Building a Safety Program for Your Organization

Accident Fund
INSURANCE COMPANY OF AMERICA

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Congratulations!

You have just received the responsibility for your organization's safety program — but you do not know where to turn! This book is designed to help identify the strengths and weaknesses of your organization's existing program. If you do not have a safety program, this book will help you establish a basic program.

But you cannot do this alone. You will need *visible* commitment from top management, middle management, and frontline management within your organization in the form of time, ownership of the organization's safety program, and financial support.

Safety is not a stand-alone program. Safety accountability and responsibility are a part of *every* employee's job and *every* department within the organization, for example:

- **Purchasing**
  Responsible for developing and implementing control measures to ensure all parts, equipment, and new material are analyzed for potential hazards, and that they comply with all applicable local, state, and federal safety and health standards

- **Vendors, customers, contractors and subcontractors**
  Responsible for complying with all applicable, local, state, and federal safety and health standards

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Contents

What is OSHA?

- **O**ccupational **S**afety and **H**ealth **A**dministration
- Responsible for worker safety and health protection

Is there a need for OSHA?
Each Year:

- Nearly 6,000 workplace fatalities
- 50,000 deaths from workplace-related illnesses
- 5.7 million non-fatal workplace injuries
- Injuries alone cost U.S. businesses over $125 billion

Since 1970 OSHA has:

- Helped cut the work-related fatality rate in half
- Worked with employers and employees to reduce workplace injuries and illnesses by 40%
- Virtually eliminated brown lung disease in the textile industry, and
- Reduced trenching and excavation fatalities by 35%

What does OSHA do?

- Encourages employers and employees to reduce workplace hazards and implement new or improve existing safety and health programs
- Develops and enforces mandatory job safety and health standards
- Maintains a reporting and recordkeeping system to monitor job-related injuries and illnesses
- Provides assistance, training and other support programs to help employers and workers

Who is covered by the OSH Act?

- Most private sector employees
- Coverage is provided directly by federal OSHA or through an OSHA-approved state program
- Does not cover the self-employed or immediate members of farm families that do not employ outside workers

What are workers' responsibilities?

- Read the OSHA poster
- Follow the employer's safety and health rules and wear or use all required gear and equipment
- Follow safe work practices for your job, as directed by your employer
- Report hazardous conditions to a supervisor or safety committee
- Report hazardous conditions to OSHA, if employers do not fix them
- Cooperate with OSHA inspectors

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How Does Your Safety and Health Program Rate?

Choose the most appropriate answer and place the letter in the blank.

Management Leadership and Employee Participation

Worksite Safety and Health Policy: _____

A. Workforce can explain, and fully embraces, S&H policy.
B. Majority of personnel can explain policy.
C. Some personnel can explain policy.
D. Management can provide or state (where appropriate) a policy.
E. There is no apparent policy.

Clear Goals and Objectives, Set and Communicated: _____

A. Workforce fully embraces goals and can explain desired results and measures for achieving objectives.
B. Majority of personnel can explain desired results and measures for achievement.
C. Some personnel can explain desired results and measures for achievement.
D. Management can provide or state (where appropriate) goals and objectives.
E. No apparent safety and health goals or objectives.

Management Leadership: _____

A. All personnel can give examples of management's active commitment to safety and health.
B. Majority of personnel can give examples of management's active commitment to safety and health.
C. Some personnel can give examples of management's active commitment to safety and health.
D. Some evidence exists that management is committed to safety and health.
E. Safety and health does not appear to be a management value or of significant concern.

Management Example: _____

A. Personnel report management always follows the rules and addresses the safety behavior of others.
B. Management follows the rules and usually addresses the safety behavior of others.
C. Management follows the rules and occasionally addresses the safety behavior of others.
D. Management generally appears to follow basic safety and health rules.
E. Management does not appear to follow the basic safety and health rules set for others.

Employee Involvement: _____

A. All personnel have ownership of safety and health goals and can describe their active roles.
B. Majority of personnel feel they have a positive impact on identifying and resolving S&H issues.
C. Some personnel feel they have a positive impact on identifying and resolving S&H issues.
D. Employees frequently feel their safety and health input will be considered by supervision.
E. Employee involvement in safety and health issues is not encouraged or rewarded.

Assigned Safety and Health Responsibilities: _____

A. All personnel can explain what performance is expected of them and all elements appear to be assigned.
B. Majority of personnel can explain what performance is expected of them.
C. Some personnel can explain what performance is expected of them.
D. Evidence exists that performance expectations are spelled out for all personnel.
E. Specific job requirements and performance expectations are generally unknown or hard to find.

Authority and Resources for Safety and Health: _____

A. All personnel believe they have the necessary authority and resources to meet their safety responsibilities.
B. Majority of personnel believe they have the necessary authority and resources to do their job.
C. Authority and resources are spelled out for all; but there may be a reluctance to use them.
D. Authority and resources exist, but most appear to be out of the control of the employee.
E. Personnel do not appear to have adequate authority and resources to perform assigned responsibilities.

Accountability: _____

A. Personnel are held accountable and all performance is addressed with appropriate consequences.
B. Accountability systems are in place; but consequences used tend to be for negative performance only.
C. Personnel are generally held accountable; but consequences rarely follow performance.
D. Accountability exists, but it appears to be generally hit or miss, prompted by serious negative events.
E. There does not appear to be any effort at accountability.

Program Review (Quality Assurance): _____

A. In addition to a comprehensive review, a process is used which drives continuous correction.
B. A comprehensive review is conducted at least annually and drives appropriate program modifications.
C. A program review is conducted, but does not appear to drive all necessary program changes.
D. Changes in programs are driven by events such as accidents or compliance activities.
E. There is no evidence of any program review process.

Workplace Analysis

Hazard Identification (Expert Survey): _____

A. In addition to corrective action, regular expert surveys result in updated inventories.
B. Comprehensive expert surveys are conducted periodically and drive appropriate corrective action.
C. Comprehensive expert surveys are conducted; but updates and corrective action sometimes lags.
D. Qualified safety and health experts survey in response to accidents, complaints, or compliance activity.
E. There is no evidence of any comprehensive expert hazard survey having been conducted.

Hazard Identification (Change Analysis): _____

A. In addition to team analysis, employees affected are involved in all reviews.
B. A review of all planned/new facility, process, material, or equipment is conducted by a competent team.
C. Planned/new facilities, processes, materials, or equipment considered high hazard are reviewed.
D. Hazard reviews of planned/new facilities, processes, materials, or equipment are problem driven.
E. No system or requirement exists for hazard review of planned/new operations.

Hazard Identification (Routine Hazard Analysis): _____

A. Employees have input to the analysis for their jobs.
B. A current hazard analysis exists for all jobs, processes, or phases, and is understood by all employees.
C. A current hazard analysis exists for all jobs, processes, or phases, and is understood by many employees.
D. A hazard analysis program exists; may not cover all jobs and/or few are aware of results.
E. There is no routine hazard analysis system in place at this facility.

Hazard Identification (Inspection): _____

A. Well-trained employees at all levels conduct frequent and varied inspections, hazards of any kind are rare.
B. Inspections are conducted by trained personnel and all items are corrected, repeated hazards seldom found.
C. Inspections are conducted by trained personnel, most items corrected; but some hazards still in evidence.
D. An inspection program exists; but coverage and corrective action is not complete; hazards in evidence.
E. There is no routine inspection program at this facility; many hazards can be found.

