



PLAN OF ACTION

This Plan of Action must be received by DAS no later than **May 31st.**

Date

State agency Policy number

DBA Telephone number ()

Street address E-mail address

City State ZIP code

Director printed name

Director signature Title

Briefly describe the product or service your agency provides.

How many full and part-time employees do you have in Ohio? (If seasonal, please indicate vs. non-seasonal)

Full-time Seasonal Non-seasonal Part-time Seasonal Non-seasonal Temporary Seasonal Non-seasonal Leased employees Seasonal Non-seasonal



DAS USE ONLY

PLAN OF ACTION

Employer	Policy number
----------	---------------

DAS evaluator
BWC contact

Year of participation	<input type="checkbox"/> Year 1
	<input type="checkbox"/> Year 2
	<input type="checkbox"/> Year 3

***Mandatory Steps**

Step	Description	Pass	Fail
1	Visible active senior management leadership*	<input type="checkbox"/>	<input type="checkbox"/>
2	Employee involvement and recognition*	<input type="checkbox"/>	<input type="checkbox"/>
3	Medical treatment and return to work practices	<input type="checkbox"/>	<input type="checkbox"/>
4	Communication	<input type="checkbox"/>	<input type="checkbox"/>
5	Timely notifications of accidents/claims	<input type="checkbox"/>	<input type="checkbox"/>
6	Safety and health process coordination/education*	<input type="checkbox"/>	<input type="checkbox"/>
7	Orientation and training	<input type="checkbox"/>	<input type="checkbox"/>
8	Written and communicated safe work practices	<input type="checkbox"/>	<input type="checkbox"/>
9	Written safety and health policy	<input type="checkbox"/>	<input type="checkbox"/>
10	Recordkeeping and data analysis	<input type="checkbox"/>	<input type="checkbox"/>

I **agree** with the statements made in the state agency's annual progress report as to the implementation of the steps noted above.

- I recommend **continuation** in the program.
- I recommend **removal** from the program.

DAS sponsor X	BWC contact X
-------------------------	-------------------------

I **disagree** with the statements made in the employer's annual progress report. Supporting documentation of non-implementation of specific step(s) has been attached.

- I recommend **continuation** in the program.
- I recommend **removal** from the program.

DAS sponsor X	BWC contact X
-------------------------	-------------------------



PLAN OF ACTION

	State agency		Policy number		
Step 1 – Visible active senior management leadership	Plan of Action			Person Responsible	Completion Date
	Describe:	a) doing now	b) improvements to be made		
a) Authorizing necessary resources for accident prevention					
b) Discussing safety processes and improvements regularly during staff or employee meetings					
c) Ensuring management is held accountable for accident prevention activities and for managing accident-prevention processes					
d) Annually assessing the success of the safety process by using surveys, personal interviews and/or behavior sampling					
e) Encouraging employees to take an active part in maintaining a safe workplace					
DAS assessment				Date	Meets
					Below



PLAN OF ACTION

	State agency		Policy number		
Step 2 – Employee involvement and recognition	Plan of Action			Person Responsible	Completion Date
	Describe:	a) doing now	b) improvements to be made		
a) Safety and health involvement teams, focus groups, or safety and health committees					
b) Accident investigations analysis and assessment					
c) Safety and health audits					
d) Acting as instructors for safety and health training programs					
Recognition opportunities can include:					
a) Recognizing employees for excellence in accident prevention					
b) Recognizing employees for consistently high contribution to safety and health					
c) Recognizing employees for their contributions to continuous improvement through participation in problem-solving, decision-making or perception surveys					
d) Recognizing employees who suggest safety and health improvements or complete safety and health projects					
DAS assessment				Date	Meets
					Below



PLAN OF ACTION

	State agency		Policy number		
Step 3 – Medical treatment and return to work practices	Plan of Action			Person Responsible	Completion Date
	Describe:	a) doing now	b) improvements to be made		
a) Informing employees of procedures for obtaining medical treatment, including informing employees of the selected managed care organization (MCO)					
b) Immediate reporting of injuries and illnesses to a supervisor					
c) Regular communication with injured or ill employees who are off work					
d) Investigation of all injuries or illnesses within 24 hours to identify process and corrective measures					
e) When not prohibited by labor agreement, a modified-duty or transitional-work program that allows employees to return to work in a productive capacity during the recuperative period					
DAS assessment				Date	Meets
					Below



