

Ten Step Business Plan



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Objectives

You will learn:

- The Ten Step Business Plan
- Basic Premium Discount Program Plus (PDP+) requirements
- How to develop the plan of action to meet the requirements under the PDP+, DFWP Level 2 & 3, retro tier 2 or others interested in establishing a world class safety culture in their workplace.

This class meets three of the six required hours of training for Step 6 credit.

Agenda

8:30 Introduction

- Step 1 Visible, Active Senior Management Leadership
- Step 2 Employee Involvement and Recognition
- Step 3 Medical Treatment and Return to Work Practices
- Step 4 Communications
- Step 5 Timely Notification of Claims

10:10 BREAK

- 10:25 Step 6 Safety and Health Process Coordination
- Step 7 Written Orientation and Training Program for your
Employees
- Step 8 Written and Communicated Safe Work Practices
- Step 9 Written Safety and Health Policy
- Step 10 Record Keeping (of injuries) and Data Analysis
- Resources
- Action Plan

12:00 DISMISS

STEP 1. VISIBLE, ACTIVE SENIOR MGMT. LEADERSHIP

- authorize the necessary resources for accident prevention
- discuss safety processes and improvements regularly during staff or employee meetings
- ensure mgmt. is held accountable for accident-prevention processes
- annually assess the success of the safety process by using surveys, personal interviews and/or behavior sampling
- encourage employees to take an active part in maintaining a safe workplace



VISIBLE, ACTIVE SENIOR

MANAGEMENT LEADERSHIP

WHAT IS IT?

1. Demonstrating management involvement:

- Discuss safety issues at staff or employee meetings,
- Attend safety training as a student,
- Set an example for wearing safety equipment and following safety rules,
- Spend time among employees and talk with individuals about safety issues,
- Goal setting.

2. Endorsing written safety policy:

- Expression or declaration of employer's values and commitment to the safety process.
- Management must be willing to "live it" or "walk the talk".

3. Establishing accountability:

- Define expectations and give rationale,
- Provide the skills and tools to do the job,
- Measure performance,
- Provide consequences.

4. Authorizing resources:

- Financial for safety equipment, new equipment, process changes, training, etc.,
- Time for all employees to do their jobs safely, for training, safety meetings, committee meetings, etc.

5. Ensuring employee involvement:

- Recognizing employees for safety activities,
- Assessing the success of the safety process,
- Asking for employee suggestions and implementing their ideas.

VISIBLE, ACTIVE SENIOR
MANAGEMENT LEADERSHIP
WHY DO WE WANT IT?

1. Removes obstacles.

2. Lends credibility.

3. Gives authority and resources to get things done.

4. Establishes priority.

5. Expresses commitment or expectations.

6. Excellent programs + poor commitment = poor performance.

ORGANIZATIONAL GOALS □

GOALS: Long term continued expectations: outcomes.

Examples:

- Reduce workers' compensation claims
- Increase worker skills
- Improve profitability
- Educate employees

OBJECTIVES/TASKS: Steps to reach a goal: process.

Examples:

- Correct unsafe work practices
- Establish drivers training program
- Create an incident log
- Send staff to safety seminars

Goals, Objectives, Tasks = **PLAN OF ACTION**

ACHIEVABLE/REALISTIC: Employees need to believe in the goal, and believe they have the skills and resources to achieve it. What about **zero** accidents?

Management Support for Safety □

Management Should:

- Make safety decisions jointly with workers.
- Emphasize process measures of safety performance, such as numbers of observations, percent safety behavior, and number or percent of employees actively involved in the safety process.
- Ensure management visibility at safety meetings, in the field, and on the shop floor.
- Address employees' major safety concerns in a timely manner.
- Provide adequate education and training for all levels regarding safety initiatives.
- Celebrate safety milestones or destinations, being sure to stress the journey taken.
- Remove barriers to successful implementation of behavior-based safety.
- Provide employees with the time to conduct interpersonal observations and feedback.

Management Should Not:

- Make top-down decisions in safety without consulting relevant employees.
- Measure safety performance only by outcome numbers.
- Take on the role of the safety police.
- Encourage shortcuts, which increase risks.
- Punish employees who stop production to address a safety concern.
- Demonstrate a reluctance to relinquish its traditional power.
- Miss a safety meeting, which signifies that safety can be compromised.
- Do all the talking at safety celebrations.

From “Myths, Magic, Reality” by Earl Blair *Professional Safety* August 1999

SAFETY MANAGEMENT RESPONSIBILITIES □

Effective safety process management requires that all levels of the organization actively manage safety. Top executives must not only commit to the safety process but take an active role by providing strong leadership. Expectations for performance must be clearly defined.

TOP MANAGERS

“It is not enough for a manager to be committed. He must know what he is committed to. Action is required.” (Edwards Deming)

The top executives must make it clear that safety is important by holding midlevel managers accountable for activities and results. Here are some suggested activities for the company leaders:

- **Safety is on the agenda at every full staff meeting**
- **Periodic impromptu safety audits with supervisors and workers**
- **Hold managers accountable for safety goals and objectives**
- **Occasionally attend safety meetings and activities to show visible support**
- **Facilitate visioning and direction setting for safety**
- **See that the recognition and compensation systems support safe performance.**

MIDDLE MANAGERS

Since the process of safety is what yields quality results, these leaders must have a well defined role in the process. Making their performance evaluation, compensation an/or career path at stake should provide adequate motivation. The role middle managers play includes:

- Measure and reward supervisor activities
- Review the quality of safety observations and coach for improvement
- Safety improvement action planning based on observation and audit data
- Budget for losses and prevention costs
- Put safety on each staff meeting agenda
- Develop technical and soft skills for supervisors.

SUPERVISORS/TEAM LEADERS

It is likely that the front-line supervisors/team leaders will not take any new initiatives seriously until a safety accountability system is in place. Following are some suggestions for supervisors/team leader's activities:

- Individual safety contacts with staff
- Provide for education of staff
- Correct poor practices
- Involve the staff in area audits
- Participate in safety committee meetings
- Use Job Safety Analysis (JSA) techniques
- Investigate all incidents promptly and take effective corrective action
- Undertake special safety related projects
- Further your own safety knowledge

SAFETY MANAGEMENT RESPONSIBILITIES

- Utilize consistent, fair, and progressive discipline
- Respond to safety recommendations promptly
- Train people in specific areas of safety
- Conduct safety meetings
- Use positive reinforcement techniques
- Use Job Safety Observation (JSO) techniques
- Conduct job safety briefings at the beginning of the shift
- Safety orientation for new, transferred or temporary employees.

WORKERS

If leadership has all of this responsibility, what is expected of the workers?

- Participate in hazard audits and problem solving.
- Exhibit safe behavior.
- Confront at-risk behavior they are aware of.
- Offer suggestions to improve safety and health.

SAFETY STAFF

So what is left for the safety staff to do? Since line management is responsible for safety performance, the safety coordinator serves as an internal consultant.