Hazard Reporting System: _____

A. Employees feel comfortable identifying and self-correcting hazards.
B. A comprehensive system for gathering hazard information exists, and is positive, rewarding, and effective.
C. A system exists for hazard reporting; employees feel they can use it; but it may be slow to respond.
D. A system exists for hazard reporting; but employees may be unclear about its use or find it unresponsive.
E. No formal hazard reporting system exists and/or employees do not appear comfortable reporting hazards.

Accident/Incident Investigation: _____

A. All loss-producing incidents and "near misses" are investigated for root cause with effective prevention.
B. All OSHA-reportable incidents are investigated and effective prevention is implemented.
C. OSHA-reportable incidents are generally investigated but cause identification/correction may be inadequate.
D. Some investigation of incidents takes place, but root cause is seldom identified, correction is spotty.
E. Injuries are either not investigated or investigation is limited to report writing required for compliance.

Injury/Illness Analysis: _____

A. All employees are fully aware of incident trends, causes, and means of prevention.
B. Trends are fully analyzed and displayed, common causes communicated, management ensures prevention.
C. Data is centrally collected and analyzed and common causes are communicated to concerned supervisors.
D. Data is centrally collected and analyzed but not widely communicated to aid prevention.
E. Little or no effort is made to analyze data for trends, causes and prevention.

Timely Hazard Control: _____

A. Hazard controls are fully in place, known to and supported by workforce, with concentration on engineering controls and reinforced/enforced safe work procedures.
B. Hazard controls are fully in place with priority to engineering controls and safe work procedures.
C. Hazard controls are fully in place but order of priority is variable.
D. Hazard controls are generally in place but priority and completeness varies.
E. Hazard control is not considered complete, effective and/or appropriate in this facility.

Facility/Equipment Maintenance: _____

A. Operators are trained to recognize maintenance needs and perform/order maintenance on schedule.
B. An effective preventive maintenance schedule is in place and applicable to all equipment.
C. A preventive maintenance schedule is in place and is usually followed.
D. A preventive maintenance schedule is in place but often allowed to slide.
E. There is little or no attention paid to preventive maintenance; breakdown maintenance is the rule.

Emergency Planning and Preparation: _____

A. As a result of effective planning, training and drills all personnel know immediately how to respond to emergencies.
B. As a result of effective planning, training and drills most employees have a good understanding of emergency responsibilities.
C. There is an effective emergency response team but others may be uncertain of their responsibilities.
D. There is an effective emergency response plan but training and drills are weak and roles may be unclear.
E. Little or no effort is made to prepare for emergencies.

Emergency Equipment: _____

A. Facility is fully equipped for emergencies, all systems and equipment is in place and regularly tested.
B. Facility is well equipped with appropriate emergency phones and directions, and most people know what to do.
C. Emergency phones, directions, and equipment is in place but only emergency team knows what to do.
D. Emergency phones, directions, and equipment is in place but employees show little awareness.
E. There is little evidence of an effort to provide emergency equipment and information.

Medical Program (Health Providers): _____

A. Occupational health providers are regularly on-site, and fully involved in hazard identification and training.
B. Occupational health providers come when needed and are generally involved in assessment and training.
C. Occupational health providers are frequently consulted about significant health concerns.
D. Occupational health providers are available but normally concentrate on clinical issues.
E. Occupational health assistance is rarely requested or provided.

Medical Program (Emergency Care): _____

A. Personnel fully trained in emergency medicine are always available on-site.
B. Personnel with basic first aid skills are always on-site.
C. Personnel with basic first aid skills are usually available with community assistance nearby.
D. Either on-site or nearby community aid is always available on every shift.
E. Neither on-site nor community aid can be ensured at all times.

Safety and Health Training

Employees Learn Hazards, How to Protect Themselves and Others: _____

A. Employees demonstrate proficiency in and support of all areas covered by training.
B. Facility is committed to high quality employee hazard training, and ensures all participate and receive regular updates.
C. Facility provides legally required training, makes effort to include all personnel.
D. Training is provided when need is apparent, experienced personnel assumed to know material.
E. Facility depends on experience and informal peer training to meet needs.

Supervisors Learn Responsibilities and Underlying Reasons: _____

A. All supervisors assist in workplace analysis, ensure physical protections, reinforce training, enforce discipline, and can explain work procedures based on training provided to them.
B. Most supervisors assist in worksite analysis, ensure physical protection, reinforce training, enforce discipline, and can explain work procedures based on training provided to them.
C. Supervisors have received basic training, appear to understand and demonstrate importance of worksite analysis, physical protections, training reinforcement, discipline, knowledge of procedures.
D. Supervisors make reasonable effort to meet safety and health responsibilities but have limited training.
E. There is no formal effort to train supervisors in safety and health responsibilities.

Managers Learn Safety and Health Program Management: _____

A. All managers have received formal training in S&H management and demonstrate full understanding.
B. All managers follow and can explain their roles in S&H program management.
C. Managers generally show a good understanding of their S&H management role and usually model it.
D. Managers are generally able to describe their S&H role; but often have trouble modeling it.
E. Managers generally show little understanding of their S&H management responsibilities.

Safety and Health Program Self-Assessment Score Sheet

Total number of A ratings	_____	× 4	=	_____
Total number of B ratings	_____	× 3	=	_____
Total number of C ratings	_____	× 2	=	_____
Total number of D ratings	_____	× 1	=	_____
Total number of E ratings	_____	× 0	=	_____
			Total Score	_____

This worksheet is distributed and used by Kentucky OSHA during the review of safety and health programs. Most programs that qualify for the Voluntary Protection Program (VPP) in the state of Kentucky have scores greater than 50. This sheet can help you assess which areas of your program might need further review and improvement.

Keys to a Successful Safety and Health Program

Visible management involvement — from the executive level to the frontline supervisor — forms the basis for a well-run organization. The same is true for the organization's safety program. Safety is an intricate part of every operation or department within any organization — *it does not stand alone* or remain separate from the main purpose of the organization (e.g., service, goods, or products).

A successful safety and health program requires that:

- All levels of management be responsible and held accountable for providing good examples to the organization's employees
- Infractions of the organization's rules or safe work practices never go unnoticed
- Executive management be responsible for providing a workplace free of recognized hazards
- Safety and health expectations be set for all employee levels within the organization
  Establish safety and health responsibilities within each job classification description
- Contractors be held to the same safety and health expectations as the organization's employees
  In pre-bid qualifications, specify acceptable levels of experience modifier rate (EMR) in the contract; the EMR may be obtained from the contractor's insurance company
  Spell out precisely the type of safety and health program that is acceptable in the contract; the very *minimum* is compliance with all local, state, and federal safety and health regulations (e.g., U.S. Department of Labor, Occupational Safety and Health Administration)
  Include in the contract what will happen if the contractor fails to comply
  Specify the arrangements that will be made for exchange of safety and health information between the organization and the contractor (e.g., MSDSs and evacuation and other emergency plans)
- A system to identify, track, and correct identified hazards and potential hazards be developed and implemented
- A safety and health policy reflecting the organization's commitment towards safety and health — and signed by the top executive, be developed and maintained
- Written safety and health programs be developed
- The organization complies with all state or federal OSHA investigations

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Developing a Safety Program — Begin With the Basics

Many organizations have reduced their injury rates by implementing safety programs as an integral part of their overall risk management operation. Top management *support, commitment* and *involvement* are the keys to a successful safety program.

