

Updated 8/18/2022

NEWMARKET SCHOOL DISTRICT
SAFETY AND HEALTH
PROGRAM



Presented & Supported by:
Newmarket School Board & Administration

Issued by:
Newmarket Joint Loss Management Committee

Revised June 2022

Approved by the Newmarket School Board, 8/18/2022



INTRODUCTION AND MISSION STATEMENT

The Newmarket School District is committed to providing a safe and healthy environment. It is imperative that every employee understands their important role in assisting the Newmarket School District to maintain a safe and healthful workplace. Only through the joint commitment on the part of administration and employees can workplace accidents and injuries be reduced or eliminated. The Newmarket School District encourages every employee to work safely and report unsafe conditions. As a pro-active and concerned constituent of the Newmarket School District you are encouraged to take an active role in safety and health by participating on the Joint Loss Management Committee.

SAFETY AND HEALTH PROGRAM

Contents

INTRODUCTION AND MISSION STATEMENT	2
MANAGEMENT COMMITMENT	5
RESPONSIBILITIES AND DUTIES	5
EMPLOYER (NH LAB 603.04)	5
ADMINISTRATION	5
PRINCIPALS, MANAGERS & SUPERVISORS	6
EMPLOYEES	6
DISTRICT SAFETY COORDINATOR/DIRECTOR (<i>Business Administrator</i>)	7
SAFETY AND HEALTH COMMITTEES	7
JOINT LOSS MANAGEMENT COMMITTEE	7
Purpose and Intent	7
Membership & Equality of Representation	7
Guiding Principles	7
Joint Loss Management Committee Responsibilities and Duties	8
FIRST AID TEAM	9
EMERGENCY CONTINGENCY TEAM	9
SAFETY RULES AND REGULATIONS	10
ADMINISTRATIVE RULES FOR SAFETY AND HEALTH	10
Housekeeping (Lab 1403.29)	10
Safety and Health Requirements (Lab 1403.01)	10
Accident Reporting Requirements (RSA 277:15-b and Lab 1403.04)	10
Bloodborne Pathogens (Lab 1403.08)	12
Ergonomics (Lab 1403.18)	13
Exits (Lab 1403.20)	13
Lock-Out (Lab 1403.35)	14
Medical Service (Lab 1403.39)	14

Personal Protective Equipment (Lab 1403.43)	14
OTHER SAFETY RULES AND REGULATIONS	15
ACCIDENT AND INCIDENT REPORTING AND INVESTIGATION	16
TRAINING REQUIREMENTS FOR SAFETY AND HEALTH	17
EMERGENCY EVACUATION & RESPONSE PLANS	18
SAFETY AND HEALTH COMMUNICATION	18
STUDENT VIOLENCE PREVENTION AND MANAGEMENT	18
Safety and Health Assistance Resources	20
SAMPLE FORMS INCLUDED IN THIS MANUAL	20
Exhibit A: Accident Investigation Form and Instructions	22
Exhibit B: Safety and Health Program Update Log	27
Exhibit C: Employer's First Report of Injury Form- Filed within 5 days of injury on Primex Employer Portal	28
Exhibit D: Restraint and Seclusion Report Form	29
Exhibit D: Intentional Physical Contact Report Form	30
Exhibit E: Safety and Health Plan Update Log(s)	31

MANAGEMENT COMMITMENT

Safety will be as important as any other district commitment. The School Board, Administration and all other management personnel shall be responsible and accountable for the success of the Newmarket School District safety program. Our safety philosophies include the following:

- Most injuries are preventable.
 - Working safely is a condition of employment.
 - Training employees to work safely is essential.
- Injury prevention measures save money and protect our staff, our students and our community members.

RESPONSIBILITIES AND DUTIES

EMPLOYER (NH LAB 603.04)

To carry out the intent of RSA 281-A:64, the employer shall:

1. Respond in writing to recommendations made by the committee, or make a verbal response that is recorded in the committee's official minutes;
2. Pay any employee who participates in committee activities in his/her role as a committee member, including, but not limited to, attending meetings, training activities, and inspections, at his/her regular rate of pay for all time spent on such activities; and
3. Provide for the required and necessary safety and health training for employees, at no cost and without any loss of pay so they can perform their work in a safe and healthy manner and environment.

ADMINISTRATION

1. Personally accept responsibility for and be concerned with their own health and safety, as well as their employees.
2. Recognize and commend safe, healthy behavior.
3. Fully support and commit to the safety and health process.
4. Fund the joint loss management committee in the budget to enhance the credibility of the process and committee.
5. Approve and issue written, comprehensive general safety and health policies, programs and procedures and ensure that acceptance and enforcement is equal in all departments.
6. Make safety performance a part of the performance appraisal system.
7. Insure that each principal and all employees are made aware of the elements of the safety program, and that those elements are implemented.