- Define safety competencies.
- Be a technical resource to line managers and supervisors.
- Identify, interpret and communicate standards and regulations.
- Help with identification of training needs and the actual training.
- Check contracts for services prior to their being let and meeting with contractors prior to their rendering services.
- Check new equipment/processes prior to purchase and/or implementation.
- Coordinate safety data and records.

SAFETY PERFORMANCE

ACCOUNTABILITY

What gets measured gets done. The key to a manager's or supervisor's safety accountability includes four essential steps:

1. Define expectations and rationale,
2. Provide training and skills to do the job,
3. Measure performance, and
4. Reward performance, not results.

A formal accountability system provides the framework for planning and quantitative evaluation. Practical roles and expectations come in the form of safety objectives. Managers and supervisors earn points by performing different objectives throughout the year.

The following illustrates some popular safety objectives and associated point values.

SAFETY OBJECTIVES	Point Value <input type="checkbox"/>
per month <input type="checkbox"/>	
ACTIVITIES:	
3 safety observations per day-----	3 <input type="checkbox"/>
Analysis of near miss accident-----	2 <input type="checkbox"/>
Using recognition for safe performance-----	2 <input type="checkbox"/>
Job safety briefings used consistently-----	2 <input type="checkbox"/>
Safety discussion with each employee-----	2 <input type="checkbox"/>
Monthly safety audits with workers-----	1 <input type="checkbox"/>
Monthly safety meetings-----	1 <input type="checkbox"/>
Impromptu safety audits-----	1 <input type="checkbox"/>
DEVELOPMENT:	
Participation in soft skills training-----	7
Participation in safety technical skills training-----	4
ACTIONS:	
Inverse performance analysis-----	10 <input type="checkbox"/>
Involving workers in safety projects-----	2 <input type="checkbox"/>
Daily penalty for missing hazard correction deadline-----	-1 <input type="checkbox"/>
Penalty for each accident not analyzed-----	-3 <input type="checkbox"/>

Safety objectives are the practical things leaders do to manage the process of safety on a daily, weekly or monthly basis. Objectives fall into three general categories: activities, development and actions.

Activities are the things done on a regular basis that promote safe behavior, hazard identification and correction, or employee education.

Safety observations. Supervisors should be systematically observing the workforce for safe behaviors. The method is to plan to stop and observe people working several times per day for a short period of time. The object is to catch workers working safely and give them positive reinforcement for doing so. In the event a supervisor observes something unsafe, it is their obligation to provide coaching for improved performance.

Near-miss analysis. As much can be learned from a near-miss as a fatality. Any time a supervisor becomes aware of a near-miss, a proactive analysis should be done. The supervisor partners with the involved employee(s) to discover the system causes and then problem solve together.

Recognition for safe performance. The best way to motivate people to work safely is to provide positive reinforcement for the behavior. Any of various forms of recognition may be used to reward safe performance, not simply good results (no accidents). Ironically, the most effective form of reinforcement is also the cheapest; praise.

Job safety briefings. At the beginning of a work shift or job, the supervisor has the opportunity to include safety in the discussion of logistics, scheduling and other announcements in preparation for the day. The job briefing can be as simple as quizzing the workers about the common and uncommon hazards associated with the job of equipment and how they plan to avoid injury.

Safety discussions. Each month the supervisor can plan a five to ten minute, informal discussion with each employee about safety. A supervisor might be comfortable asking workers how they view the safety performance of the crew. He/she might take this time to do some coaching about safety knowledge a particular employee might need. The supervisor could even solicit ideas for making the department more safe. This is also a good time for positive reinforcement.

Safety meetings. Regular safety meetings are a good way for work groups to identify, evaluate and solve local safety issues. Safety meetings can include education and training as long as it is timely and meaningful, not a time to simply meet OSHA training requirements.

Impromptu safety audits. Unscheduled audits of a work environment help supervisors and workers get a better perspective of how safely a department operates day-to-day. It is often helpful to invite a high level manager and hourly workers to participate. Of course, findings must be turned into corrective action plans.

Development refers to professional growth in technical and/or people skills.

Soft skills development. Many supervisors and mid-level managers have been promoted for their technical knowledge and/or superior abilities to perform the work. With promotion comes new challenges that many supervisors have not ever been formally trained for; the ability to work with people. Soft skills like handling confrontation, creating a motivating environment, effective communication, empowering others, teamwork, etc., must be formally developed for maximum effectiveness.

Technical skills development. Learning more about the unique hazards in the work environment is essential for proactive safety. Leaders must broaden their knowledge of safety and accident prevention techniques in order to protect themselves and their workers. A supervisor may also get credit for developing these skills within their workforce.

Actions measures responsiveness to situations or actions taken to evaluate the safety process.

Inverse performance analysis. Management tradition holds that a supervisor's performance is best evaluated by their boss. However, what a person's peers and subordinates say about their performance is much more telling and useful. Periodically, a supervisor might formally ask for feedback about their safety performance. Others are permitted to anonymously respond to a list of pre-determined questions and provide ratings for this person's safety performance. The supervisor can then compare those results with their own rating. From there, an action plan for personal can be developed.

Involving workers in safety projects. One of the best ways to provide worker motivation for safety is to invite them to participate in the identification, evaluation and solution of safety problems. This approach fosters buy-in, ownership and teamwork.

Penalty for each accident not analyzed. Each supervisor is expected to partner with employees and perform a thorough accident analysis of each accident. The goal is to identify system and process level causes of the accident and take corrective action to prevent recurrence. Any accident that is not analyzed costs the supervisor valuable points.

Penalty for missing hazard correction deadline. Identification of problems and hazards may come from various sources. The critical issue is how effective is a supervisor or manager at abating the hazard to protect the workers. Once issues are identified, they should be prioritized in terms of their likelihood of resulting in an accident and the severity of the potential accident. The most likely and severe should have an immediate (1- 3 day) correction goal. For others less likely or severe it may be acceptable to correct them within 1 – 3 weeks as appropriate. Every time a supervisor or manager misses a corrective action deadline they lose 2 points per day that they are late. This establishes hazard correction as a high priority and forces supervisors to collaborate well with the maintenance department and other resources.

Other bonuses and penalties can be assessed throughout the rating period. For instance, a supervisor may lose a point for encouraging a worker to shortcut a safe work practice. Likewise, bonus points may be earned for getting the entire work crew to work on and complete a particularly tough safety project. Of course, for this system to work supervisor's bosses must be actively involved in establishing goals and actively managing the supervisors safety activity. Another job of the higher level manager is to ensure that the quality of the supervisor activities is satisfactory and to provide coaching when it is not.