1. Each location must develop a written safety and health policy statement that clearly communicates to the staff top management's commitment and vision for a workplace free of recognized hazards.

   The written statement should include top management's philosophy, commitment and expectations — to serve as a guide for showing that:

   - All occupational injuries/illnesses can be prevented
   - All operating risks can be eliminated or adequately safeguarded
   - Superior safety is crucial in improving the work environment
   - All levels of management will be responsible and held accountable for staff safety
   - All employees will be trained in — and be expected to follow — safety and health practices established by the organization as a condition of employment

2. Each location must have in place a formal organization to manage its safety and health program. Everyone within the organization must understand his or her role and responsibility for an effective safety and health program for the staff. Regardless of who is spearheading the safety and health program, that individual (or individuals) must be placed high enough in the organization's structure to ensure access to top management.

3. Use annual planning to establish written goals, objectives and action plans based on current performance; however, numerical goals alone are not enough. Activities, programs and development of internal controls are needed to maintain a thriving and active safety and health program.

4. Written policies and procedures must be established and reviewed with both full-time and part-time staff. Line management must oversee compliance with established policies, procedures and rules.

5. Establish an incident investigation procedure, which at the very least must be performed for all occupational fatalities, lost-time injuries/illnesses, and near misses.

6. Managers and supervisors of all departments must be held responsible and accountable for the safety management practices implemented in their area of responsibility. This includes at the very minimum the following: investigation of employee injuries and near misses, area inspections and staff training. Job descriptions are a key management tool for assigning safety responsibility and accountability.

7. Develop tools to "assess, prevent and control," and provide ongoing surveillance of all facility operations as they relate to safety activities. These principles and practices must be applied in the planning, design and layout of any new buildings, grounds or operations. These factors must also be included in preventive maintenance activities and/or changes in any existing building, ground or operation.

8. On a periodic basis, staff and management from each department or area shall conduct routine department or area inspections. Top management should perform additional spot check audits. Because a sound inspection is based on the knowledge possessed by the inspector, before implementing a self-inspection program provide training on how to identify and correct hazards. The inspector may use a variety of inspection checklists.

9. Continual education and training must be provided and effectiveness reviewed annually. Initial training must include an orientation to the organization's safety program, philosophy and culture, along with job-specific training. Training must also be initiated when a staff member transfers to a new job, or when there is a change in an operation. Establish a yearly training program that outlines who will conduct the training, as well as the topics and dates. Invite guest speakers for variety, and include both on- and off-the-job safety topics. Regardless of the length of the training, document it with the following information: sign-in sheets, a training course syllabus, date of training, and name of the instructor. Verify that learning has occurred through testing or on-the-job observations.

10. Establish an ongoing means of communicating safety and health issues and information. At a minimum, the communication system should include:

    - Scheduled safety meetings held by management (include videos and handouts)
    - Short safety meetings in the work area
    - Newsletters

11. Each location must establish a means for managing the safety and health documents. The following issues should be addressed:

    - Medical confidentiality
    - Security
    - Access
    - Retention
    - Distribution

12. Evaluate the entire safety and health program's performance on an annual basis.

Creating a Safety and Health Policy

A generic safety and health policy will not fulfill the goals of your organization. Develop a specific company-wide written safety and health policy based on the company's mission statement. If a mission statement does not exist, develop the safety and health policy based on the company's value system, style and customer focus. For this policy to be effective it is critical to communicate it effectively and clearly to all employees.

An effective safety and health policy includes the following elements:

- **Introductory statement:** Clear, simple expression of top management's commitment and attitude about employees' safety and health.
- **Purpose/philosophy:** State the purpose or philosophy of the policy. For example: all occupational injuries and illnesses are preventable; all operating risk can be eliminated or adequately safeguarded. These statements remind all employees about the purpose and value of safety and health programs.
- **Management responsibilities:** State in the policy that managers at all levels are responsible and accountable for the safety and health program within their respective areas.
- **Employee responsibilities:** State in the policy that all employees will receive training in, and are expected to follow, established safety and health practices.
- **Closing statement:** Reaffirm the company's commitment to a safe and healthy workplace.
- **Signature:** The owner, upper administration, unit or area managers and union representative, if applicable, should sign the policy. This signifies to the reader the commitment the company has for the policy.
- **Date:** Include the date the document was generated.
- **Revise the document** when there is a change in the organization's focus or responsibilities of the individuals who have signed the statement.

Maintaining a current safety and health policy is a very important step in keeping safety awareness alive. A current policy communicates the continual commitment the company has toward the total Loss Control program — where safety and health play a major role.

Sample Safety and Health Policy

Our company believes that employees are our most important asset. Therefore, we will strive to provide a safe and healthy work environment.

Our goals include eliminating the accidents that cause injury to our employees and visitors, property loss, and interrupt our business. Management and employees will work together in planning, developing, and implementing safe and healthy work methods, practices and programs.

All managers and supervisors of this company have the responsibility to ensure that each employee receives the training and instruction necessary to perform his or her work safely. Management of this company is accountable for providing a workplace free of recognizable hazards that might cause injuries and/or illnesses. All management will set a good example by complying with company rules for safety and health.

All employees play a part in the prevention of workplace illnesses and injuries. We expect all employees to follow company policy and give their full support to safety and health issues and programs.

With the total commitment of management and employees, elimination of most accidents, injuries, and workplace illnesses are achievable goals. A safe workplace is a productive workplace.

I am (We are) personally committed to the continual improvement of our safety and health performance and will authorize the actions necessary to achieve these objectives. I will (We will) expect your participation in our safety and health efforts.

Signatures of the President/Owner,
Top Management,
Union Representative (if applicable)

_____
(Date)

Job Safety Analysis Procedure

There are two types of systems to use when conducting a job safety analysis. The first type is direct observation, which involves watching a competent person perform a job, identifying job steps, and analyzing each step for possible problems. The second type centers on group discussion of a job. This approach uses the knowledge of the group to identify necessary steps. This method is primarily used for new jobs and when observation would be dangerous or impractical.

1. Prioritize jobs for analyzation using the following criteria: possibility of serious injury, probability of injury is high, property could be damaged severely, incidents could incur significant liability or public reaction, production or quality could be affected significantly.

2. Focus on a particular job. Decide whether to analyze it by observation of the worker or by discussion among several competent workers.

3. Determine the purpose of the job, who is responsible for performing the job, what activities are involved, when and where is the job done.

4. Use the following Job Safety Analysis Worksheet to record observations. An interview of the worker should be conducted if the observer is not familiar with the job or task being analyzed.

5. Break the job into steps or a series of steps or tasks. To determine where a step begins, look for changes in activity, direction or position. Watch for potential hazards.

6. Devise methods to control or reduce each inherent hazard.

7. Write a standard job procedure or a job instruction, or devise a safe work practice as appropriate.

8. Use the procedure, instruction, or practice in employee training, retraining, safety meetings, evaluations of worker performance and incident investigations.

9. Review and revise the analysis periodically when conditions change such as when new machinery is acquired or production process is revised.

10. Reinforce employee compliance with procedures, instructions and practices.

Job Safety Analysis Worksheet

Job description: _____ Location: _____

Work hours: _____ Days/week: _____

Meal break(s): _____ Overtime: _____

The job can _____ cannot _____ be modified to accommodate an injured or disabled worker.

