

TOWN OF ALEXANDRIA

JOINT LOSS MANAGEMENT PROGRAM (JLMP)

Adopted: April 6, 2021  
Town of Alexandria Selectmen

  
George Tuthill, Chairman

  
Robert Piehler

  
Chester Caron

# Contents

Section 1. Purpose .....	3
Section 2. Responsibilities .....	3
A. Board of Selectmen .....	3
B. Supervisory Personnel.....	3
C. Employees .....	4
Section 3. Handling Injuries & Accident Reporting Investigation.....	4
A. Handling Emergencies .....	4
Section 4. Inspections.....	5
A. Frequency .....	5
B. Guidelines for Correcting Unsatisfactory Conditions .....	6
C. Record Keeping Guidelines.....	6
Section 5. Safety Education and Training.....	6
A. Types of Training .....	6
B. Record Keeping.....	6
Section 6. Safety Equipment.....	7
A. Safety Equipment .....	7
Section 7. Joint Loss Management Committee .....	7
A. Purpose .....	7
B. Membership and Structure .....	7
C. Meetings .....	8
D. Duties .....	8
FORM A: Accident/Incident Inspection Report .....	9
FORM B: Employee Safety Responsibilities Signature.....	10
FORM 8WC NH DOL Employer’s First Report of Injury .....	11

## Section 1. Purpose

Every employee has the right to a workplace free from occupational safety and health hazards. A Joint Loss Management Program is designed to prevent accidents and illnesses, and is established jointly between employees and management. Unsafe acts, unsafe conditions and accidents all demonstrate a weakness in the management system. This program provides the framework for safety to be managed like any other function through planning, organization, leadership, and control. It is an established fact that a well-trained, well-disciplined, and well-supervised employee in a safe and healthy environment is less likely to have an accident.

## Section 2. Responsibilities

Employees shall be fully responsible for implementing the provisions of this program as they pertain to operations under their jurisdiction. The responsibilities listed are minimum and should not be considered to limit individual initiative to implement more comprehensive procedures to control our losses.

### A. Board of Selectmen

- a. Provide overall support, direction, and commitment.
- b. Ensure that personnel responsible for carrying out the provisions of this program understand it, have a copy of it, and are held accountable for their actions/inactions in accordance with established personnel policies and procedures.
- c. Provide required resources:
  - i. Funding: safety equipment, personal protective equipment, training materials
  - ii. Personnel: outside experts, loss prevention consultants, between departments for information exchange.
  - iii. Time: review inspection/investigation reports, participating in training programs.
  - iv. Other as needed.

### B. Supervisory Personnel

Employees with supervisory duties, whether they are first line supervisors or department heads, have the authority and responsibility to maintain safe and healthful work places and work practices. Specifically, they will do the following.

Comply with this program and applicable work rules.

- a. Ensure that all employees within their jurisdiction comply with the program and follow all work rules. Supervisors are expected to set the proper example.
- b. Comply with all established personnel policies and procedures as they relate to this program. Specifically, follow disciplinary procedures for violation of work rules.
- c. Educate employees within their jurisdiction in the accepted way of performance of each task, the nature of the hazards involved, the necessary

precautions to be taken, and the use of protective and emergency equipment required (See Sections 5 and 6).

- d. As necessary, with a minimum of twice a year, meet with staff to review accidents, which have occurred, and to discuss plans and ideas to bring about additional loss prevention measures.
- e. Carry out additional inspections, investigations, and administrative duties as outlined in Sections 3, 4 and 5.
- f. Be accountable for accidents, incidents, and near misses involving their staff, especially if it is determined that additional preventative measures can or should have been taken. A supervisor's capability to supervise is measured by the efficiency of his/her operation.
- g. Include and evaluate an employee's safety record in each formal performance appraisal. This record may highlight specific performance deficiencies that must be recognized and corrected.

### C. Employees

Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers. It is the responsibility of all employees to cooperate in making the safety program work.

Employees shall:

- a. Understand and follow all work rules.
- b. Be informed of and observe established safe practices.
- c. Will use and wear required personal protective equipment, as required by Department Policies and Procedures issued by the Board of Selectmen.
- d. Will report all unsafe acts and conditions to the supervisor.
- e. Will operate only machines and equipment that they have been authorized and trained to operate by the supervisor.
- f. Will not remove guards or other protective devices from machinery and equipment.
- g. Will follow all accident reporting procedures (See Section 3).
- h. Will assist supervisors in their investigation of any accident of which they have knowledge, accident investigation is fact-finding and not fault finding.

## Section 3. Handling Injuries & Accident Reporting Investigation

A workers' compensation injury is defined as an accidental injury or death arising out of and in the course of employment and all occupational diseases arising out of and in the course of employment. There are definite State requirements for reporting these injuries which are summarized in this section.