ACCOUNTABILITY MEASUREMENT

SUPERVISOR'S SAFETY MEETING STANDARD

1. Supervisor will conduct 18 safety meetings during the year. _____
2. Meetings will be no longer than 15 minutes _____
3. Meetings will be held in the workplace on work time. _____
4. Safety Department will provide 12 of the 18 topics. _____
5. All production employees will attend. _____
6. Supervisor will provide answers to unanswered questions within 48 hours. _____
7. A meeting log showing subject and attendance will be kept. _____
8. Supervisor will score him/herself on each meeting using this standard. _____

SUPERINTENDENT'S SAFETY MEETINGS STANDARD

1. Superintendent will attend one safety meeting per calendar quarter conducted by each supervisor reporting to him/her. _____
2. Superintendent will score each supervisor observed based upon the supervisor's standard. _____
3. Superintendent will discuss exceptional ratings with supervisor. _____
4. Superintendent will assist supervisor in obtaining training materials as needed. _____
5. Superintendent will specify subjects to be covered as needed. _____

SUPERVISORY □
SAFETY □
PERFORMANCE □

The key to effective line safety performance is management procedures that fix accountability. Any line manager will achieve results in those areas in which he or she is being measured by management. The concept of “accountability” is important for this measurement, and the lack of procedures for fixing accountability is safety’s greatest failing. We have preached line responsibility for many years. If we had spent this time devising measurements for fixing accountability of line management, we would still be achieving reduction in our accident record.

A person who is held accountable will accept the given responsibility. In most cases, someone who is not held accountable will not accept responsibility-he or she will devote the most attention to the things that management is measuring: production, quality, cost, or any other area in which management is currently exerting pressure.

From: *TECHNIQUES OF SAFETY MANAGEMENT* by Dan Petersen

SAFETY & HEALTH ASSESSMENT SURVEY □

The Safety Committee is conducting a safety and health assessment survey at our facility. We have a legal and moral responsibility to provide you, our employees, clients and customers with a workplace free of recognized safety and health hazards.

By taking a few minutes to fill out this survey, we will be better able to uncover areas of concern common to the company and to anyone who utilizes our services. The survey also will help us quantify your concerns for safety. A summary of our findings will be made available to your safety representative or manager. Please answer the following statements. Add any comments you want to make at the end of the questions.

PLEASE RETURN TO THE OFFICE SECRETARY BY _____

President

SAFETY & HEALTH ASSESSMENT SURVEY

Please place a check mark in the appropriate department, shift and classification that best describes you.

<u>Department:</u>	<u>Shift:</u>	<u>Position:</u> <input type="checkbox"/>
Production .	1 st .	Hourly . <input type="checkbox"/>
Warehouse .	2 nd .	Supervisor . <input type="checkbox"/>
Maintenance .	3 rd .	Management . <input type="checkbox"/>
Sales/Marketing . <input type="checkbox"/>		
Office . <input type="checkbox"/>		

Please check the box to the right of each question below that best describes your belief.

- | | Strongly
Agree | Agree | Don't
Know | Strongly
Disagree | Disagree |
|--|-------------------|-------|---------------|----------------------|----------|
| 1. I received adequate job safety training | | | | | |
| 2. Safety is considered important by management | | | | | |
| 3. Safety committees/teams are supported | | | | | |
| 4. I am familiar with the costs of the safety program | | | | | |
| 5. I know the safety goals for my department | | | | | |
| 6. My supervisor/manager is concerned about safety | | | | | |
| 7. I am encouraged to work safely | | | | | |
| 8. I think my supervisor/manager needs more safety training | | | | | |
| 9. I feel comfortable initiating actions to correct hazards | | | | | |
| 10. I can see a good future for myself working here | | | | | |
| 11. My supervisor is supported in efforts towards safety | | | | | |
| 12. Drug/Alcohol abusers are able to work here undetected | | | | | |
| 13. I feel that our safety rules protect me | | | | | |
| 14. I understand how my behavior affects the safety program | | | | | |
| 15. Employees often caution others about unsafe acts | | | | | |
| 16. Random checks are made to monitor safe behaviors | | | | | |
| 17. Safety hazards are overlooked to get the job done | | | | | |
| 18. I work safer now that I am working for this employer | | | | | |
| 19. Our safety committee has the power to change things | | | | | |
| 20. I have no fears about voicing concerns for my safety | | | | | |
| 21. Supervisors/Managers regularly request input from workers on safety concerns | | | | | |

EMPLOYEE SAFETY SURVEY □

1. Considering everything, how would you rate your overall safety satisfaction with your employer at the present time?

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

2. How do you rate your job and the kind of work that you do?

- Very good
- Good
- Average
- Poor
- Very poor

3. The working conditions here can be described as:

- Very good
- Good
- Average
- Poor
- Very poor

4. The policies of my employer support a safe work environment.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5. Do new employees receive safety training?

- Yes No Don't know

6. Does your employer have a written safety policy?

- Yes No Don't know

7. Is there a procedure for employees to follow in order to let management know about safety problems?

- Yes No Don't know

8. Is there an accident investigation procedure that is followed after accidents?

- Yes No Don't know

9. Is there a safety team or safety committee at your workplace?

- Yes No Don't know

10. How involved are the employees in safety issues?

- Always involved
- Often involved
- Sometimes involved
- Not often involved
- Never involved

11. What impact would you say that the employees have in the area of safety?

- Very strong impact**
- Strong impact**
- Some impact**
- Very little impact**
- No impact**

12. Is there a safety suggestion program?

- Yes** **No** **Don't know**

13. If there is a safety suggestion program, have you used it in the past year?

- Yes** **No** **Don't know**

14. If you made a safety suggestion, was there a follow-up by management or the safety committee?

- Yes** **No** **Don't know**

15. To what extent do you feel that top management of this organization is committed to creating safe working conditions?

- Very strongly committed**
- Strongly committed**
- Committed**
- Weakly committed**
- Not committed**

16. What is the level of trust between employees and management?

- Very high**
- Somewhat high**
- Largely indifferent**
- Somewhat low**
- Very low**

17. What is the overall level of communication between yourself and your immediate supervisor?

- Very high**
- Somewhat high**
- Largely indifferent**
- Somewhat low**
- Very low**

18. I am proud to be working here.

- Strongly agree**
- Agree**
- Neither agree nor disagree**
- Disagree**
- Strongly disagree**

19. I am willing to put in a great deal of extra effort beyond that normally expected in order to help my employer be successful including serving on a safety committee.

- Strongly agree**
- Agree**
- Neither agree nor disagree**
- Disagree**
- Strongly disagree**

20. I feel I have a responsibility to support the safety program and make safety part of my job.

- Strongly agree**
- Agree**
- Neither agree nor disagree**
- Disagree**
- Strongly disagree**



PLAN OF ACTION

		Employer	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					
BWC Assessment:				Date:	Meets
					Below

STEP 2. **EMPLOYEE INVOLVEMENT AND RECOGNITION**



- ◆ provide employee participation opportunities
- ◆ establish a program to identify and recognize employees for participation in or excellence in accident prevention

Employee Involvement

Examples of employee involvement include, but are not limited to:

- Participating on safety and health committees, joint labor-management committees, and other advisory or specific purpose committees, if otherwise lawful and appropriate;
- Conducting site inspections, safety and health audits, job hazard analyses, and other types of hazard identification;
- Developing and using a system for reporting hazards;
- Developing and revising safety and health rules and safe work practices;
- Participating on workplace teams charged with identifying root causes of accidents, incidents or breakdowns;
- Implementing controls to eliminate or reduce hazard exposure;
- Collecting samples for monitoring;
- Making presentations at safety and health meetings;
- Delivering training to current, transferred and newly hired employees; and
- Participating in safety and health program reviews.

