstances that you cannot control. Identify the incident cause.
5. Determine what management system needs to be in place to assure that the accident does not happen again.

People
Procedures not followed.
Procedures not known or not understood.
Task too difficult to perform by employee.
PPE not used.
Distraction, emotions or fatigue.
Medical conditions.

Drug/alcohol use.

Equipment
Equipment not maintained.
Wrong equipment used for job task.
Poor equipment design.
Correct equipment not available.
Equipment purchased without guards.
Machine guarding removed.

Environment
Location of employee.
Temperature extremes.
Poor lighting.
Poor housekeeping.
Inadequate ventilation.
Excessive vibration.
Excessive noise.
Condition of work surface.
Poor air quality.

Management
No management system in place to control hazard.
Supervision did not detect unsafe conditions or behaviors.
Supervision did not take action to correct unsafe conditions or behaviors.
Lack of supervisor training.
Lack of accountability for safety.
Lack of written procedures.
People not trained/training inadequate.
No formal hiring process/new hire safety orientation.

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First Aid Report Form

This form can be used to document circumstances and corrective action that can be taken for injuries requiring first aid treatment.

First Aid Report

Name_____ Date/Time of first aid injury_____

Equipment involved_____ Location of injury _____

First aid given by (indicate self or name of first aider): _____

_____

Describe circumstances of first aid injury: _____

_____

What control measures should have been in place to prevent this first aid injury? _____

_____

Additional comments:_____

_____

_____

Date of report_____Prepared by_____

Submitted to_____

Actions taken: _____

Date of corrective action: _____

Authorized Signature: _____

Please Note: This report should be posted in a conspicuous place where all employees will see it and reviewed at the next safety committee meeting.

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Workplace Hazard ("Near-Miss") Reporting Form

Name:_____ Date:_____

Department:_____

Hazard Reported To: Safety Committee ☐ Yes ☐ No

Supervisor ☐ Yes ☐ No

Other: _____

Description of Potential Hazard:_____

_____

Recommendations for Eliminating Potential Hazards: _____

_____

*Received By:*_____ *Date Received:*_____

*Actions Taken:*_____

_____

_____

*Date Posted:*_____

Please Note: This report should be posted in a conspicuous place where all employees will see it and reviewed at the next safety committee meeting.

Employee's Report of Injury Form

This form should be used to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – no matter how minor. This helps identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.
******Note: This is not a substitute for the WCB-1 First report of Injury form which must be filed with your Workers' Compensation insurer.***

I am reporting a work related: ❑ Injury ❑ Illness ❑ Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? ❑ Yes ❑ No	
Date of injury/near miss:	Time of injury/near miss:

Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? ❑ Yes ❑ No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? ❑ Yes ❑ No	
If yes, when?	Supervisor:
Your signature:	Date:

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Incident Review Witness Statement Form

This Incident Review Witness Statement Form is to be used with your Supervisors Incident Review form to obtain information regarding events that may occurred before or during an incident.

Name:	Job Title:
Phone:	Supervisor:
Work Location:	
Location of Accident:	

Accident Time and Date:
Please fully describe the accident sequence from start to finish (use additional space as needed):
Please fully describe the work and conditions in progress leading up to the accident (use additional space as needed):
Note anything unusual you observed before or during the accident (sights, sounds, odors, etc.) (use additional space as needed):

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What was your role in the incident sequence? (use additional space as needed)
What conditions influenced the incident (weather, time of day, equipment malfunctions, etc.)? (use additional space as needed)
What do you think caused the incident? (use additional space as needed)
How could the incident have been prevented? (use additional space as needed)
Please list other possible witnesses (use additional space as needed):
Additional comments/observations (use additional space as needed):

Signature:	Date/Time:

Follow the below steps ONLY AFTER emergency needs are met, injured employees or members of the public have been transported for medical treatment, incident and/or injury site has been secured, and employees have been transported to occupational health, a hospital or medical facility or other identified location for mandated post- incident drug and alcohol testing for CDL licensed drivers/equipment operators.

1. Supervisor or Manager completely fills out Incident/Injury/Near Miss Report as soon as is practicable.
2. **FORWARD** the completed Incident/Injury/Near Miss Report to the Human Resources Director within 24 hours of occurrence, or as soon as is practicable, **and** send a copy to Department Head and the Safety Committee Lead – The Fire Chief.
3. Supervisor, Department Head, Safety Coordinator and Human Resources will determine the need for an **Incident Review**, and who will conduct the review, based on a number of factors, including but not limited to; the severity of the incident, any lost time, medical treatment, and/or information obtained from other sources/witnesses, including the police report (vehicle incident).
4. **Incident Investigators** shall follow practices identified in Supervisor Incident Review Training and use the Incident Analysis form to aid in the review process to identify why the incident occurred and what changes to procedures, policies, equipment or training is needed to be implemented to reduce the chance of a recurrence.
5. The results of the incident review, recommendations to prevent recurrence, and actions/controls taken will be reviewed and discussed at Department Safety Committee meeting(s) for follow-up action as necessary.
6. Corrective actions implemented, new work procedures and new PPE, etc. shall be communicated to employees, and appropriate training provided.
7. **The Human Resources Director** will report on the incident or injury, review findings and corrective measures implemented to the **Town of Lisbon Safety Committee** at the next scheduled quarterly meeting.
8. As a reminder, all Public Sector employers are required to report as soon as possible to the Maine Department of Labor all work related fatalities or injuries/illnesses when one or more employees are admitted to a medical facility overnight. At a minimum, **all fatalities must be reported within 8 hours, and hospitalizations must be reported within 24 hours.** The Emergency Notification Phone Number is (207) 592-4501, or incident.bls@maine.gov.
9. **Questions?** Contact Lynna Izumi, Human Resources Director, X 140 or email lizumi@lisbonme.org.

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