General description of job: _____

_____

_____

_____

Types of equipment, machinery, tools, etc., used on the job: _____

_____

_____

Vehicles or moving equipment driven as part of the job: _____

_____

_____

Percentage of time spent each day: Indoors _____ Outdoors _____

Physical activity required:

	Never	Occasionally (0–2 hrs/day)	Frequently (2–6 hrs/day)	Constantly (6–8 hrs/day)
Lifting (up to 10 lbs.)				
Lifting (11–24 lbs.)				
Lifting (25–50 lbs.)				
Carrying (up to 10 lbs.)				
Carrying (11–24 lbs.)				
Carrying (25–50 lbs.)				

The heaviest item lifted on the job is _____. It weighs _____ and is lifted _____ times per day.

The heaviest object carried while the worker walks from place to place is _____. It weighs _____ and is carried _____ times per day. The heaviest weight pushed or pulled is _____. It weighs _____ and is pushed or pulled _____ times per day.

Physical movements required on the job:

	Never	Occasionally (0–2 hrs/day)	Frequently (2–6 hrs/day)	Constantly (6–8 hrs/day)
Sitting				
Standing				
Twisting at neck				
Twisting at waist				
Bending at knees				
Bending at waist				
Bending at neck				
Squatting				
Kneeling				
Fine manipulation				
Repetitive hand use				
Simple grasping				
Power grasping				
Climbing stairs				
Climbing ladders				
Walking indoors				
Walking outdoors				
Working at heights				
Reaching above shoulder				
Reaching at shoulder				
Reaching below shoulder				

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Hazard Recognition

The five steps of ***hazard recognition*** are:

1. **Surveys/observation**
   - Housekeeping (oil on floor, oily rags, paper, clutter, scrap, cords on floor, trash and tools not put away)
   - Guards missing
   - Work practices — *If it does not look right, it probably is not!*
   - Personal protective equipment
   - Fire hazards (extinguishers checked once a month)
   - Use of tools (using wrench for hammer)
   - Use of lifting devices (not using handcarts)
   - Ergonomic problems (poor workplace design; repetitive motions; excessive lifting; pulling; reaching; awkward position of wrist, arm, or chairs)

2. **Review of accident reports/near misses**
   - Look for patterns with people and/or locations or similar types of accidents — *Is there something I am missing?*

3. **Listen to employees during a walk-through**
   - Listen to employees — they know better than anyone what problems exist. Make sure employees feel free to give suggestions.

4. **Meetings**
   - Meet with employees once a week — 5, 10, or 15 minutes to review any concerns or observations they may have.

5. **Job safety analysis**
   - Sequence of steps; list potential hazards; suggest solutions.

Correcting the Problem

1. Correct what you can "on-the-spot."

2. See to it that the right person receives word of the problem (in writing) — your manager, maintenance/engineering, another supervisor, etc.

3. Follow up to see if it was completed!

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Accident (Incident) Investigation

Investigate matters of public concern or those that involve a serious injury or fatality. The use of a dollar value is not an appropriate basis for prioritizing an investigation; all accidents should be investigated and documented, including minor mishaps or near misses (*see* the Sample Employee Accident Investigation Report on page 32).

An investigation should cover three distinct areas:

- What took place *prior* to the incident
- Gather the factual information concerning the incident
- The follow-up action phase — often the most neglected aspect of the investigation

Who Should Conduct the Investigation?

- The supervisor and/or foreman are the individuals closest to the action, but they seldom have had the training to conduct an investigation.
- It is reasonable to expect the supervisor to conduct the investigation because he/she has knowledge of the area, the equipment and the personnel. The reasons that make the supervisor or foreman the ideal person to conduct the investigation are also the reasons why he/she should *not* do it. His/her people and equipment could have been potentially involved.
- *Investigation teams* provide a broad base of experience, background and credibility to the investigation.

Preparing for an Investigation

- Pre-accident planning should provide clear, concise instructions on what to do, when to do it, and who will do it.
- The pre-plan should include at least the following:
  - How to notify the individuals involved in the investigation
  - How to save lives
  - How to protect lives and property from additional loss
  - How to assure a timely investigation
- Investigator training — provide each person who may participate in an investigation with initial training and periodic follow-up training.
- Investigation kits should be developed and maintained. The kit should include the following:
  - Camera and film
  - Clipboard, paper and ink pen
  - Copy of regulations or standard operating procedures
  - Report forms
  - Personal protective equipment
  - First aid kit
  - Cassette recorder and spare cassettes

Identification tags
Specimen containers
High visibility tape
Graph paper

Remember to check the kit periodically and refill it following every investigation!

Priorities

- Prioritize the investigation process:
  - Save lives
  - Prevent further injury and property loss
- Remember — respond quickly in a manner that places no one at risk of an additional injury or exposure.
- Arrive safely to the scene. It is most unlikely that the investigator or team will be the first on the scene. The investigator will be expected to be an "expert" and advise individuals on how the matters should be handled.
- Observe the overall scene on arrival and begin planning your approach:
  - Observe the total picture.
  - Categorize your priorities.
  - Is additional help required?
  - Are the injured obtaining help?
  - Protect others from injury.
  - Protect property from further damage.
- If the scene is in the hands of the firefighters, police, or medical personnel, do not enter unless instructed to do so.
- As the incident is being investigated, be sure to:
  - Preserve the evidence
  - Protect the incident site
  - Secure the evidence
  - Keep upper management informed

Interviewing the Witnesses

- Take charge only after the firefighters or police have completed their job.
- Interview anyone who can aid in the investigation process.
- Conduct the interview as soon as practical to ensure the integrity of the information.

Preservation of Evidence at the Scene

- Time available to conduct an inspection will be limited.
- Develop rough sketches of the incident area.
- Take pictures of the area involved.
- Take samples of the evidence and clearly mark the containers (include location).

Major Injury Categories

- *Struck by* — injured employee was struck by an external source
- *Struck against* — injury resulted from employee hitting something
- *Slip/trip/fall* — employee lost his or her balance, resulting in an injury
- *Caught between* — fingers, hands, or arms caught by nip points or pinch points
- *Eye* — any injury to the eyes falls in this category
- *Body mechanics* — this category includes strains, back injury, or cumulative trauma; injury results from the use of the limb or torso, *not* caused by an external source
- *Laceration/cut/tear/puncture* — injury caused by using tools or sharp edges (even paper cuts)
- *Hot/cold temperature* — injury resulting from a burn or frostbite

Sample Accident Investigation Report

Accident Fund
INSURANCE COMPANY OF AMERICA

Employee Accident Investigation Report

This form is to be completed by the injured employee and the supervisor in charge at the time of the accident.

FACILITY

NAME	CITY	STATE	LOCATION #

EMPLOYEE

NAME	SEX	D.O.B. / /	HEIGHT	WEIGHT

SOCIAL SECURITY # — —	HIRE DATE / /	FULL TIME ☐ PART TIME ☐	SHIFT: DAY ☐ EVENING ☐ NIGHT ☐

DEPARTMENT	ADDRESS

JOB CLASSIFICATION	CITY, STATE	HOME PHONE # ( )

DESCRIPTION OF ACCIDENT

ACCIDENT DATE / /	ACCIDENT TIME : a.m. ☐ p.m. ☐	ACCIDENT LOCATION

Please describe the accident, including what employee was doing when it occurred.

Name object or substance that directly attributed to the accident.