FROM: OCCUPATIONAL SAFETY AND HEALTH

SAFETY COMMITTEE/TEAM

I. What is it?

A. A group that aids and advises both management and employees on matters of safety and health.

II. Why a committee?

A. Groups typically produce better ideas, and more creative problem solutions than individuals working alone.

B. Group-based solutions or decisions lead to more commitment and enthusiastic involvement than individual solutions or decisions handed down.

III. Purpose of a committee?

A. Employee participation.

B. Group decision making.

C. Bottom Line: Elimination and reduction of injuries and illnesses.

IV. What is the purpose of your committee? (What is it that you have come together to do?)

A. Purpose must be clear and meaningful to the members.

B. Members must feel the time is significant to themselves and the organization.

C. Purpose should be defined in a written statement.

V. Authority?

A. Make recommendations.

1. To whom?

B. Direct action/Policy making.

VI. Membership?

- A.** Recommend joint employee and management committee, equally balanced.
- B.** Each department should be represented.
- C.** Rotating membership of employee reps.:
 - 1. At least one year terms - must have time to feel part of committee.
 - 2. Staggered rotation.

VII. Support?

A. Resources:

- 1. Time: meeting attendance, assignments/projects, meet with employees they are representing, etc.
- 2. Money: training, equipment, videos, speakers, project expenses, etc.
- 3. People: encourage and reward member participation.

VIII. Responsibilities?

A. Chairperson:

- 1. Chairs/Facilitates meetings.
- 2. Prepares agenda.
- 3. Assign members projects/tasks.
- 4. Reviews, approves, and signs minutes before they are sent.

B. Secretary:

- 1. Takes notes during meetings.
- 2. Take roll call.
- 3. Prepares minutes.
- 4. Presents minutes to chairperson for review and signing.
- 5. Distributes minutes:
 - a. Members.
 - b. Mgmt., Dept. Heads, Elected Officials.
 - c. Copies to be posted for employees.

C. Members:

1. Set an example of safe behavior.
2. Have an interest in safety and health and be willing to demonstrate through attendance and participation in meetings.
3. Complete or follow-up on assignments or projects.
4. Be attentive to the needs of the people that you represent, you are their voice on the committee. Seek their input.

IX. Problems?

- A. Safety being viewed as negative which discourages people's involvement.
- B. It's the safety coordinator's job.
- C. Members being silent during meetings but complaining to co-workers afterwards.
- D. Attendance.
- E. Completion of assignments.
- F. Lack of follow-up.
- G. Issues that are not safety issues.
- H. Communication/Feedback:
 1. Member to member.
 2. Member to those they represent.
 3. Committee to mgmt. and mgmt. to committee.
- I. Seven Ground Rules for Effective Meetings.

Seven Ground Rules Promote Effective Team Meetings

1. Everyone participates.

Team members must be more than observers. Active participation comes with the territory. This means always being prepared for team meetings and problem-solving discussions. Sometimes it means learning new things and taking on extra responsibilities.

2. Strive to be completely informed.

Team members actively listen during team meetings to know exactly what's going on. They openly ask questions about anything they don't fully understand. An informed team member contributes more to the team.

3. Every idea counts.

Team members listen with respect to everyone's ideas regardless of how silly it might seem at first. With opportunity to grow, the strangest sounding belief or notion can be the seed for creative invention.

4. No barbs or put-downs.

Team members show respect for each other. They don't say anything that could hurt someone's feelings or limit the involvement of others. They always treat others as they want to be treated.

5. Follow through on commitments and meet deadlines.

Keeping promises builds interpersonal trust. Meeting commitments and deadlines assure team progress. This includes showing up for *all* team meetings on time. □

6. Support Team Decisions.

Team members voice their concerns during decision-making discussions because in the end they realize they must support a team decision.

7. Think win/win interdependency.

Team members want everyone to win. Synergy depends on everyone contributing individual talents for the good of all. So it's "we" (not "I") did it and "we" (not "I") won.

ABC COMPANY

Safety Committee Meeting

Date: _____

I. Attendance

II. Old Business - Reports on Assignments, Projects, Audits

III. New Business

1. Near miss reports

2. Accident reports

3. Safety suggestions

4. Workers' Compensation update

5. New Respiratory Protection standard

IV. Open Discussion

V. Who does what, when?

VI. Conclusion

VII. Next meeting

Safety Committee

Follow-up Action Plan

Date: _____

Action Item	Person (s) Responsible	Resources Needed	Completion Date	Recommendation
1.				
2.				
3.				
4.				

RECOGNITION □

QUOTES:

William James, an early American psychologist wrote “the deepest principle in human nature is the craving to be appreciated.”

John Dewey, founder of the field of school psychology, claimed “the deepest urge in human nature is the desire to be important.”

Dale Carnegie advocated that the way to win friends and influence people is to “always make the other person feel important.”

PRAISE:

Focus praise on performance, not on personal qualities.

Make praise authentic. Truly mean it and give it when deserved.

Praise often enough to keep up morale, but not so often that it is expected.

Understand how praise affects each individual that you supervise.

RECOGNIZE:

Not everyone will earn “Employee of the Year”. You need to learn to recognize those who work consistently with good results.

NEGATIVE REINFORCEMENT:

Punishment is not an effective means of encouraging employee performance.

POSITIVE REINFORCEMENT:

Supporting good performance through positive reinforcement is a more effective way of letting employees know the level of job performance you expect. Even an employee who is having trouble on the job must have one or two small successes. Point these out and talk with the employee about how she or he can extend the same level of performance to other aspects of the job.

SAFETY INCENTIVE PROGRAMS

Traditionally safety incentive programs have been based on outcomes or downstream results. If you work so many days without an injury or lost time injury, you will be rewarded. This approach has had little impact on long-term injury reduction or accident cost reduction.

Consider the following:

- Working for a period of time without an injury and you will be rewarded is an incentive to not report injuries.
- Not specifying what needs to be changed to improve the safety process, leads to downstream results largely dependent on chance or luck.

In Bill Sims Jr.'s article "Safety Incentive Programs: The Secrets of Success", from the March 1999 issue of Compliance Magazine, he discusses specific behaviors that employees should engage in to be rewarded:

As part of a growing trend toward behavioral safety techniques, many firms choose to reward safe behaviors. In a program focused on proactive behavior, companies reward upstream behaviors that ultimately produce a good safety record. Examples of these behaviors include making safety suggestions, identifying close calls, achieving behavioral safety goals, attending safety meetings and assisting with inspections. These programs produce solid results in long-term safety improvement.

Suggestion System Checklist

Yes answers to the questions in the following checklist indicate you are probably getting the most out of your employee suggestion system. Each no answer suggests a way to improve your system's effectiveness.