Naturally, the first thing to do when an accident occurs is to ensure that proper medical treatment is provided.

### A. Handling Emergencies

Judgement is a key factor in handling of any emergency. Employees are expected to exercise their best judgement based upon circumstances. The following is a list of guidelines to follow. However, if there is any question, whatsoever, about the seriousness of an injury, call for help.

- a. Employee will call the appropriate emergency services by dialing 911 (medical, fire, police).
- b. Employee will notify the supervisor.
- c. Employee will follow reporting in investigation requirements.

B. Accident Reporting.

- a. All accidents or incidents will be reported immediately to the responsible supervisor.
- b. Supervisors will see to it that enough information is gathered to accurately complete the Employer's First Response of Injury or Occupational Disease (Form 8-WC).
- c. The First Report of Injury Form will be completed and submitted to the Selectmen's Office by the Department Head within twenty-four hours. The Selectmen's Office will forward the completed form to the NH Department of Labor within the required time frame. Other required forms will be completed by the appropriate individual.

C. Accident/Incident Investigation

The immediate supervisor, or other designated individual, will investigate all accidents and incidents that occur within their span of control. The purpose is to determine what happened, why it happened, and most importantly, how to prevent it from happening again. An accident investigation report will be required.

Guidelines for conducting investigations:

- a. Investigate the scene as soon as possible after the accident/incident noting conditions, location of equipment, physical objects, and witnesses. Make notes, draw sketches or take pictures as needed.
- b. Interview witnesses soon after the incident so that the facts will be fresh in their minds. Be certain that they understand no blame is being laid – you are simply trying to gather facts to prevent a recurrence.
- c. Interview the victim when the timing is right. Keep in mind his/her physical and emotional condition.
- d. Make recommendations to prevent similar occurrences.

Section 4. Inspections.

Department Heads and Supervisors are responsible for conducting necessary safety inspections and recording their findings. Any unsatisfactory conditions are to be dealt with in an appropriate manner.

A. Frequency

Inspections of the work area and equipment are to be conducted regularly. Additional inspections of specific pieces of equipment or job sites may be required by the applicable work rules.

Department Heads and Supervisors are expected to constantly be alert for unsafe acts and conditions and take necessary corrective action(s).

- B. Guidelines for Correcting Unsatisfactory Conditions
  - a. First and foremost, take necessary action to prevent any injury (i.e. remove tool from service, post a warning sign).
  - b. If within your authority, take steps to permanently correct the hazard. Report all actions taken to your Department Head/Supervisor.
  - c. If you do not have the authority to correct the problem, take steps to prevent an injury as a result of it. Then, report the problem, in writing, and your recommended solution to the person who has the authority to correct it.
- C. Record Keeping Guidelines
  - a. Document the inspection. At a minimum, record the inspection date, location/piece of equipment, inspector's name, list of unsatisfactory conditions noted, actions taken, and a list of recommendations (See Form A: Inspection Report).
  - b. If unsatisfactory conditions were noted, send a copy of the report to your Department Head/Supervisor, and keep a copy in your file.
  - c. If no unsatisfactory conditions were noted, keep a copy of the inspection report in your file.

## Section 5. Safety Education and Training.

Safety education and training raises the employees' level of safety awareness and also provides management with an opportunity to demonstrate their concern for the welfare of employees.

- A. Types of Training
  - a. Introductory

All new or transferred Town employees will receive a safety orientation at the beginning of employment. As part of the orientation, the employee will be told of their responsibilities under the JLMP and be given a copy of the work rules.
  - b. Specific/On the job

Employees will be instructed by their supervisor in the proper method of performing each job, the hazards associated with it, the required personal protective equipment, and any necessary emergency procedures. This will be done as required by the work rules, when changes in the job occur, or whenever deemed necessary by the supervisor.
  - c. Follow-up

When the supervisor identifies the need, follow-up training will be conducted. At a minimum, this training will be provided to all employees after an accident or incident.
- B. Record Keeping
  - a. Introductory training – documented in the employee's personnel file (Form B: Employees Safety Responsibility Signature Form)
  - b. Specific training – documentation of training provided for specific tasks (i.e. proper shoring techniques) is strongly recommended. It can consist of a brief

description of the training, the date and instructor's name, and a list of those attending. The supervisor can keep these lists and a copy should go in employee files.

## Section 6. Safety Equipment.

### A. Safety Equipment

#### a. Seat Belt Policy

Town employees and passengers in Town vehicles or vehicles used for Town business shall use seat belts when operating said vehicles. Seat belts are defined as factory installed seat belts restraint systems.