What caused the accident? How could it have been prevented?

Describe the injury.

BODY PART

☐ 1. Abdomen	☐ 13. Forearm(s)	☐ 25. Ribs
☐ 2. Ankle(s)	☐ 14. Groin	☐ 26. Shoulder(s)
☐ 3. Back	☐ 15. Hand(s)	☐ 27. Spine
☐ 4. Buttock(s)	☐ 16. Head	☐ 28. Stomach
☐ 5. Calf(s)	☐ 17. Hip(s)	☐ 29. Teeth
☐ 6. Chest	☐ 18. Jaw	☐ 30. Thigh(s)
☐ 7. Ear(s)	☐ 19. Knee(s)	☐ 31. Throat
☐ 8. Elbow(s)	☐ 20. Leg(s)	☐ 32. Thumb(s)
☐ 9. Eye(s)	☐ 21. Lungs	☐ 33. Toe
☐ 10. Face	☐ 22. Mouth	☐ 34. Upper Arm(s)
☐ 11. Finger(s)	☐ 23. Neck	☐ 35. Whole Body
☐ 12. Foot	☐ 24. Nose	☐ 36. Wrist(s)

CONDITION OF TYPE

☐ 1. Abrasion	☐ 13. Grinding Wound	☐ 25. Repetitive Motion Disorder
☐ 2. Amputation	☐ 14. Hearing Loss	☐ 26. Scratch
☐ 3. Avulsion	☐ 15. Heart Attach	☐ 27. Sliver
☐ 4. Blister	☐ 16. Heat (cramps, stroke)	☐ 28. Splinter
☐ 5. Burn	☐ 17. Hernia	☐ 29. Sprain/Strain
☐ 6. Contusion	☐ 18. Infection	☐ 30. Slip/Fall
☐ 7. Death	☐ 19. Insect Bite	☐ 31. Other _____
☐ 8. Dermatitis	☐ 20. Irritation (dust)	
☐ 9. Foreign Object	☐ 21. Irritation (vapor)	
☐ 10. Fracture	☐ 22. Laceration	
☐ 11. Frostbite	☐ 23. Pulmonary Condition	
☐ 12. Ganglion	☐ 24. Puncture Wound	

Corrective actions taken to prevent reoccurrence.

Treatment

- ☐ *First Aid*
- ☐ *Panel of Physicians*
- ☐ *Emergency Room*
- ☐ *Personal Physician/Clinic*
- ☐ *Refused Treatment*
- ☐ *Other (name)* _____

Lost Time? ☐ Yes ☐ No	*Number of Days:*	*Modified/Restricted Duty* ☐ Yes ☐ No	NUMBER OF DAYS

Did employee accept medical treatment? ☐ Yes ☐ No	*Was employee hospitalized?* ☐ Yes ☐ No	*Did employee return to work the same day?* ☐ Yes ☐ No

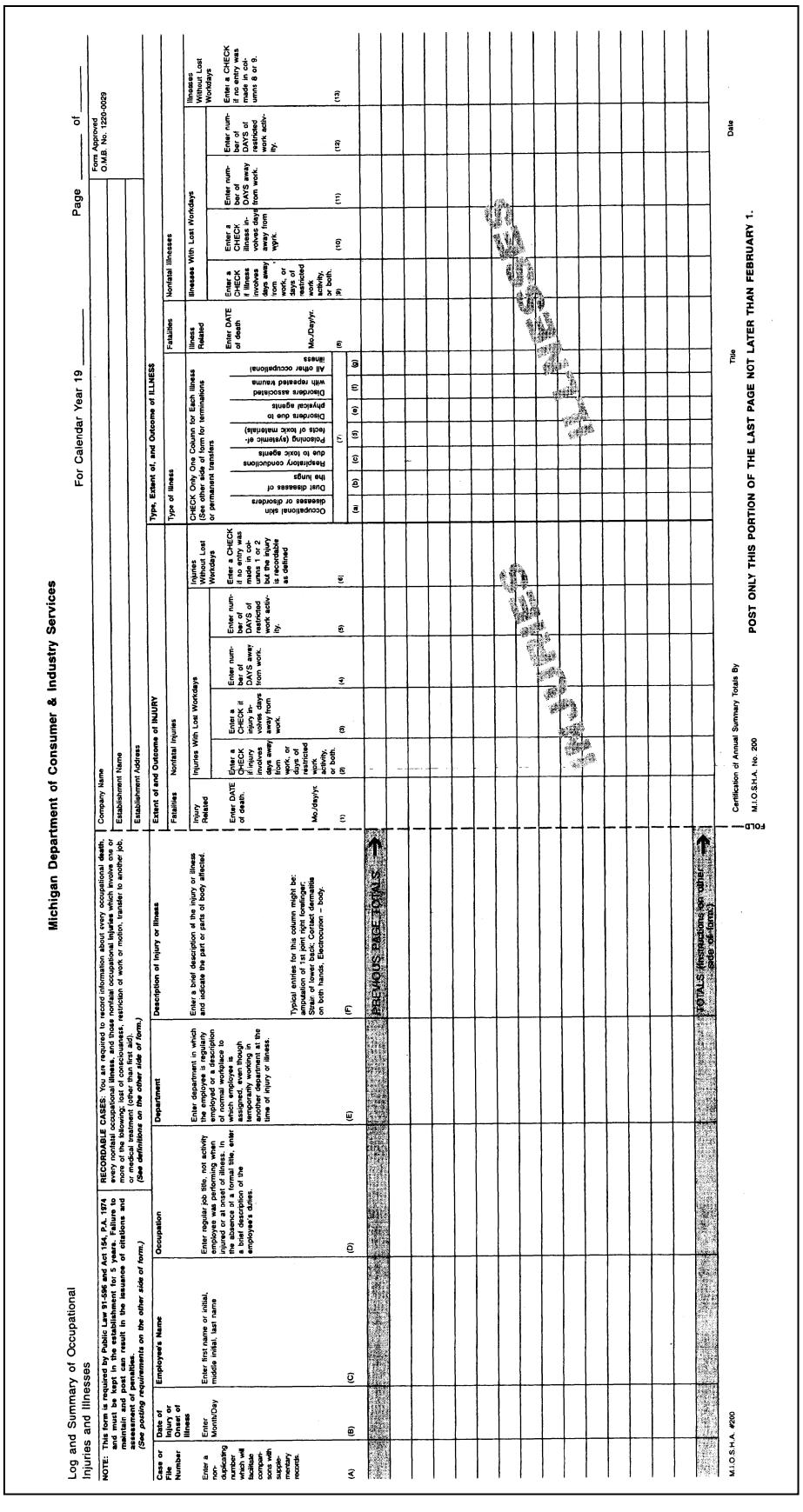
Report Date / /	**Employee Signature**	**Supervisor Signature**

