



NORTHERN LANCASTER COUNTY REGIONAL POLICE DEPARTMENT

- ☒ General Order
☒ Special Order
☐ Personnel Order

Order Number
6.1.76

Subject: **NLCRPD SAFETY COMMITTEE**

Original date of issue: **10/26/2020** Effective date: **12/25/2023** Review Date: **Until amended or revoked**

Reference:

Amends: 11/24/2020, 11/20/2023

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Distributions:

1. **General Order Manuals**
2. **Reading Verification to all Personnel**
3. **Distribution via Power DMS**

In interpretation of this chapter, the singular shall include the plural and the masculine shall include the feminine and the neuter.

This order consists of the following Parts:

I. Purpose

To provide the officers of the Northern Lancaster County Regional Police Department with a clear understanding of the agency's role and the role of the individual officer in providing a safe work environment for all employees. The NLCRPD Safety Committee is intended to oversee risk control methods intended to help support loss prevention efforts. It is not intended to be complete or definitive in identifying all hazards associated with the NLCRPD, preventing workplace accidents, or complying with any safety-related or other laws or regulations.

The NLCRPD Safety Committee will also liaise with the safety committees of the school districts within the NLCRPD jurisdictions. The committee will offer assistance to and maintain relationships with school officials in order to maintain best practices between faculty, employees of the district(s), and students.

II. Policy

It will be the policy of the NLCRPD to maintain a safety committee for the purpose of maximizing a safe working environment for all employees. Framework for identifying hazards include but are not limited to; internal and external building and facilities, physical hazards, and cyber-related concerns. The policy does not exclude any officer from

reporting an observed hazard. All officers are “safety officers”. The NLCRPD supports the “see something, say something” mantra of reporting observed hazards or unsafe conditions.

III. Procedure

A. Makeup of Committee

1. The “NLCRPD Safety Committee” will consist of a minimum of four (4) full-time employees of the NLCRPD assigned by the Chief of Police or designee.
2. An Officer in Charge (OIC) or Chairman will be selected by the committee or assigned by the Chief of Police or designee.
3. A secretary will be designated by the committee and responsible for keeping meeting minutes and maintaining committee correspondence.
4. The Chief of Police may appoint a Sergeant or other supervisor for oversight.

B. Meetings

- a. The committee will meet on a quarterly basis to:
 - a. Review and approve minutes from previous meetings
 - b. Review any submitted accident investigation reports
 - c. Develop and offer recommendations for safety improvements
 - d. Discuss and participate in annual safety audits.
 - e. Offer suggestions for safety improvements or developing trends
 - f. Discuss and implement relevant training
 - g. Discuss old business
 - h. Discuss new business
 - i. Open Agenda
2. Meetings will be scheduled by the OIC and approved by the Operations Lieutenant.
3. Meetings are limited to one hour unless approved by a supervisor.
4. Members may attend meetings on duty hours when approved by a supervisor.
5. Meetings may be held at the NLCRPD campus or off-site.
6. Any compensation for meetings must be approved by a Sergeant, Lieutenant, or Chief of Police.

C. Audits

1. At least one member of the NLCRPD Safety Committee shall represent the committee at the annual safety audit. The audit is generally scheduled in cooperation with the NLCRPD and the agency's insurance carrier.

E. Training

1. Members of the NLCRPD Safety Committee shall complete familiarization training for the facilitation of Safety Committees.
2. The Committee will facilitate a minimum of one training module(s) for NLCRPD employees on an annual basis.
3. Training may be held virtually.
4. Approved training may be obtained from www.trainingnetworknow.com.
5. All training records shall be forwarded to the NLCRPD training supervisor for record and reporting.