#### b. Hard Hats

Employees working in areas where there is a possible danger of head injury from impact, or from falling or flying objects, or from electrical shock and burns, shall be protected by a protective helmet.

#### c. Steel-toed Shoes

Steel-toed shoes will be worn at all times by Highway Department personnel.

#### d. Safety Vests

Safety vests will be worn when an employee is in flagging position and/or when working in a travel right-of-way.

#### e. Safety Goggles

Safety goggles shall be worn when grinding, chipping, using air tools, brush/wood cutting or under conditions which warrant the supervisor to require safety goggles being worn.

#### f. Communicable Diseases

All possible precautions must be taken by employees to avoid exposure to injury and/or communicable diseases to themselves or others.

#### g. Penalties

Failure to comply with mandatory requirements for wearing safety apparel and/or using safety equipment will result in disciplinary action which may include termination.

## Section 7. Joint Loss Management Committee

### A. Purpose

The purpose of the Joint Loss Management Committee (JLMC) is to bring workers and management together in a cooperative effort to promote workplace safety. The JLMC shall meet regularly to develop and carry out workplace safety programs, alternative work programs that allow and encourage injured employees to return to work and programs for continuing education of employees on the subject of workplace safety. A written safety program shall be developed for submittal to the NH Department of Labor

### B. Membership and Structure

The Committee shall consist of (9) members.

Supervisory: Road Agent, One Member of the Board of Selectmen, Selectmen's Administrative Assistant  
Nonsupervisory: One representative from the following: Municipal building office worker, Police Department, Fire Department, Highway Department, Transfer Station, Cemetery Employees  
Membership must consist of a greater number of employees than supervisor.

C. Meetings

The Committee shall meet on a quarterly basis four (4) times per calendar year. Meetings will occur on the first Thursday in the months of March, June, September, and December at 10:00 am. The location of each meeting will rotate to one of the following locations: Municipal Building, Town Hall, Highway Garage, Fire Department, Transfer Station.

D. Duties

a. Accident Review

All accidents and subsequent recommendations for prevention will be reviewed and approved/returned for clarification. Any recommendations will be followed through to completion and communicated to other departments with similar exposures.

b. Inspections

The JLMC may choose to conduct an inspection of a particular location/piece of machinery/job site. Any recommendations will be communicated, in writing, to those responsible for completing them.

c. Communication of Relevant Information

i. Meeting Minutes

All minutes from the meeting shall include the names, departments, and job titles of all present and shall be provided to each department.

ii. Literature

As committee members come across safety information/literature, it should be made available to others. A safety bulletin board shall be maintained at the Highway Garage and Municipal Building for display of JLMC minutes, safety posters, and other safety education material.

iii. Suggestions

Committee members shall listen to and present safety suggestions from co-workers to the committee.



FORM A: Accident/Incident Inspection Report  
*This inspection report is to be used after an incident/accident.*

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NATURE OF INCIDENT WITH BRIEF DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESSES:

NAME

ADDRESS

PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

RESULTS: \_\_\_\_\_

\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*Copies to Selectboard* \_\_\_ *Joint Loss Management Committee* \_\_\_

FORM B: Employee Safety Responsibilities Signature

As an employee of the Town of Alexandria I will:

- Observe all Town safety rules and apply the principles 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, 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 extinguishers, fire alarms, fire hose, exit doors and stairways clear of obstacles.
- Not report for work under the influence of alcoholic beverages or drugs nor consume them while on Town property.
- Refrain from fighting, horseplay, or distracting 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 my safety responsibilities have been explained to me.

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

FORM 8WC NH DOL Employer's First Report of Injury

New Hampshire

Employer's First Report of Injury

WEB-8WC -

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

INJURY INFORMATION						
Injury Date / Time		Date Employer Notified of Injury	Location/Jobtitle & Business Name where accident occurred			
Disability Began	Claim Type Code					
	Select					
Accident Description						
Body part Injured			Cause of Injury			
Nature of Injury			Witness Name	Witness Phone		
Returned to work?	If so, what date?	If so, at what occupation?	If so, at what duty status?			
Select			Select			
Initial Treatment				Initial Treatment Date		
Select						
Name of Treating Physician		Name of Treating Hospital		Has injured died? If so, what date		
				Select		

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

INSURER INFORMATION			
Insurance Carrier	Insurer Type	Policy Number	Telephone Number
	Select		

SUBMITTER INFORMATION			
Submitter Name	Title of Submitter	Represents	Telephone Number

To file this report, email to [WorkersComp@dol.nh.gov](mailto:WorkersComp@dol.nh.gov) or mail to  
 NH Department of Labor Workers' Compensation Division 95 Pleasant St. Concord NH 03301  
 WEB 8WC Word version revised 12/08/2014.