8. If personal protective equipment is required, it is available, correct for that exposure, and employees are trained in its proper use.
9. Correct any unsafe conditions brought to their attention by employees or principals.
10. Support principals' decisions that safety comes first.
11. Assure that proper training is being provided, and that employees are working in a safe and healthy manner.

PRINCIPALS, MANAGERS & SUPERVISORS

1. Personally accept responsibility for and be concerned with their own health and safety, and that of their employees.
2. Clearly define and promote safety and health responsibilities and behaviors.
3. Jointly conduct worksite inspections, employee training, and department safety meetings, if appropriate.
4. Recognize and commend safe, healthy behavior.
5. Consistently enforce rules and regulations.
6. Take immediate action to correct any unsafe condition or action.
7. Provide personal protective equipment, along with training for its use, and make certain it is worn when necessary.
8. Assure that all machine guarding is in place and functioning properly.
9. Promptly investigate and report all accidents and incidents.
10. Issue warnings, per disciplinary procedures, for violations of company safety and health procedures.
11. Ensure that First Injury reports are filed within 5 calendar days, in accordance with District policies and NH Department of Labor requirements.

EMPLOYEES

1. Personally accept responsibility for and be concerned with their own, and their co-workers', health and safety.
2. Feel free to note safety and health problems and take the initiative to correct them (within reason).
3. Support the concept and activities of the loss management process.
4. Recognize and commend safe, healthy behavior.
5. Report all accidents and incidents to the principal or manager immediately so that a First Injury Report can be completed.
6. Report any unsafe conditions immediately.
7. Obey all safety and health regulations as stated in the school district safety program.
8. Attend all safety training that may be required.
9. Wear safety gear if required, and use equipment in accordance with safety program goals.

DISTRICT SAFETY COORDINATOR/DIRECTOR (*Business Administrator*)

Assist and advise all levels of management in establishing an effective safety program.

Organizes safety and health training for employees and committee members.

Maintain accident and incident records.

Plan and coordinate inspections, committee meetings, and training sessions and assist management in all areas of safety and health.

Review and update rules, policies, and programs as needed.

SAFETY AND HEALTH COMMITTEES

JOINT LOSS MANAGEMENT COMMITTEE

Purpose and Intent

The Joint Loss Management Committee is an essential component of the Newmarket School District Safety Program. Its purpose is to bring workers and management together in a non-adversarial, cooperative effort to promote workplace safety.

Membership & Equality of Representation

The Newmarket School District's Joint Loss Management Committee must be made up of an employer and employee representatives, with the employees representing the majority of the committee, from as many departments as possible. There shall be representation from administration, each school facility, and each collective bargaining unit shall have at least one representative on the committee. Employee representation must be chosen by employees.

The committee is required to elect a chairperson. The position of chairperson must be rotated between employee and employer representatives annually.

Guiding Principles

- a. Involve the entire workforce including part-time and temporary employees. Listen to and welcome input from everyone.
- b. Schedule regular meetings. If the schedule varies, communicate the reason.
- c. Recognize limitations in authority and qualifications and know when to request assistance. Avoid becoming focused on superficial problems — this will cripple the committee and destroy its credibility.
- d. Make recommendations to management for improvements to the safety and health process. Be prepared to present and justify these recommendations.

- e. Act immediately on any reported unsafe condition(s). Never blame inadequate staffing or financial shortages or unavailability as the reason for not effecting corrective action.
- f. Ensure that member replacements occur at intervals as defined in the policy. Encourage employees to serve on the committee. Stagnation can result with the same people serving the committee.
- g. Promptly publish meeting minutes and communicate findings to employees.

Joint Loss Management Committee Responsibilities and Duties

To carry out the intent of RSA 281-A:64 and in accordance with NH LAB 603.03, the Joint Loss Management Committee shall:

- a. Meet at least quarterly to carry out its duties and responsibilities;
- b. Keep minutes of meetings which shall be made available for review of all employees;
- c. Elect a chairperson, alternating between employee and employer representatives;
- d. Develop and disseminate to all employees a committee policy statement;
- e. Maintain current and disseminate to all employees the clearly established goals and objectives of the committee;
- f. Review workplace accident and injury data to help establish the committee's goals and objectives;
- g. Establish specific safety programs which include, but are not be limited to, the following:
 - 1. Designation, by name and title, of a person who shall be knowledgeable of site-specific safety requirements and be accountable for their implementation and adherence;
 - 2. Provisions for health and safety inspections at least annually for hazard identification purposes;
 - 3. Performance of audits at least annually regarding the inspection findings;
 - 4. Communication of identified hazards, with recommended control measures, to the person(s) most able to implement controls;
 - 5. Where the employer is a public school district, administrative unit, or chartered public school, a prevention and amendment plan pursuant to (6) below for the purpose of reducing violent acts and injuries caused by students against employees, volunteers and visitors;
 - 6. The student violence prevention and management plan shall include the following information:

- a. Training, education, investigation, and prevention protocols for all staff in the area of reducing violent acts and injuries caused by students; and
- b. Designation, by name and title, of a person who shall coordinate the training, investigation, and adherence of the implemented program to reduce violent acts and injuries caused by students;
- h. Assist with the identification of necessary safety and health training for employees; and
- i. Assist with the identification and definition of temporary, alternate tasks.

FIRST AID TEAM

The Newmarket School District utilizes its district-wide nurses as its First Aid Team to respond to injuries and illness. The Newmarket team (consisting of two nurses) work proficiently together in assisting the district in health training and crisis prevention.

EMERGENCY CONTINGENCY TEAM

The Newmarket School District has an Emergency Contingency Team which is comprised of administration, principals, professional staff and local fire and police personnel. This team works proactively to keep the safety of employees and students in the forefront of a potential crisis.

The Newmarket School District has a district-wide crisis plan which outlines the duties and responsibilities of every individual on the team. This plan will be evaluated annually and practice drills performed throughout the school year.

SAFETY RULES AND REGULATIONS

ADMINISTRATIVE RULES FOR SAFETY AND HEALTH

Housekeeping (Lab 1403.29)

- a) Form and scrap lumber with protruding nails and all other debris shall be kept clear from all work areas.
- b) Combustible scrap and debris shall be removed from work areas at least daily.
- c) Trash shall be disposed of at frequent intervals and at other times as necessary.
- d) All places of employment, passageways, storerooms, and service rooms shall be kept clean and in a sanitary condition.
- e) Floors shall be kept clean, dry, safely maintained, and free from hazards.

Safety and Health Requirements (Lab 1403.01)

- a) Each employer shall furnish to each of its employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to its employees.
- b) Each employee shall comply with all safety rules and regulations which are applicable to their own actions and conduct.
- c) The employer shall instruct each employee in the recognition and avoidance of unsafe conditions and in the rules applicable to his work environment to control or eliminate any hazards or other exposure to illness or injury.
- d) The use of any machinery, tool, material, or equipment which is not in compliance with any applicable requirement of these rules shall be prohibited.

Accident Reporting Requirements (RSA 277:15-b and Lab 1403.04)

a. Serious or Fatal Injury Reporting

Any death or serious injury has a special set of reporting requirements. These requirements are mandated and outlined in ***Section 277:15-b - Reports of Death or Serious Injury*** which reads as follows:

- I. Every employer shall report the death of any person in the workplace or on the workplace premises within **8 hours** of such occurrence to the commissioner of the department of labor by telephone or electronically, stating as fully as possible

the cause of the death and the place where the body of the deceased person was sent, and supplying any other information relative to the death that may be required by the commissioner. The commissioner shall investigate the cause of death and may notify the employer of precautions to be taken that may prevent the recurrence of similar events. A statement contained in any such report shall not be admissible in evidence in any action arising out of the death reported.

- II. **Every employer shall report the serious injury of any person in the workplace or on the workplace premises within 24 hours of such occurrence to the commissioner of the department of labor by telephone or electronically,** stating as fully as possible the cause of the injury and the place where the injured person was sent for medical evaluation or treatment, and supplying any other information relative to the injury that may be required by the commissioner. The commissioner may investigate the cause of the injury and notify the employer of precautions to be taken that may prevent the recurrence of similar events. A statement contained in any such report shall not be admissible in evidence in any action arising out of the injury reported.

RSA 277:15-b (12/4/19)

b. Accident Reporting Requirements (Lab 1403.04)

Within 8 hours after its occurrence, the employer shall report an employment accident which is fatal to one or more employees or which results in the hospitalization of 3 or more employees shall be reported to the commissioner of labor. Notification may be given by telephone calling (603) 271-3176 or 271-6850.

c. Accident Reporting Procedures (all injuries)

1. When a Newmarket School District employee suffers an accident or incident while at the workplace he/she should report to the nurse's office for immediate medical attention and an evaluation of the accident or incident.
2. After the district nurse has evaluated and treated the accident or incident (if applicable), an *Employer's First Report Of Occupational Injury Or Disease (Form 8wc)* form needs to be filled out immediately by the employee, or a designee if the employee is unable to complete the form.
3. The *Employer's First Report Of Occupational Injury Or Disease (Form 8wc)* then must be forwarded to the SAU office via interoffice mail for processing.
4. An email should be sent immediately to the Administrative Assistant at the SAU office and the Business Administrator

alerting the SAU staff that a form is on the way. ***It is imperative that the form is filled out immediately because the SAU office has only 5 calendar days from the date of the incident to report the injury to workmen's compensation office.***

d. Record Keeping (Lab 1403.49)