LC-8 Rev. 11-02 **(THIS IS NOT A CLAIM FORM - TO BE USED ONLY FOR INTERNAL ACCIDENT PREVENTION PURPOSES)**

Summary of the Occupational Injuries and Illnesses Log

- Each employer who is subject to the recordkeeping requirements of the Occupational Safety and Health Act of 1970 (P.L. 91-595) and Act 154, P.A. 1974 must maintain a log of all recordable occupational injuries and illnesses for each establishment
- A MIOSHA Form 200 may be used
  A *substitute* for the MIOSA Form 200 may be used as long as it is detailed, easy to read, and understandable
- *All* occupational illness must be reported, regardless of severity (acute or chronic)
  Occupational skin diseases or disorders
  Dust diseases of the lungs (pneumoconioses)
  Respiratory conditions due to toxic agents
  Poisoning (systemic effects of toxic materials)
  Disorders due to physical agents (other than toxic materials)
  Disorders associated with repeated trauma
  All other occupational illnesses
- Report workplace injuries if they result in one or all of the following:
  Death of one or more workers
  Loss of consciousness of one or more workers
  Medical treatment beyond in-house first aid
  One or more lost workdays
  Restricted motion or restrictions to the work an employee can perform
  Transfer of an employee to another job
- Recording requirements
  A recordable case must be entered on the log within six workdays after learning of its occurrence
  If the log is prepared elsewhere, a copy updated within 45 calendar days must be present at all times at all establishments
- Medical treatment
  Treatment other than first aid, administered by a physician or a registered professional person under the standing orders of a physician
  Not medical treatment — first aid, or one-time treatment and observation of minor scratches, cuts, burns, splinters, etc. that do not ordinarily require medical care
- Log retention
  Logs must be maintained and kept on file for five years following the end of the calendar year to which they relate
  Keep logs available for inspection
- Log posting
  A copy of the totals and information following the fold line of the last page for the year must be posted by February 1 and remain in place until March 1 (*see* the Sample MIOSHA 200 Log on the following pages).
  If no injuries or illnesses have occurred for the year, zeros must be entered on the totals lines

Sample MIOSHA 200 Log (Side 1)



Michigan Department of Consumer & Industry Services

Log and Summary of Occupational Injuries and Illnesses

For Calendar Year 19 ____ Page ____ of ____

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and Act 154, P.A. 1974 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties.

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). *(See definitions on the other side of form.)*

(See posting requirements on the other side of form.)

Establishment Name

Establishment Address

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of INJURY						Type, Extent of, and Outcome of ILLNESS																Fatalities	Nonfatal Illnesses				
						Fatalities	Nonfatal injuries					Type of Illness																	Illnesses With Lost Workdays				
						Injury Related	Injuries With Lost Workdays				Injuries Without Lost Workdays	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers															Illness Related	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Illnesses Without Lost Workdays
	Enter Month/Day	Enter first name or initial, middle initial, last name	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the case of a person with a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands, Electrocution – body.	Enter DATE of death. Mo./day/yr.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined (6)	Occupational skin diseases or disorders (a)	Dust diseases of the lungs (b)	Respiratory conditions due to toxic agents (c)	Poisoning (systemic effects of toxic materials) (d)	Disorders due to physical agents (e)	Disorders associated with repeated trauma (f)	All other occupational illness (g)	Enter DATE of death Mo./Day/Yr. (8)	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Enter a CHECK if no entry was made in columns 6 or 8. (13)
(A)	(B)	(C)	(D)	(E)	(F)																												
					PREVIOUS PAGE TOTALS																														
					TOTALS (Instructions on other side of form)																														

FOLD

M.I.O.S.H.A. #200

M.I.O.S.H.A. No. 200

Certification of Annual Summary Totals By

Title

Date

POST ONLY THIS PORTION OF THE LAST PAGE NOT LATER THAN FEBRUARY 1.

Sample MIOSHA 200 Log (Side 2)

NOTE: The employer shall notify the Department of Consumer & Industry Services within 48 hours of a fatality or any hospitalization of 5 or more employees suffering injury from the same accident or illness from exposure to the same health hazard associated with their employment. Michigan Department of Consumer & Incustry Services, Bureau of Safety & Regulation, State Secondary Complex, 7150 Harris Drive, Box 30643, Lansing, Michigan 48909. Phone: (517) 322-0333.

Instructions for MIOSHA No. 200

I. Log and Summary of Occupational Injuries and Illnesses

Each employer who is subject to the recordkeeping requirements of the Occupational Safety and Health Act of 1970 (P.L. 91-596) and Act 154, P.A. 1974 must maintain for each establishment a log of all recordable occupational injuries and illnesses. This form (MIOSHA No. 200) may be used for that purpose. A substitute for the MIOSHA No. 200 is acceptable if it is as detailed, easily readable, and understandable as the MIOSHA No. 200.

Enter each recordable case on the log within six (6) workdays after learning of its occurrence. Although other records must be maintained at the establishment to which they refer, it is possible to prepare and maintain the log at another location, using data processing equipment if desired. If the log is prepared elsewhere, a copy updated to within 45 calendar days must be present at all times in the establishment.

Logs must be maintained and retained for five (5) years following the end of the calendar year to which they relate. Logs must be available (normally at the establishment) for inspection and copying by representatives of the Department of Consumer & IUndustry Services. Access to the log is also provided to employees, former employees and their representatives.

II. Changes in Extent of our Outcome of Injury or Illness

If, during the 5-year period the log must be retained, there is a change in an extent and outcome of an injury or illness which affects entries in columns 1, 2, 6, 8, 9, or 13, the first entry should be lined out and a new entry made. For example, if an injured employee at first required only medical treatment but later lost workdays away from work, the check in column 6 should be lined out, and checks entered in columns 2 and 3 and the number of lost workdays entered in column 4.

In another example, if an employee with an occupational illness lost workdays, returned to work and then died of the illness, the entries in columns 9 and 10 should be lined out and the date of death entered in column 8.

The entire entry for an injury or illness should be lined out if later found to be nonrecordable. For example: an injury or illness which is later determined not to be work related, or which was initially thought to involve medical treatment but later was determined to have involved only first aid.

III. Posting Requirements

A copy of the totals and information following the fold line of the last page for the year must be posted at each establishment in the place or places where notices to employees are customarily posted. This copy must be posted no later than February 1 and must remain in place until March 1.

Even though there were no injuries or illnesses during the year, zeros must be entered on the totals line, and the form posted.

The person responsible for the annual summary totals shall certify that the totals are true and complete by signing at the bottom of the form.

IV. Instructions for Completing Log and Summary of Occupational Injuries and Illnesses

Column A– CASE OR FILE NUMBER. Self-explanatory.

Column B– DATE OF INJURY OR ONSET OF ILLNESS.
For occupational injures, enter the date of the work accident which resulted in injury. For occupational illnesses, enter the date of initial diagnosis of illness, or, if absence from work occurred before diagnosis, enter the first day of the absence attributable to the illness which was later diagnosed recognized.

Columns C through F– Self-explanatory.

Columns 1 and 8 – INJURY FOR ILLNESS-RELATED DEATHS.
Self-explanatory.

Columns 2 and 9 – INJURIES OR ILLNESSES WITH LOST WORKDAYS.
Self-explanatory.

Any injury which involves days away from work, or days of restricted work activity, or both, must be recorded since it always involves one or more of the criteria for recordability.

Columns 3 and 10 – INJURIES OR ILLNESSES INVOLVING DAYS AWAY FROM WORK. Self-explanatory.

Columns 4 and 11 – LOST WORKDAYS — DAYS AWAY FROM WORK.
Enter the number of workdays (consecutive or not) on which the employee would have worked but could not because of occupational injury or illness. The number of lost workdays should not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.
NOTE: For employees not having a regularly scheduled shift, such as certain truck drivers, construction workers, farm labor, casual labor, part-time employees, etc., it may be necessary to estimate the number of lost workdays. Estimates of lost workdays shall be based on prior work history of the employee AND days worked by employees, not ill or injured, working in the department and/or occupation of the ill or injured employee.