PLAN OF ACTION

State agency	Policy number
--------------	---------------

Step 4 – Communication	Plan of Action		Person Responsible	Completion Date
Describe:	a) doing now	b) improvements to be made		
a) Quarterly written and/or verbal feedback to all employees on their accident-prevention performance				
b) A process for upward communication and downward communication throughout the organization (including obtaining and responding to employee suggestions)				
c) Communication can include memos, bulletin boards, staff and general meetings				
d) Feedback should include the organization's overall safety and health performance				
DAS assessment			Date	Meets
				Below



PLAN OF ACTION

	State agency		Policy number		
Step 5 – Timely notification of claims	Plan of Action			Person Responsible	Completion Date
	Describe:	a) doing now	b) improvements to be made		
a) Claims are reported immediately to MCO					
b) Verified MCO reports claim to BWC within 24 hours					
DAS assessment				Date	Meets
					Below



PLAN OF ACTION

IMPORTANT
 To receive credit for this step your Accident Prevention Coordinator must attend a BWC approved Safety and Health Management Seminar before May 31.

	State agency		Policy number		
Step 6 – Safety and health process coordination	Plan of Action			Person Responsible	Completion Date
	Describe:	a) doing now	b) improvements to be made		
a)	Helping management and employees identify accident prevention and safety and health training needs through perception surveys, interviews, behavior sampling or other similar methods				
b)	Helping supervisors make changes or develop strategies that improve the organization's safety systems and processes				
c)	Identifying and communicating new safety and health requirements				
d)	Compiling injury and illness-related records				
e)	Tracking progress on safety and health-related projects				
f)	Working with employees to optimize safe work practices				
DAS assessment				Date	Meets
					Below



PLAN OF ACTION

	State agency	Policy number		
Step 7 – Written orientation and training plan	Plan of Action		Person Responsible	Completion Date
	Describe:	a) doing now		
Safety and health written orientation and training plan will include:				
a)	State agency safety and health policy statement			
b)	Employee responsibilities			
c)	Medical procedures, such as how and when to report injuries or illnesses			
d)	Actions to take in case of emergency			
e)	How to report unsafe practices and conditions			
f)	Return to work procedures			
Safety and health training will include:				
a)	Hazard communication			
b)	Bloodborne pathogens, if applicable			
c)	Specific job/task safe work practices and hazard recognition			
d)	Recordkeeping of employee training and sign-off of training			
At a minimum, training must cover:				
a)	Procedures for safe and efficient use of machinery and tools			
b)	Ergonomic risk factors, including the prevention of cumulative trauma disorders			
c)	Chemical hazards and how to prevent contact or exposure			
d)	If appropriate, procedures for lockout-tagout, hot work permits and confined-space entry			
DAS assessment			Date	Meets
				Below



PLAN OF ACTION

State agency	Policy number
--------------	---------------

Step 8 – Written and communicated safe work practices	Plan of Action		Person Responsible	Completion Date
	Describe:	a) doing now		
a) General safe work practices				
b) Job-specific safe work practices				
c) Employees sign statement that they understand and will follow safe work practices when not prohibited by labor agreement				
DAS assessment			Date	Meets
				Below



PLAN OF ACTION

State agency	Policy number
--------------	---------------

Step 9 – Written safety and health policy	Plan of Action		Person Responsible	Completion Date
	Describe:			
	a) doing now	b) improvements to be made		
a) Chief executive officer's philosophy on safety and well-being of employees with his/her commitment to quality				
b) Managers', supervisors', team leaders' and employees' responsibilities regarding the organization's commitment to workplace safety and health				
c) Commitment to return injured or ill employees to work at the earliest opportunity				
d) Communicated to employees verbally, posted on bulletin board, in employee handbook				
DAS assessment			Date	Meets
				Below



PLAN OF ACTION

State agency	Policy number
--------------	---------------

Step 10 – Recordkeeping and data analysis	Plan of Action		Person Responsible	Completion Date
	Describe:			
a) Identify safety and health process problems	a) doing now	b) improvements to be made		
b) Help manage the compensation process				
c) Provide information necessary for developing solutions				
d) Linkage between accident prevention and profitability				
e) Specific costs associated with safety and health problems and accidents				
DAS assessment			Date	Meets
				Below



PLAN OF ACTION

State agency	Policy number
--------------	---------------

	Plan of Action		Person Responsible	Completion Date
	Describe: a) doing now	b) improvements to be made		

DAS assessment	Date	Meets
		Below