- a) An annual log of all workplace injuries and illnesses, for which an employer's first report of injury is submitted to the department of labor, shall be kept at the place of employment and made available to a safety inspector upon request. This log is maintained at the SAU Office by the Superintendent's Administrative Assistant.
- b) Employers having existing records or logs of injuries and illnesses, required by other agencies, may provide them to meet this requirement.
- c) The log shall include, at a minimum, the following information:
 - Date of injury;
 - Name of employee;
 - Occupation of employee;
 - Description of the injury or illness;
 - Whether lost time was involved; and
 - The date employee returned to work.

Bloodborne Pathogens (Lab 1403.08)

- a) All human blood and body fluids shall be treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Response kits are available in the main offices of each building and are available to staff upon request. Teachers are provided with classroom emergency kits that contain gloves and other first aid supplies.
- b) Employees responding to an emergency or situation where blood or body fluids are present shall wear single use disposable gloves, such as surgical or examination gloves, wash hands after removal of gloves, and wear eye protection when blood or other potentially infectious materials might be splashed.

- c) When a body fluid spill occurs, staff members should move students away from the area, block off the area, and address any immediate safety or first aid concerns in accordance with proper bloodborne pathogen handling protocols. A facilities staff member as soon as possible so that they may disinfect and clean the area. Facilities staff members receive annual training on how to properly clean, sanitize and dispose of infectious materials after a bloodborne/body fluid pathogen spill.
- d) Work procedures shall include safe handling and disposal of needles and sharp objects, used bandages and gauze, linens, and all other emergency items that come in contact with blood or other potentially infectious materials.
- e) Annual training for bloodborne pathogens is required for all staff. This training is coordinated by the school nurses, in conjunction with district administration. See *Training Requirements for Health and Safety* section.

Ergonomics (Lab 1403.18)

- a) It shall be the responsibility of each employer to evaluate all incidences of ergonomically related injuries, such as repetitive motion trauma, carpal tunnel syndrome and back injuries, and to make necessary workplace modifications to prevent recurrences. The employer shall also develop training procedures for employees who might be subject to ergonomic exposures such as those listed above.

Exits (Lab 1403.20)

- b) Every building designed for human occupancy shall be provided with exits sufficient to permit safe escape of occupants in case of emergency.
- c) In hazardous areas, or where employees might be endangered by the blocking of any single means of egress due to fire or smoke, there shall be at least 2 means of egress remote from each other.
- d) Exits and the way of approach and travel from exits shall be maintained so that they are unobstructed and are accessible at all times.
- e) All exits shall discharge directly to the street or other open space that provides safe access to a public way.

- f) Exit doors serving more than 50 people, or at high hazard areas, shall swing in the direction of exit travel.
- g) Exits shall be marked by clearly visible, suitably illuminated exit signs.

Exit signs shall be distinctive in color and provide contrast with the surroundings. The word "EXIT" shall be displayed in legible letters, not less than 6 inches high.

- g) Any door, passage, or stairway which is neither an exit nor a way of exit access, and which is so located or arranged as to be likely mistaken for an exit, shall be identified by a sign reading "Not An Exit".

Lock-Out (Lab 1403.35)

- h) All stored energy hazards produced by mechanical means, such as hydraulic pressure, pneumatic pressure, steam pressure, vacuum, electricity, mechanical, and gravity shall be released, locked-out, or otherwise rendered nonhazardous prior to commencement of any work which could subject the employee to potential injury.
- i) Padlocks shall be made available to employees for the purpose of locking-out equipment when required.
- j) Only the individual who is working on the equipment shall be allowed to remove the lock-out device.
- k) Lockout devices shall indicate the identity of the employee applying the devices.

Medical Service (Lab 1403.39)

- a) First aid supplies and equipment are available in each facility in the nurse's offices, free of charge. In the event of an emergency, all employees are encouraged to call 9-1-1 and report the emergency to Administration as soon as possible.

Personal Protective Equipment (Lab 1403.43)

- a) The employer shall be responsible for assessing the hazards, and providing and requiring the use of appropriate personal

protective equipment where indicated based upon that assessment.

- b) Where employees furnish their own personal protective equipment or tools, the employee must have the equipment pre-approved by a supervisor.
- c) Emergency eye wash/shower stations shall be tested periodically and testing records shall be maintained by the employer.