	Yes	No
Do you have stated goals for your suggestion system? (such as improving productivity, sales, morale, customer relations, safety)?	?	?
Do you actively solicit suggestions from employees?	?	?
Are there written procedures on who is eligible to participate?	?	?
Is submission easy (accessible boxes, simple forms, etc.)?	?	?
Are suggestions reviewed promptly?	?	?
Are there appropriate rewards for accepted suggestions?	?	?
Are "rejections" explained?	?	?
Do you publicly commend winning ideas and their submitters?	?	?
Do you periodically review your system to see if it is meeting your goals?	?	?



PLAN OF ACTION

	Employer	Policy Number		
Step 2 – Employee	Plan of Action		Person Responsible	Completion Date
	Describe:	a) doing now	b) improvements to be made	
Involvement and recognition				
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				
BWC Assessment:			Date:	Meets
				<input type="checkbox"/>
				Below
				<input type="checkbox"/>

STEP 3.

Medical Treatment and Return-To-Work Practices

- ◆ inform employees of procedures for obtaining medical treatment, including informing employees of the selected managed care organization (MCO)
- ◆ immediate reporting of injuries and illnesses to a supervisor



- ◆ regular communication with injured or ill employees who are off work
- ◆ investigation of all injuries or illnesses within 24 hours to identify processes and corrective measures

STEP 3.

Medical Treatment and Return-To-Work Practices -- continued

- ◆ 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



PROCEDURES AND INSTRUCTIONS FOR ON-THE-JOB INJURIES

1. All work related injuries, including incidents where no medical treatment or time off is needed at that time, must be reported by the employee to his/her supervisor immediately following the incident, but no later than the end of that shift.

Failure to do so will be cause for disciplinary action and may jeopardize any workers' compensation claim filed later. Further, the Company will not certify such claim to the Bureau of Workers' Compensation.

All injured employees must complete an Injury/Accident/Incident Report immediately following the incident. All injuries that require medical treatment will be fully investigated by the supervisor.

2. An employee injured on the job should seek medical treatment from a medical provider within our Managed Care system. While ensuring the employee's right to choose his/her medical provider, the company will direct all injured employees to the following designated provider for prompt medical attention and/or referral to an appropriate specialist. **Our primary concern is to ensure that the employee receives prompt medical attention.**

3. All employees must report to the Personnel Office **immediately after receiving the initial medical treatment** to submit the Physician Report Form. The only exception is a medical condition that prevents your return, and in that case a phone call is required. Medical proof of the exception will be required upon return to work.

In cases of ongoing medical treatment, it is the employee's responsibility to keep the Personnel Office updated with all subsequent medical appointments.

4. Any employee who is unable to return to his/her regular work will be assigned to alternative or light duty work within prescribed medical restrictions based on availability of duties and physical capabilities of the injured worker.

I hereby certify that the above company policy procedure and instructions for work related injuries/diseases has been explained to me. I fully understand this policy and certify that I will follow the policy to the fullest extent. I hereby acknowledge receipt of a copy of this policy.

Employee Signature

Signature of Witness

Date: _____

Date: _____

**FROM □
FAULT FINDING □
TO FACT FINDING □**

INCIDENT: An injury occurred when an employee slipped on a metal plate covering a large hole on scaffolding three stories above a concrete floor. The worker fell through the hole, and would have fallen three stories were he not able to throw out his arms and catch himself on the sides of the hole. He suffered painful cuts and scrapes, but obviously the injury could have been much worse.

TRADITIONAL ACCIDENT INVESTIGATIONS REPORT

- Caused by the welder who failed to secure the metal plate over the hole.

SYSTEMS-LEVEL, FACT-FINDING INCIDENT ANALYSIS:

- What were the management demands that led to careless work by the welder?
- How many individuals had stepped on the plate, noticed that it was loose, and did not report the near miss? (The investigation revealed that numerous employees had been aware of the loose plate.)
- What factors prevented employees from reporting their near miss with the loose plate?
- What process should be put in place to facilitate observing, reporting, and correcting environmental hazards like the one contributing to this injury?

From: *Working Safe* by E. Scott Geller

EMPLOYEE ACCIDENT REPORT

Section I – Employee Information

Employee Name: _____ Social Security #: _____

Date of Accident: _____ Time: _____ AM PM

Job Title: _____ Department: _____

Employee Address: _____
Number Street City State Zip

Phone: _____ Date of Birth: _____ Sex: Male Female

Does employee work anywhere else? Yes No If Yes, where _____
Name of other employer(s)
Address: _____ Phone: _____

Date accident reported to Supervisor: _____ If accident was not reported within 24 hours, why late? _____

Supervisor accident was reported to: _____ Title: _____

Was injured employee performing regular job at time of accident? Yes No

Length of service with this employer: _____ On this job: _____

Time shift started: _____ AM PM Overtime? Yes No

Did Employee leave work early due to accident? Yes No Time left _____ AM PM

Date returned: _____ Time returned: _____ AM PM

Is this a recurrence of a previous work related injury? Yes No Original date of injury: _____

Fatality? Yes No If Yes, date of death: _____

Section II – Injury Details and Employee Statement

Treating physician name: _____ Facility name: _____

Address: _____ Phone: _____
Number Street City State Zip

How was employee transported? _____

Part of body injured? (i.e. left thumb, right upper arm, etc.) _____

Nature of injury? (i.e. cut, burn, etc.) _____

Where did accident happen? (exact physical location) _____

Was a customer or vendor involved? Yes No If Yes, name and phone number: _____

Witness: (name and phone number) _____

Employee's Statement: (What happened, what you were doing, tools or objects involved, etc.)

Employee Signature: _____ Date: _____

Section III – Machinery / Equipment Involved

Was there equipment failure which caused the injury? Yes No *If No, skip to Section IV*

Manufacturer: _____ Age of equipment: _____

Serial No.: _____ Model: _____

(1) Function: _____

(2) Location: _____

(3) Has equipment been modified? Yes No If Yes, when? _____ By whom? _____

(4) Did equipment have guards in place? Yes No If No, who removed them? _____

(5) Was guarding properly
 Constructed? Yes No
 Installed? Yes No
 Adjusted? Yes No

If No, to any of question 4 or 5 above. Explain: _____

(6) Describe mechanical failure: _____

Training Involved

(7) Did employee receive specific training relating to safety and health on the job being performed or equipment used? Yes No

(8) Type of training: _____

(9) Instructed by: _____

(10) Date of instruction: _____ Length of training: _____

Specific action that will be taken due to items 1 – 10 above

Item #	Action to be taken	Person Responsible	Target Date <input type="checkbox"/>

Section IV – Employer’s Statement & Signatures

Have Witness Statements been obtained? Yes No
 Supervisor’s / Safety Manager’s description of accident, understanding of how accident occurred, if different from employee’s statement, opinion on what additional actions should be considered, etc.

Completed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by Personnel: _____ Date: _____

12/99

**RETURNING AN INJURED EMPLOYEE BACK TO WORK
QUICKLY CAN SAVE YOUR COMPANY MONEY**

Scenario: An employee injures his back lifting a 50-pound box. The physician says the employee cannot lift boxes for at least 4 weeks.

Options: Most companies would let the worker stay off work for the entire 4 weeks. **This action can cost the employer up to \$12,500!** A better alternative is to have the worker return to work with transitional job duties. This can save the company money. How?