Columns 5 and 12 – LOST WORKDAYS — DAYS OF RESTRICTED WORK ACTIVITY.
(1) the employee was assigned to another job on a temporary basis, or
(2) the employee worked at a permanent job less than full time, or
(3) the employee worked at a permanently assigned job but could not perform all duties normally connected with it.

The number of lost workdays should not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

Columns 6 and 13 – INJURIES OR ILLNESSES WITHOUT LOST WORKDAYS. Self-explanatory.

Columns 7a through 7g – TYPE OF ILLNESS.
Enter a check in only ***one*** column for each illness.

TERMINATION OR PERMANENT TRANSFER – Place an asterisk to the right of the entry in columns 7a through 7g (type of illness) which represented a termination of employment or permanent transfer.

V. Totals

Add number of entries in columns 1 and 8.

Add number of checks in columns 2, 3, 6, 7, 9, 10, and 13.

Add number of days in columns 4, 5, 11, and 12.

Totals are to be generated for each column at the end of each page and at the end of each year. ***Only*** the yearly totals are required for posting.

If an employee's loss of workdays is continuing at the time the totals are summarized, estimate the number of future workdays the employee will lose and add that estimate to the workdays already lost and include this figure in the annual totals. No further entries are to be made with respect to such cases in the next year's log.

VI. Definitions

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment.

NOTE: Conditions resulting from animal bites, such as insect or snake bites or from one-time exposure to chemicals, are considered to be injuries.

OCCUPATIONAL ILLNESS of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. For purposes of information, examples of each category are given. These are typical examples, however, and are not to be considered the complete listing of the types of illnesses and disorders that are to be counted under each category.

7a. **Occupational Skin Diseases or Disorders**
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.

7b. **Dust Diseases of the lungs (Pneumoconioses)**
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconioses.

7c. **Respiratory Conditions Due to Toxic Agents**
Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.

7d. **Poisoning (Systemic Effect of Toxic Materials)**
Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc.

7e. **Disorders Due to Physical Agents (Other than Toxic Materials)**
Examples: Heatstroke, sunstroke, heat exhaustion, and other effects of environmental heat; freezing, frostbite, and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

7f. **Disorders Associated With Repeated Trauma**
Examples: Noise-induced hearing loss; synovitis, tenosynovitis and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

7g. ***All Other Occupational Illnesses***
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does NOT include first aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.

ESTABLISHMENT: A single physical location where business is conducted or where services or operations are performed (for example: a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, bank, sales office, warehouse, or central administrative office). Where distinctly separate activities are performed at a single physical location, such as construction activities operated from the same physical location, such as a lumber yard, each activitiy shall be treated as a separate establishment.

For forms engaged in activities which may be physically dispersed, such as agriculture; construction; transportation; communications; and electric, gas, and sanitary services, records may be maintained at a place to which employees report each day.

Records for personnel who do not primarily report or work as a single establishment, such as traveling salesmen, technicians, engineers, etc., shall be maintained at the location from which they are paid or the base from which personnel operate to carry out their activities.

WORK ENVIRONMENT is comprised of the physical location, equipment, materials processed or used, and the kinds of operations performed in the course of an employee's work, whether on or off the employer's premises.

For Recordkeeping Questions Call (517) 322-1848
To Order More Forms: (517) 322-1851

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Workers Compensation

Workers Compensation Laws

- In the United States there are at least 53 separate workers compensation laws
- Each state has its own workers compensation law
- The Federal Government has three compensation programs: Federal Employees Compensation Act (FECA), Longshoremen's and Harbor Workers Act and the District of Columbia Workmen's Compensation Act
- There are two types of workers compensation laws:

  Compulsory law — all employers under this jurisdiction are required to accept the provisions and provide benefits as specified

  Elective law — all employers under this jurisdiction have the right to accept or reject participation

  If an employer rejects compliance with the law, the result is the loss of the three common-law defenses, which renders the employer defenseless.

  Most of the laws currently are compulsory

Workers Compensation Objectives

- Promptly replace lost income and provide medical treatment
- Stimulate employer interest in accident investigation, reduction, and prevention
- Provide rehabilitation to restore earning and working capability
- Reduce costly litigation and delays
- Reduce financial drain on public and private charities

Who Is Covered By Workers Compensation?

- Ninety percent of all hourly and salaried employees are covered by workers compensation
- Some employment categories are excluded (these vary from state to state); the most common are:

  Self-employed (owner)
  Professional athletes
  Short-term temporary laborers
  Seasonal or agricultural farm laborers
  Volunteer workers
  Workers covered by other labor laws (such as railroad and maritime workers who are specifically listed under the acts)

Types of Disabilities

- ***Temporary Total Disability*** — the worker is completely unable to work for a period of time because of a job-related injury; full recovery and return to work are expected; most disability cases are of this type
- ***Temporary Partial Disability*** — the worker is unable to perform his or her regular job duties while recovering from the injury, but has the ability to work at a position requiring less stress and strain on the worker; full recovery and return to work are expected
- ***Permanent Partial Disability*** — the worker has some permanent reduction associated with his or her work capability, but is still able to be employed
- ***Permanent Total Disability*** — the worker is injured on the job and can no longer work, even following medical and rehabilitative treatment

Workers Compensation Benefits

- Payment for expenses associated with medical, burial, lost wages, and impairments
- Physical and vocational rehabilitation
- Some workers compensation laws provide for mental rehabilitation

Workers Compensation Cost

- An estimated $20 billion is spent by United States employers for workers compensation
  - 22% is spent on medical care
  - 46% is spent on compensation payments
- Workers compensation insurance premiums are based on employee payrolls
- The National Council on Compensation Insurance, an actuarial organization, sets basic premium rates for most states
- State rates reflect the different risks and claim histories associated with the different types of operations or activities

Type of Rates

There are four key methods used to establish insurance premium rates; all are dependent on the applicable compensation laws.

- ***Manual Rate*** — premiums are applied directly from the state rate book
- ***Schedule Rate*** — employers received a percentage reduction in premium rates by reducing specific hazard activities, which are listed in a schedule
- ***Experience Rating Prospective*** — the accident experience record of the policyholder will influence future premiums
  - The experience period will not be more than three years, beginning four years before, and ending one year prior to, the start date of the experience modification

Immediate past-year results will impact the organization/company premiums for three policy years — beginning one policy year *after* the year in which the loss was incurred
Each state sets average losses by employment classification
The following formula is used to determine the expected losses:
Average Losses (set by state) × Payroll for Category = Expected Losses
When the employer's real time losses *exceed* the expected state average loss rates a surcharge will be added to the policyholder cost
When the employer's real time losses are *less* than the expected state average loss rates a credit will be applied to the policyholder
A surcharge or credit is called an **experience multiplier, experience modification,** or **experience rating modifier** (**MOD rate**) — it is an incentive for implementing a company-wide loss control program
Examples of MOD rate equations:

The past three-year history of experience rating modifiers for a roofing operation with 1.32, 1.04, and 0.88 payment history would be:

1.32 × $38,223 = $50,454.36
1.04 × $38,223 = $39,751.92
1.00 × $38,223 = $38,223.00
0.88 × $38,223 = $33,636.24