OTHER SAFETY RULES AND REGULATIONS

All public employers are subject to the safety requirements of:

- **RSA 281-A:64: Safety Provisions and Administrative Penalty**
- **Lab 600: Safety Programs and Joint Loss Management Committees**
- **Lab 1400: Administrative Rules for Safety and Health of Employees**
- **RSA 277: Safety and Health of Employees**
- **RSA 157-A: Boilers and Pressure Vessels**
- **RSA 157-B: Elevators and Accessibility Lifts**

ACCIDENT AND INCIDENT REPORTING AND INVESTIGATION

The goal of all accident and incident investigation is to prevent a recurrence, not to find fault.

1. Immediate supervisor or Principal's Responsibility:

Perform an investigation in order to determine the following:

- ***What happened?***
- ***Why it happened?***
- ***What can be done to prevent it from happening again?***

2. Accident Investigations should include:

- Inspections of the scene;
- Interviews with witnesses as soon as possible after occurrence;
- Interview with victim at appropriate time;
- Attempts to determine cause or causes;
- An **Accident and Incident Report** (see Exhibit A) should be completed for any fatality, serious injury, any injury or accident that requires emergency personnel to be called to the scene, or any other incident that the supervisor believes requires a formal written report due to the nature of the incident;
- Recommendations to prevent future similar accidents;
- Photographs or sketches of area (as applicable);
- Samples of chemicals, vapors, etc. (if required).

TRAINING REQUIREMENTS FOR SAFETY AND HEALTH

The State of NH Department of Education, the Department of Labor and other government organizations require certain trainings for school personnel. Many of these are required annually.

1. Each year, the Superintendent shall develop and distribute a training plan for all categories of district employees and provide employees with both a list of required trainings and a means to access trainings.
2. Training shall be required, but not limited to, the following:
 - New Employees
 - Supervisors and Managers
 - Principals
 - SAU Staff
 - Whenever new processes or equipment are added
 - Mandatory Safe Schools Reporting
 - Mandated reporting of Neglect and Abuse
 - JLMC Committee Members
 - Remedial safety training for employees who disregard safety rules and regulations.
 - Contractors and subcontractors, as necessary.
3. Training requirements shall be developed by the Superintendent in accordance with the following, but not limited to:
 - ED 193-F, Pupil Safety and Violence Prevention
 - NH RSA 193-J:2, Suicide Prevention Education (NEW, July 2020)
 - NH Admin Rules LAB 603.03, Duties and Responsibilities of Joint Loss Management Committee
 - Other Local, State or Federal Health and Safety Requirements, as necessary.
- 4.

EMERGENCY EVACUATION & RESPONSE PLANS

The Newmarket School District has a complete Emergency Evacuation & Response Plan that has been implemented and practiced annually in the district. This plan is reviewed annually by a committee of administrators, principals, teachers, support staff, police, and fire chief to keep abreast of issues and solutions dealing with crisis. Emergency and egress relocation drills are conducted regularly in accordance with NFPA 101 Life Safety Code, State Fire Marshal and NH Department of Safety requirements for educational occupancies.

SAFETY AND HEALTH COMMUNICATION

All employees are encouraged to suggest safety and health changes to management, to notify management of any unsafe conditions or equipment and to actively participate in district safety committees. Recommendations can be submitted to any manager, supervisor or to any Joint Loss Management Committee member. Recommendations may also be submitted directly to the Superintendent or the SAU Business Office.

STUDENT VIOLENCE PREVENTION AND MANAGEMENT

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, students, contracted vendors, volunteers, visitors and community members.

Employees will be required to participate in periodic district training aimed at recognizing risks for violence and reducing these risk factors (see ***Training Requirements for Health and Safety***). In addition, employees are encouraged to immediately notify management if they become aware of any situations that could lead to, or be an early indicator of, workplace violence.

In an effort to reduce risks in our educational environment, we have implemented certain controls, and provide training to recognize dangerous situations.

Engineering Controls: Controls include but are not limited to, the physical separation of visitors with a vestibule entry system at main entrances. The vestibule entrances at the schools securely separate visitors from occupants. All building doors are locked during the student day and a buzzer and camera system are used for screening visitors prior to entering the buildings. Employee building access is secured via an electronic badge swipe system, building access systems record and track access by maintaining records of badge swipes by location, and key issuance is limited. Lighting is installed in hallways and parking areas. Surveillance cameras are also strategically located throughout our campus and buildings. Staff are trained to stop individuals that are not wearing a badge or visitor sticker.

Administrative Controls: Controls include the establishment of policies and work practices aimed at maintaining a safe working environment that covers all occupants and visitors. The implemented practices used for screening visitors at the buildings and oversight of visitors is effective in limiting access during the student day.