Let's say that the direct medical costs for the back injury (doctor's visit, x-rays) are \$500. After 7 days off work, the injury is classified as a "lost-time claim". Allowing the employee to remain off for 4 weeks will cost the employer \$500 (direct medical costs), **plus** "wage loss" [\$2,000 (100/day times 20 workdays)], **plus** the workers' compensation regulations require a "reserve" be set on all lost-time claims to cover future expenses (\$10,000 [5 times the wage loss already paid]).

The employer, by not having a progressive return-to-work program, **has incurred a \$12,500 liability** for one back injury.

The better alternative is to have the employee return to work in a transitional job setting; one where he does not have to lift anything. This is not a "make-work" situation. The employee should be productive. The employee will immediately see through any make-work job. By having the employee return to work in less than 8 days, the injury remains a "medical only" claim with no wage loss or reserve costs incurred.

GUIDELINES FOR DEVELOPING AND IMPLEMENTING A RETURN-TO-WORK POLICY

1. **Organize a return-to-work team** – (group) to coordinate information and support for rehabilitation of injured employees. Groups can cross-feed information on job positions available within the company. Group should include the case management coordinator, health care provider, safety director and union representative.
2. **Analyze tasks** – to identify what tasks can be done differently and easier. Look at ways to redesign the job. Video taping can help analyze work flow, and can assist the medical provider in determining if the injured worker can return to that particular job.
3. **Develop alternative work assignments** – this can be the worker’s original job with modifications, reduced hours or a combination of the original job and tasks from other operations. The alternative work should be temporary, with the employee’s understanding that he/she improves medically; these alternative tasks will be reduced and eliminated.
4. **Implement loss prevention activities** – before the injury occurs and make modifications to the task. Ask the injured employee how to best modify the operation to reduce or eliminate the hazards.
5. **Educate everyone** – explain the return-to-work policy to all employees. Let them know these policies were developed to keep the valuable employee in the company. Make sure employees understand what to do if they are injured and how they will be treated. Supervisors must be trained to support the company’s return-to-work policy, and should contact off-work employees on a weekly basis.

SUGGESTED PROCEDURES TO IMPLEMENT RETURN-TO-WORK PROGRAM

- **Employee injured** – injury reported immediately to supervisor and accident report completed including witness statements.
- **Initial medical treatment** – injured worker is either transported or goes on his/her own to a BWC certified medical provider – preferably one who is part of the employer’s MCO.
- **Medical documentation provided to employer** – employer requests from the MCO medical documentation to include at a minimum: diagnosis, current physical restrictions, anticipated medical treatment plan and estimated return to regular work duties. Employer also can contact their BWC claim representative for help in obtaining the medical documentation.
- **Physical restriction received from MCO/Attending Physician** – employer develops a transitional work job description which is sent to the physician for approval. When attending physician authorizes transitional work, employee is placed on a work schedule. If necessary, a registered letter is sent to the injured worker offering the transitional work and setting a deadline for reporting to work. Medical documentation is to be updated every two weeks concerning ongoing restrictions, diagnosis and estimated return to the former job.
- **Employee refuses transitional work** – employer immediately notifies BWC claims representative and files a motion with the BWC to deny compensation based on refusal of suitable employment within the employee’s physical restrictions. At the employer’s discretion, disciplinary action may be taken.

Transitional Work

What is a transitional work program?

A transitional work program uses real job duties to accommodate injured workers' medical restrictions for a specified time period – generally not exceeding two to three months – to gradually return them to their original job. It includes company analyses and job analyses of the employees' job tasks, labor-management collaboration, program-policy development and program evaluation for effectiveness. Also, the program may include on-site therapy tailored to the injured worker.

What are the benefits of Transitional WorkGRANTS?

Transitional WorkGRANTS can help your company lower its direct and indirect human resources costs.

Fact: National statistics show indirect costs for a workplace injury that becomes a lost-time claim are four times greater than any direct claim expense. These costs include decreased productivity, hiring and training replacement expenses, overtime for loss of work, legal bills and loss of morale, business and customer goodwill. The costs to your injured worker are even greater.

BWC's Transitional WorkGRANTS program is safely returning injured workers to jobs sooner. New research findings indicate the program helps Ohio's employers save money and time with less days off work, due to workers' compensation injuries and/or occupational diseases.

A study, conducted by BWC's research department, showed that employers who had used Transitional WorkGRANTS saved, on average, \$1,136 in compensation paid by BWC for each approved workers' compensation claim. The Transitional WorkGRANTS employers also saved, on average, \$139 in medical costs per claim.

Returning an injured worker to the job as soon as safely possible before the worker is 100-percent recovered, lowers your workers' compensation costs and improves your bottom line. It's a guaranteed return on your human resources investment and your most valuable asset – your employees.

What is Transitional WorkGRANTS?

BWC's Transitional WorkGRANTS program provides up to 80 percent of your program development costs up to a set limit, if you're eligible. Your remaining 20-percent investment could save you thousands of dollars in disability costs.

The Transitional WorkGRANTS program is funded through the Ohio State Insurance Fund and the grant money is paid directly to employers.

Transitional WorkGRANT\$

Governor Bob Taft • Administrator/CEO James Conrad

Ohio Bureau of Workers' Compensation

Lower your workers' comp costs...

Transitional WorkGRANT\$: *a positive return*

The Ohio Bureau of Workers' Compensation (BWC) recognizes the best claim is the claim that never happened because the injury was prevented. That's why safety is our first priority. However, safety alone is not enough. New claims management strategies begin with an aggressive five-point program that establishes new relationships with doctors and medical providers, rewards employers who run a safe workplace and opens new opportunities for those injured on the job. One of the five-point strategies to help injured workers remain at work or return to work is Transitional WorkGRANT\$.

What is Transitional WorkGRANT\$?

BWC's Transitional WorkGRANT\$ are designed to help you develop a transitional work program that's right for your business and your employees. Returning an injured worker to the job as soon as safely possible before the worker is 100 percent recovered, lowers your workers' comp costs and improves your bottom line. It's a *positive return* on your human resources investment and your most valuable asset — your employees.

What is the maximum amount for Transitional WorkGRANT\$?

The Transitional WorkGRANT\$ program can provide **up to 80 percent of the program development costs up to a maximum, based on the number of employees and job analyses conducted.** For example, an employer with fewer than 50 employees could receive a maximum of \$2,600. The employer's remaining 20 percent investment could save thousands of dollars in disability costs. That's a *positive return* not only for your injured workers, but also for your company. Transitional WorkGRANT\$ are funded through the State Insurance Fund and are paid directly to you.

What is a transitional work program?

A transitional work program uses real job duties for a specified time period to gradually return the injured worker to the worker's original job. The program's components include company analyses and job analyses of the employees' job tasks, labor-management collaboration, program-policy development and program evaluation for effectiveness.

Who is eligible for Transitional WorkGRANT\$?

To be eligible for the grant, active private and most public employers must use a BWC-accredited transitional work developer to design an on-site transitional work program for its injured workers. Transitional work developers will design a program that's right for your company and your employees.