A good MOD rate is equal to 1.0 or less

- ***Retrospective rating*** — relates premiums to experience during the current policy period; the employer pays the expected premium at the start of the policy period, then adjustments may be made at the end of the period reflecting injury/loss during that time
- ***Premium discounts*** — administrative costs are relatively less for a large policy than a small policy; states permit discounts for premiums in graduated steps based on total premiums paid

Hold Down the Cost of Workers Compensation

- Prevent accidents from happening in the first place by having a formal organization for managing a company/organization-wide safety and health program
- Develop a written safety and health policy statement that is based on company/organization values
  Clearly spell out and demonstrate *daily* top management's commitment and vision for a workplace free of recognized hazards
- Report all incidents immediately
  Injury claims reported 10 days after the event may result in a 50% increase in litigation
- Monitor claims of all types by reviewing your loss run information
- Refer injured workers to a recommended health care provider
- Establish a return-to-work program

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Costs Associated With On-the-Job Injuries

- The top six states with the highest workers compensation claims:
  1. Texas
  2. Pennsylvania
  3. Ohio
  4. Florida
  5. New York
  6. Michigan

- Body parts (based on the percent of claims) most often injured in work-related activities:
  1. Eyes and head 8%
  2. Neck 2%
  3. Arms 10%
  4. Hands and fingers 18%
  5. Back 22%
  6. Trunk 9%
  7. Legs 13%
  8. Feet and toes 6%
  9. Body system 2%
  10. Multiple injuries 10%

- Ranking of workers compensation based on number of claims:
  1. Back
  2. Hands and fingers
  3. Trunk
  4. Leg
  5. Multiple injuries

Source: Worker's Compensation: Management Cost Containment Program, J.J. Keller and Associates, Inc. ©1994.

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Return-to-Work — Modified Duty

The goal of modified duty is to return the injured worker to work as soon as possible. The program does not ask persons who are ill or in pain to return to work, but it does identify tasks that serve the company and can be carried out on a temporary basis until the employee is fully recovered. This option has been proven to help the employee feel productive rather than disabled, and tends to speed the recovery process. The plan also reduces the number of lost time days, which in turn reduces premium costs.

Modified Work Programs

Listed below are some basic steps to use when developing a modified work program.

1. Outline job task function (or combination of functions) that a worker, temporarily or permanently disabled, can safely perform.
2. Make sure work is productive and has value.
3. Communicate with the treating physician, who must determine if the injured worker is capable of returning to work. Communicate by sending a letter and job description of work options available, and ask for the physician's cooperation in returning the employee to work.
4. Consider inviting area physicians or your local clinic physician to tour your facility and become familiar with your operation. Establish a relationship.

Maintenance of Records and Documents

A system must be established for documenting, maintaining, and managing records associated with the company's safety and health program. These records include accidents and near misses, the injury and illness log, employee medical reports, training, safety and health meetings, regulatory-specific requirements, incident investigation, workplace evaluations, and corrective measures implemented. The following key items should be addressed in any filing system selected to manage the safety and health records and documents:

- Regulator record retention requirements
- Confidentiality
- Who has access to the records

Look for These Key Elements When Choosing a Medical Provider:

- Does the provider have a broad base of occupational services?
- Is the staff available and knowledgeable in the wide areas of regulatory compliance (MIOSHA, EPA, DOT, to name a few)?
- Will the staff work well with the type of management style established at your organization or company?
- Does this provider have a proven track record in the area of Occupational Health? Do they have references you may check?

Medical Provider's Key Services

Name of Provider: _____

Date of Review: _____

Listed below are key services a medical provider will need in order to service your employees. Rank the type of service on a scale of 1–5, with 5 being the highest and 1 the lowest. A zero will indicate the material does not apply.

Services provided:

Prevention:

_____ Pre-placement Exams
_____ Drug Screening
_____ Spirometry
_____ Hearing Conservation
_____ Ergonomic Program
_____ Industrial Hygiene Program
_____ Respiratory Exams
_____ Surveillance Exams

Acute Care (Short Term):

_____ Initial Assessment
_____ Consultations

Rehabilitation Programs:

_____ Job Safety Analysis
_____ Work Conditioning/Hardening
_____ Functional Capacity Exams
_____ Physical Capacity Exam

Employee Assistance Program:

_____ Drug
_____ Alcohol

Experience, Education and Knowledge of the Staff:

_____ Board Certified Occupational Health Physicians
_____ Board Certified Physical Therapists
_____ Board Certified Industrial Hygienist
_____ Board Certified Occupational Nurses
_____ Board Certified Speech Pathologist
_____ Spirometry Certified
_____ Vocational Rehabilitation Counselors

Knowledge in Regulations, such as:

_____ DOT
_____ Hearing Conservation
_____ Respiratory Protection
_____ Bloodborne Pathogen
_____ Hazmat
_____ Confined Space
_____ ADA
_____ Worker Compensation Laws

Availability and Communication Capability:

_____ Obtain an appointment within 24 hours of request
_____ Available all shifts your organization or company works
_____ Location convenient
_____ Able to come to the worksite, with a mobile unit
_____ Phone calls are provided after treatment
_____ Fax, confidential
_____ E-mail
_____ 1-800 numbers for out-of-state employees
_____ Written reports provided within 24 hours

Job Description

- Establish a written job description for each job, if one has not been developed.
- Include in this description the majority of tasks an individual in this position will perform, as well as knowledge and skill necessary to perform the job.
- List and label all essential and non-essential tasks, as well as the physical demands of the job.

Job Analysis

The following items should be reviewed and recorded for each job classification within your organization or company. The job analysis will have to be updated as jobs change, are deleted, or added to your organization. It is recommended the analyses be reviewed annually and signed off.

- ***Physical Activity:***
  Walking
  Climbing
  Balancing
  Lifting
  Pushing
  Pulling
  Carrying
  Bending
  Other

- ***Working Environment:***
  Noise
  Dust
  Paint
  Humidity
  Standing long period of times on hard surfaces
  Exposure to hazardous chemicals and materials
  Other

- ***Intensity of the work activity.*** How often is the task in question performed?
  Describe: _____
  _____

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Influencing Individual Behavior Changes

As a supervisor you are in the position of coaxing individuals to accept change. This process should be well planned and follow these steps:

- Plan ahead by identifying how this change will benefit the individual.
- Establish a good time to discuss the change.
- Discuss the change and deal with the individual's concerns.
- Solve the problems that could come from the change together.
- Gain a commitment — even if the individual is not willing to change, ask him or her to try it out briefly.

Nine mistakes to avoid when trying to bring about a change:

1. Acting without obtaining input
2. Getting input but ignoring it
3. Acting before planning ahead
4. Failing to keep in mind change may threaten some individuals
5. Forgetting to explain what is in it for the individuals involved in the change
6. Being impatient
7. Failing to recognize small, incremental changes
8. Trying too much too fast
9. Not communicating

- Techniques to influence individual behavior:

  Modeling — the supervisor consistently demonstrates the proper technique for doing the job, accepting the responsibility for reporting and seeking corrections for unsafe acts and conditions

  Rewards — provide positive feedback when you observe the individual performing the work in a safe manner

  Correction — make corrections at the time you observe the individual performing an unsafe act or creating an unsafe condition

- Five step to use when correcting an unsafe behavior:
  1. Identify the unsafe act
  2. Restate your position — it is not necessary to apologize
  3. Demonstrate the correct method
  4. Ensure the individual understands the required behavior change
  5. Emphasize the importance of the individual's safety to you and the company

Notes