Procedures for cash handling also reduce risk for employees who are tasked with managing cash payments received from parents or as part of student activities work. The District Business Office and student activities administrators shall regularly process all district deposits, and shall maintain all currency and checks in a locked location until the deposit is made.

The district has adopted several policies to address workplace violence and student safety including, but not limited to:

- **Policy EBB: School Safety**
- **Policy JICK: Pupil Safety and Violence Prevention.**
- **Policy JBAA, Sexual Harassment and Sexual Violence Civil Rights**

Where applicable, these district policies outline requirements for training, education, investigation and prevention as a means to reduce violent acts and injuries caused by students. In addition, both policies designate the individuals who are responsible for the coordination of training, investigation and adherence to these policies. A link to the district policy library is shown below.

https://docs.google.com/document/d/1MM9hKx_-x3B-pqKgdfYDxVI-Nl8RYAGHB-KVW37s5sI/edit

Training-Emergency Preparedness: Regular annual training is provided for emergency preparedness that includes active shooter training, evacuation and egress drills, lock-down drills, and social emotional supports training. All training provided, helps to improve awareness, educate building occupants and as a result reduce risk in this area of workplace violence.

Student Behavior De-Escalation Training: The District has three trained CPI (Crisis Prevention Institute) Instructors. All paraprofessionals and Special Education staff are trained in CPI verbal de-escalation techniques. In addition, any staff member who works with students that have the potential for physical aggression received full CPI training which includes proper protocols and techniques for student restraint.

Other Measures: The Special Education department stocks several jean jackets that staff can wear to minimize the risk of scratching or biting with physically aggressive students.

Review/Reporting of Staff Injury Reports due to Student Violence: Physical contacts with students are documented when such incidents occur. Any incident that involves student restraint is documented on a ***Restraint & Seclusion Report Form*** (see Exhibit C) and these reports are submitted to the Student Services Director and building

Administrator. Any incidents that involve intentional physical contact with a student are also documented on an ***Intentional Physical Contact Report Form*** (see Exhibit D) when such an incident occurs. Each submitted report is reviewed by an Administrator.

The JLMC reviews all staff injury reports each time the committee meets. In addition, the Student Services Director will attend at least two (2) JLMC meetings to review staff injury reports that are due to student behaviors so that possible preventative measures can be discussed and implemented.

Safety and Health Assistance Resources

The following is a list of agencies or associations which can be of assistance to employers in issues concerning safety & health.

New Hampshire Department of Labor

PO Box 2076

Concord, New Hampshire 03302-2230

Tel. (603) 271-6850 or (603) 271-7822

www.nh.gov/labor

Safety & Health Council of New Hampshire

57 Regional Drive Unit # 6

Concord, New Hampshire 03301

Tel. (603) 228-1401

www.shcnne.org

WorkWISE NH

Keene State College

175 Ammon Drive Suite 101

Manchester, New Hampshire 03103

Tel. (603) 222-1569

www.keene.edu/workwisenh

NH Department of Labor

<https://www.nh.gov/labor/workers-comp/workplace-injuries.htm>

Primex

<https://nhprimex.org/>

SAMPLE FORMS INCLUDED IN THIS MANUAL

Attached to this safety manual are copies of all appropriate forms which should be utilized as outlined in the manual.

Exhibit A: Accident Investigation Form and Instructions

Exhibit B: Safety and Health Program Update Log

(Safety and Health Program Plan Document must be reviewed every two (2) years)

Exhibit C: Employer's First Report of Injury Form (8WC)

** *This Safety Manual was compiled with the assistance of New Hampshire Department of Labor and Compensation Funds of New Hampshire. State of New Hampshire Department of Labor Administrative Rules for Safety and Health Chapter LAB 1400 pursuant to: RSA 281-A & RSA 277.

Exhibit A: Accident Investigation Form and Instructions

A. Injured Employee Data			
Employee Name:		Position:	
		Personnel Number	
Work Location			
Date of Accident		Time of Accident <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. </div>	
		Claim Number (if known)	
Home Telephone		Work Telephone <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. </div>	
		Other/Cell Number	
Supervisor			Supervisor Telephone Number
B. Accident Description			
Instructions: Obtain written and/or recorded statements from injured employee. What happened? What caused the accident? What were the contributing factors? Reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. This document becomes an official accounting of the facts surrounding the accident. When documenting the facts, include answers to the following questions:			
Where did the accident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved.			
What was happening at the time of the accident and why was it taking place?			
What were the events leading up to the accident? Describe the sequence in order and when they took place.			