What are the benefits of Transitional WorkGRANT\$?

Transitional WorkGRANT\$ can help your company lower its direct and indirect human resources costs. Fact: National statistics show indirect costs for a workplace injury that becomes a lost-time claim are **four times greater** than any direct claim expense. These costs include decreased productivity, hiring and training replacement expenses, overtime for loss of work, legal bills, and loss of morale, business and customer goodwill. The costs to your injured workers are even greater.

How does participating in transitional work programs help injured workers?

Injured workers may recover more quickly and participate in work activities as soon as they're medically able. They may experience a smoother transition back to regular duty and feel improved self-esteem in spite of the workers' medical conditions. They'll receive a full, regular paycheck and maintain their coworker and management relationships.

Where can I get more information on Transitional WorkGRANT\$?

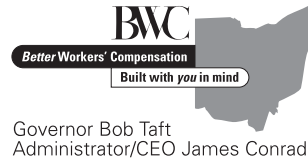
Ohio employers can access transitional work developer information on BWC's Web site at **www.ohiobwc.com**. For further information on Transitional WorkGRANT\$, contact your local BWC employer services specialist.

BWC is here to help you control workers' comp costs and return your employees to the job safely.



Transitional WorkGRANT\$-EZ

For small business - It's easy



Meeting the needs of all Ohio employers and that includes you — the small employer — is of utmost importance to the Ohio Bureau of Workers' Compensation (BWC). Small businesses and BWC recognize the best claim is the claim that never happens because just one claim can significantly impact your workers' compensation premiums. One way to help injured workers of small employers remain at work or return to work is through transitional work.

What is Transitional WorkGRANT\$ - EZ?

BWC's Transitional WorkGRANT\$ - EZ is designed to assist small employers who have active workers' compensation coverage develop a tailor-made transitional work program. Returning an injured worker to the job as soon as safely possible before the worker is 100 percent recovered, lowers your workers' compensation costs and improves your bottom line.

What is transitional work?

Transitional work offers personalized job accommodations for your employees in helping them remain or return to work sooner. Transitional WorkGRANTS - EZ includes a company description, employee and/or union support, policies and procedures, management and staff training, and community health-care providers.

What is the maximum grant amount through Transitional WorkGRANTS - EZ?

Transitional WorkGRANT\$ - EZ can provide up to \$2,600 in grant money that includes reimbursing employers \$160 for each job analysis performed. The grant is paid to you. You may direct your grant to the services that most benefit your company's business operations.

Who is eligible for Transitional WorkGRANT\$ - EZ?

To be eligible for a grant, you must have between one and 49 employees, be an active state-fund employer and use a BWC-accredited transitional work developer to design an on-site transitional work program that is tailored specifically to meet the unique needs of your small business. BWC will provide you with a list of accredited developers.

How does BWC assist a small employer in taking advantage of the program's components?

BWC's re-employment advisor, while working with your managed care organization, will provide your small business with the assistance necessary to develop a successful transitional work program. To make it easier, you may use BWC's model of sample policies and procedures, or you may use your accredited BWC transitional work developers to customize your company's policies.

Employee input and/or union support are essential for any changes in a company's work culture. If barriers are identified between labor and management, BWC's small business advocate is available to assist you in overcoming these barriers.

How is Transitional WorkGRANT\$ - EZ a win-win for everyone?

Transitional WorkGRANT\$ - EZ is designed specifically for small employers, and that offers you more flexibility in adopting a program to positively impact your bottom line. In particular, this program gives you an opportunity to take advantage of individualized training for you and your employees on how to identify and develop transitional work tasks. Your transitional work developer will design this specialized training.

Working with your developer, you'll also establish a closer relationship with health-care providers who will respond immediately to your injured workers' concerns and understand your business operations. In addition, your developer may arrange company visits to help area providers better understand your business operations.

We'll make it as easy as possible for you. No matter what size your company may be, your developer will help create alternative work solutions to assist you in implementing Transitional WorkGRANT\$ - EZ. Your grant may also pay for other services, such as additional job analyses.

How do I get started with Transitional WorkGRANT\$-EZ?

It begins by completing an application. On Nov. 1, 2003, BWC will accept applications for Transitional WorkGRANT\$ - EZ by fax at (614) 621-1118 or by mail to: BWC, Transitional WorkGRANT\$ Program, 30 W. Spring St., 22nd floor, Columbus, OH 43215-2256. Applications and program information are available on BWC's Web site at ohiobwc.com and through BWC's customer service offices. For more information on Transitional WorkGRANT\$ - EZ, e-mail twgfeed@bwc.state.oh.us.

BWC is here to make workers' compensation as easy as possible and return your employees to the job safely.

Transitional
WorkGRANT\$-EZ



PLAN OF ACTION

		Employer	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.				
BWC Assessment:				Date:	Meets <input type="checkbox"/> Below <input type="checkbox"/>

STEP 4. COMMUNICATION

- ◆ quarterly written and/or verbal feedback to all employees on their accident-prevention performance
- ◆ a process for upward and downward communication throughout the organization
- ◆ communication can include memos, bulletin boards, staff and general meetings
- ◆ feedback should include the organization's overall safety and health performance



TELL IT LIKE IT IS... AGAIN AND AGAIN AND AGAIN

The key to success in real estate is said to be “location, location, location!” In all other business, the key is “communication, communication, communication.”

Often, communication problems are perceived as “information gaps,” which, in reality, do not exist. When management does not provide timely, accurate information, employees fill the gap with their own—the notorious grapevine. Unfortunately, the grapevine often conveys “unfacts” and negative information. Or, when the information is correct, management has been “beaten to the punch,” which reduces its credibility.

Within the current “no news is good news” business communication paradigm, managers cannot positively impact employee attitudes. Such an approach allows the grapevine to flourish and guarantees that employees will remain uninformed, skeptical and uninspired. To positively impact employee attitudes, managers must share information in a timely, objective manner. Even bad news provided on a timely basis is better than no information. People would rather be “in the know” than “in the dark.”

From: **PROFESSIONAL SAFETY**, June 1997, “12 Totally ‘Unlegal’ Ways to Slash Workers’ Compensation Costs”.

Communication

“A program of regular communications on safety and health issues to keep all employees informed and to solicit feedback and suggestions.”

Communication includes:

- Quarterly written or verbal feedback (or both) to all employees on their accident prevention performance.
- A process for upward communication as well as downward and throughout the organization.
- Tools for communication, which could include memos, bulletin boards, staff and general meetings.

IMPLEMENTATION

- Two-way street between the employer and the employees.
- To be effective, “bottom-up” communications must be incorporated into your safety system.
- Encourage employees to share their ideas and concerns on safety and health matters.
- Ask them for their input in problem-solving.

Best accident prevention ideas come from discussions with employees. Safety professionals realize that employees are close to the problems of the work place and, therefore, are extremely valuable in helping to solve problems and generate solutions.

- **If you have languages other than English spoken in your facilities, you must ensure that all safety and health communications are provided to employees in the language they understand. In addition, some employees may not read and require verbal communication.**
- Encourage employees to inform you of accident prevention problems at the work site without fear of reprisal. It is crucial that a system of open, honest and trusting communications be developed and nurtured in order for a safety culture to exist.