D. Reporting Accidents - Reports may be found in the NLCRPD AIPP Manual

1. An "Employee Report of Injury Form" shall be completed by any employee for any accident or associated injury that occurs on, in, or around the property owned or leased by the NLCRPD. **Attachment A**
2. The original report should be submitted to the Operations Lieutenant. Copies of the report will be distributed to the OIC of the Safety Committee for follow-up investigation and to the Office of the Chief of Police. A supervisor shall complete a "Supervisor's Accident Investigation Form". **Attachment B.**
3. If the incident resulted in serious injury or illness or a minor injury occurred that could have resulted in serious injury or illness, the supervisor will complete an "Incident Investigation Report". **Attachment C**
3. The "accident report" is part of a risk control method intended to help support loss prevention efforts. It is not intended to be complete or definitive in identifying all hazards associated with the NLCRPD, preventing workplace accidents, or complying with any safety-related or other laws or regulations.

E. Investigations by the Committee

1. Accident investigations are NOT designed to find fault or blame. Rather they are completed to be a tool to find causes that can be controlled and eliminated.
2. When completing an investigation. The committee should try and answer the following questions;
 - a. **Who** was injured?
 - b. **What** materials, equipment, machines, or other conditions were involved?
 - c. **Why** did the accident happen?
 - d. **When** did the accident happen?
 - e. **Where** did it happen?
 - f. **How** did the accident occur?
 - g. What recommendations or methods of control could be implemented to avoid similar accidents in the future?
 - h. Immediate concerns or emergency action is needed.

F. Action and Follow-up:

1. No accident investigation is complete unless corrective action is suggested and implemented. Determine and document what action has been taken based on recommendations provided by the committee.
2. Committee members are encouraged to take proactive steps or measures to ensure immediate or emergency situations or hazards are mitigated. This could include notification to public works for assistance.

G. School Resource

1. The Safety Committee, also known as the **Regional Community Action Team** (RCAT), will also act as a liaison to the school district(s) safety committees for the NLCRPD. Committee members will attend regular meetings and maintain communications between school officials and the NLCRPD related to safety protocols and procedures.

H. Administration

1. The "Safety Committee" will fall under the direct supervision of the Operations Lieutenant.
2. The Safety Committee will submit quarterly reports to include:
 - a. Meeting dates and times
 - b. Copy of minutes
 - c. Investigations conducted
 - d. Recommendations
 - e. Training conducted
3. Any "emergency" issues will be addressed/forwarded to the Operations Lieutenant as soon as reasonable.

Date: November 20, 2023

By Order of:



Joshua P. Kilgore
Chief of Police

Appendix

- A – Employee's Report of Injury Form
- B – Supervisors Accident Investigation Form
- C – Incident Investigation Report

Attachment A

Employee's Report of Injury Form

Instructions: Employees shall use this form 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 us to 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.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Attachment B

Supervisor's Accident Investigation Form

Name of Injured Person: _____

Date of Birth: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

(Circle One) Male Female

What part of the body was injured? Describe in detail: _____

What was the nature of the injury? Describe in detail: _____

Describe fully how the accident happened. What was employee doing prior to the event? What equipment/tools were being used? _____

Names of all witnesses:

Date of Event: _____ Time of Event: _____

Exact location of event: _____

What Caused the event?: _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Doctor's Name: _____

Hospital Name: _____

Recommended preventive action to take in the future to prevent reoccurrence.

Supervisors signature _____ Date _____

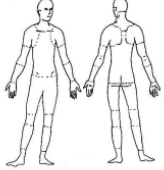
Attachment C

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Visit Only	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply)	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	
	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Months with this employer: _____ Months doing this job: _____	

Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	

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Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?	
<input type="checkbox"/> Stop this activity	<input type="checkbox"/> Guard the hazard
<input type="checkbox"/> Train the employee(s)	<input type="checkbox"/> Train the supervisor(s)
<input type="checkbox"/> Redesign task steps	<input type="checkbox"/> Redesign work station
<input type="checkbox"/> Write a new policy/rule	<input type="checkbox"/> Enforce existing policy
What should be (or has been) done to carry out the suggestion(s) checked above?	

Step 5: Who completed and reviewed this form? (Please Print)

Written by:	Title:
Department:	Date:
Names of investigation team members:	
Reviewed by:	Title:
	Date:

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