What exactly caused the injury and how did it happen? What were the mechanics, equipment or tools involved?		
Describe the injury or injuries incurred. What body part and what kind of injury? (Indicate if no injury occurred.)		
If a physical injury was avoided, what could have happened to cause an injury?		
C. Accident Findings		
After review of all facts, what was the hazardous condition, unsafe work practice, or other causal factors (procedure, equipment, people, and environment) that contributed to the accident / injury?		
D. Corrective Action		
What is recommended to prevent this type of accident from occurring again?		
Actions taken to ensure recommendations are considered:		
Signature of Supervisor or Accident Investigator	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
E. Distribution Instructions		
Original: SAU Office Copies: Employee's Supervisor		

Instructions for the Accident Investigation Form

Purpose of Form: Effective loss control efforts require documentation of accidents to determine hazards or problem areas, procedures or systems and to perform trending. Thorough investigation is required to determine the facts surrounding events so that remedial action can be taken, if required. This form provides an outline of needed information.

Filing Deadline: If the accident resulted in the filing of a workers' compensation claim, the form must be received by County Clerk/HR within 48 hours after the filing of the work related injury form.

Completed by: The Immediate Supervisor

A. Employee Data - Complete the top of the form with the identifying information and the date and time of the accident. If a claim has been filed, complete the space for the claim number.

B. Accident Description - Sufficient action is necessary to ensure that all facts surrounding the accident are obtained so that effective loss control procedures can be established to protect against future accidents occurring. The form is developed to capture this information and to help the accident investigator come to reasonable conclusions concerning the events.

Where did the accident happen and who was involved? Go to the scene. Provide a visual image of the location of the accident. The reader should be able to visualize the area and the surrounding environment. Include names of the people involved and interviewed.

What was happening at the time of the accident and why was it taking place? Document the sequence of events leading up to the accident. Include the activities surrounding the event and their purpose.

What exactly caused the injury and how did it happen? What were the mechanics that caused the injury or could have caused an injury? Were procedures followed? Are the procedures faulty? Was equipment in good repair? Were there environmental hazards?

Describe any injury incurred, body parts and kinds of injuries. Through interview with the affected employee, determine what kinds of injuries were sustained and what body parts were involved. If an injury was avoided, what could have caused an injury?

C. Investigation Results - After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the accident/ injury?

D. Corrective Action –

What is recommended to help prevent this type of accident from occurring again? Provide short term and long term corrective actions that will prevent or eliminate the hazardous condition, unsafe work practice, and root causes.

Who will be contacted concerning recommended action to ensure follow-up? Completion of this section ensures that the management staff involved knows that action has been taken to remedy the hazardous condition.

Accident Investigation Best Practices

Fact-Finding

- Emphasis is placed on gathering facts; not to place blame, or determine the cause of accident.
- Inspect the accident site before any changes occur.
- Preserve essential and critical evidence.
- Take photographs and/or make sketches of the accident scene.
- Interview the injured employee and witnesses as soon as possible after an accident. Record pre-accident conditions, the accident sequence, and post-accident conditions.
- Document the location of injured employee, witnesses, machinery, equipment, energy sources, and hazardous materials.
- Ask *who, what, when, where, why, and how* during interviews.
- Re-interview injured employee and witnesses to resolve conflicting accounts of the accident.
- Remain completely objective during interviews and in documentation – no opinions, just the facts.
- Keep complete and accurate notes.

Interviews

- Get preliminary statements from victims and witnesses as soon as possible.
- Explain the purpose of the investigation (accident prevention) and put each witness at ease.
- Let each witness speak freely and take notes without distracting the witness.
- Record the exact words used by the witness to describe each observation.
- Be sure that the witness understands each question.
- Identify the witness completely (name, occupation, years of experience, phone number).
- Supply each witness with a copy of his or her statement (signed statements are desirable).

Accident Reconstruction

- Develop a sequence of events from the information obtained from the victims and witnesses.
- Identify hazardous conditions present during the accident.
- Identify unsafe work practices present during the accident.
- Identify system issues that caused or contributed to the accident.
- Determine root causes of the accident by Job Safety Analysis or other methods.
- If discrepancies exist, contact the Safety Coordinator regarding the discrepancies and ask for assistance.

Investigation Reporting

- Provide complete, thorough information about the accident (*who, what, where, when, why, and how* data).
- Describe the accident. Document the sequence of events of the accident. Identify the extent of damage to the employee and/or property.
- Identify hazardous conditions and/or unsafe work practices for each event of the accident.
- Identify the root cause of each hazardous condition or unsafe work practice.

- Provide short-term and long-term corrective actions that prevent or eliminate the identified hazardous conditions, unsafe work practices, and root causes.
- Describe the corrective actions recommended, the persons who are accountable for each corrective action, and the approximate time frame for correction.

Corrective Actions

- Recommend immediate corrective actions to eliminate or reduce hazardous conditions and/or unsafe work practices.
- Recommend long-term corrective actions that correct policies, programs, plans, processes, and/or procedures.
- Recommend engineering controls, administrative controls, and/or personal protective equipment.
- Estimate the cost to implement each immediate and long-term corrective action.
- Develop an action plan for each corrective action.
- Monitor implementation of the action plan to ensure appropriate corrective action is taken.

Exhibit B: Safety and Health Program Update Log

EMPLOYER NAME:		
ADDRESS:		
CITY/TOWN:		
<i>COMPANY SAFETY AND HEALTH PROGRAM</i> <i>JLMC Review Date or Revision Date: _____</i> <i>Newmarket School Board Approval Date: _____</i>		
NAME	AUTHORIZED SIGNATURES	TITLE
NH DOL, RSA 281-A:64, LAB 602.2		

**Exhibit C: Employer's First Report of Injury Form- Filed within 5 days of injury
on Primex Employer Portal**
(NH DOL FORM 8WC)

LAB 500

New Hampshire

Employer's First Report of Injury

Submission Date: _____

WEB-8WC -

NHDOL# -

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

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

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

INSURER INFORMATION			
Insurance Carrier	Insurer Type	Policy Number	Telephone Number

SUBMITTER INFORMATION			
Submitter Name	Title of Submitter	Represents	Telephone Number

8WC (07/2019)

To file this report, email to firstreport@dol.nh.gov Fax Number: (603)271-0126 or
Mail to: NH Department of Labor Workers' Compensation Division 95 Pleasant St. Concord NH 03301

Exhibit D: Restraint and Seclusion Report Form

School Administrative Unit #31

RESTRAINT & SECLUSION REPORT FORM

Student Name: _____ Date of Event: _____
School/Program: _____ Grade: _____
Student has: _____ IEP _____ 504 Plan _____ Behavior Plan
Beginning time of Event: _____ Location of Event: _____
Duration of Event: _____
Person Completing Report: _____ Title: _____

Staff Involved in Event:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

1. Description of the student's behavior before, during and after the event:

2. Description of the actions of the school staff before, during and after the event:

3. Description of any other relevant events preceding the use of seclusion or restraint, including the justification for initiating the use of restraint:

4. Description of any interventions used prior to the use of the seclusion or restraint:

Exhibit D: Intentional Physical Contact Report Form

Newmarket School District, SAU#31

INTENTIONAL PHYSICAL CONTACT REPORT FORM

Student Name: _____ Date of Event: _____
School/Program: NES Grade: _____
Student Has: ☐ IEP ☐ 504 Plan ☐ Behavior Plan
Beginning time of Event: _____ Location of Event: _____
Duration of Event: _____
Person Completing Report: _____ Title: _____

Staff Involved in Event:

Name of Staff: _____	Staff Title: _____
Name of Staff: _____	Staff Title: _____
Name of Staff: _____	Staff Title: _____

1. Description of the student's behavior before, during and after the event:

2. Description of the actions of the school staff before, during and after the event:

3. Description of any injuries to the student, staff or others. Description of any medical care administered to the student or others:

Abel attempted to scratch me, but I was able to remove my hands/arms from his reach.

Signature of Person Completing Report Form: _____ Date: _____

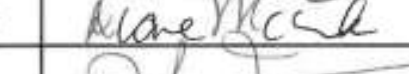
Verbal Notification to child's parent/guardian: ☐ Time: _____

No later than time of return of the child to the parent/guardian or end of business day, whichever is earlier.

Date report form was sent to administration: _____ Method of Transmittal: _____

Within 5 business days

Exhibit E: Safety and Health Plan Update Log(s)

EMPLOYER NAME: Newmarket School District		
ADDRESS: 186A Main St.		
CITY/TOWN: Newmarket, NH 03857		
COMPANY SAFETY AND HEALTH PROGRAM JLMC Review Date or Revision Date: 6/9/22 Newmarket School Board Approval Date:		
NAME	AUTHORIZED SIGNATURES	TITLE
Janna Mellon		Business Administrator
David Reilly		Facilities Director
Debra Black		Asst. Superintendent
Linda Hopey		Food Service Director
Annette Blake		NJSHS Teacher
Diane McCormick		Nurse, NES
Jennifer Farnese		Nurse, NJSHS
Devan Chick		Facilities Technician
Randy Critchett		Facilities Technician
Paula Smart		Tutor
Justin Loring		Admin Asst to BA
NH DOL, RSA 281-A:64, LAB 602.2		