Ways to enhance your communication process

- **Discussion method** - involves the supervisor or foreman sitting down with each employee on a regular basis to discuss safety concerns, suggestions, and ideas.
- **Informal method** - involves an “open door” policy when it comes to employee safety and health concerns. Inform employees that the accident prevention coordinator or a supervisor is available to confidentially discuss their safety and health questions, problems and suggestions.
- **Suggestions** - involves establishing a safety and health suggestion program. Install a safety suggestion box in the work area. Some companies provide a form for employees to use when submitting their suggestions. Employees should not be required to sign their name to their suggestions.
- **Safety meetings** - provides an opportunity for supervisors and employees to discuss safety issues.
- **Written communications** - it is important to confirm in writing key information. Information can be of three types: motivational, developmental or informational.
- **In-house company newsletter** - many companies have an in-house company newsletter where the accident prevention information is provided on a regular basis.
- **Safety and health booklets** - give to employees at work or mail to their homes.
- **Accident alert notices** - use to inform employees of causes for accidents and how they can be prevented. Discuss the alert notices with employees, post notices on the safety bulletin board, or send to individual employees.
- **Postings** - there are two types of postings:
 - Safety bulletin boards - used for posting safety related policies, notices, articles, meeting schedules, meeting minutes, memos, etc.
 - Safety signs - a constant reminder of safe work practices, dangerous conditions, and special precautions. Safety signs are often posted on machinery, entrances to work areas, and in high hazard areas.

Safety Signs and Labels

Signs and labels have been and continue to be an important communication method for safety information. In the safety hierarchy, the third priority is the use of warning signs. The objective is to reduce the number of loss producing incidents to people and property by telling people where a potential hazard exists so they can void the hazard. To insure uniformity in signage the American National Standards Institute has established rules to guide users of signs and labels to the most uniform and effective way of sign and label construction. The visual and colorful nature of signs and labels helps to deal with non-English speaking employees as well as color blind employees.

What about colors in the communication process:

- The color red identifies:
 - a. Fire protection equipment;
 - b. Danger;
 - c. Emergency stops on equipment.

- The color yellow identifies:
 - a. Slipping or falling hazards;
 - b. Flammable liquid storage cabinets;
 - c. Material handling equipment;

- The color green identifies:
 - a. First-aid equipment;
 - b. Safety equipment.

- The color orange identifies:
 - a. Movable guards;
 - b. Power transmission guards.

- The colors black and white identify:
 - a. Housekeeping issues;
 - b. Traffic markings;

- The color blue identifies:
 - a. Non-safety information (Generally Notice heading).

Pictorial signs and labels are gaining in recognition and are used more frequently because they not only show the nature of the hazard but the consequences of being involved with the hazard. They also have a wide range of understanding, especially when used with written warnings.

Examples of pictorial signs and labels are:

- Mechanical hazards;
- Fire hazards;
- Chemical hazards;
- Explosion hazards;
- Electrical hazards.

Fire extinguisher labels are not only showing the ABC & D designations, but pictorials and color to help the user choose the correct extinguisher for the type of fire being encountered.

Signs and labels may direct the flow of traffic, warn about hazardous machines chemicals or environments and provide other information to promote safe work practices. You as an employee should know where the signs and labels are located, what they mean and follow their guidance to ensure your time in the work environment is a safe one.

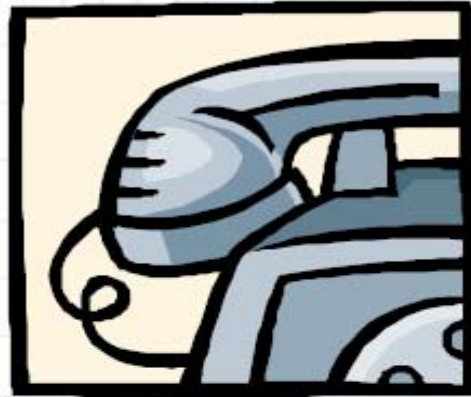


PLAN OF ACTION

		Employer	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							
BWC Assessment:				Date:	<table border="1"> <tr> <td>Meets</td> </tr> <tr> <td>Below</td> </tr> </table>	Meets	Below
Meets							
Below							

STEP 5. TIMELY NOTIFICATION OF CLAIMS

- ◆ report claims immediately to the MCO, which reports the claim to BWC within 24 hours



Timely Notification of Claims

Internal Reporting

- Employee should notify employer of any worker's compensation claims filed.
- Employer will have to certify or reject claim.
- Employer needs to track progress of claim.

External Reporting

- Employees have 2 years in Ohio to file a claim.
- The longer it takes to report a claim, the more it costs.

Benefits of Early Reporting

- Prevents delays and/or confusion in the claim process.
- Reduces potential for fraud or abuse.
- Reduces potential for litigation.
- Allows accurate information to be gathered.
- Provides benefits to employee in a timely manner.

WHAT IT COSTS TO DELAY REPORTING WORKERS' COMPENSATION CLAIMS

The Kemper National Insurance Company studied 69,134 lost-time claims closed in 1994 and concluded that employers who delay in reporting occupational injuries to their workers' compensation insurers can increase the workers' compensation costs by more than 50%

- * The average cost of a lost time claim reported within 10 days was \$13,142.
- * If the injury is reported within 21 to 30 days, the cost averages \$18,986.
- * Injuries reported more than 30 days cost an average of \$20,167.

At the end of 1995, Ohio lost-time claims, which were reported on average more than 47 days after the date of injury, cost an average of \$31,625, including the lifetime costs of the lost-time claim.

At the end of 1996, Ohio lost-time claims, which were reported on average more than 39 days after the date of injury, cost an average of \$29,035, including the lifetime costs of the lost-time claim.

Division of Safety & Hygiene, 1996

Additional lag time statistics:

The Hartford Insurance company examined more than 50,000 claims from 1996 to 1999. Within that study, they found that claims reported within a few days showed little difference. However, the claims started climbing after 7 days and the claim costs were about 45% higher when the lag time was over 29 days.

2004 LRP Publications



CERTIFICATION OF A CLAIM

After a claim is filed with the BWC, the employer will be contacted by phone or in writing requesting that they certify or reject the claim. When an employer certifies a claim, he or she has certified that all of the facts surrounding the injury are correct to the best of his or her knowledge, and that the injury is compensable in his or her opinion under Ohio Law.

WHEN IS AN INJURY COMPENSABLE UNDER OHIO LAW?

Jurisdiction, coverage and compensability are the three basic requirements to be considered when determining if an injury is compensable. The BWC resolves these issues by gathering information and establishing the facts of the injury or disease.

Jurisdiction addresses time, place, and whether an employment relationship has sufficient Ohio contacts to enact the worker's compensation application in Ohio.

Coverage addresses the employee/employer relationship as opposed to an independent contractor.

Compensability addresses the following four components:

- Accidental in nature;
- Physical injury;
- In the course of employment; and
- Arising out of employment

WHEN SHOULD AN EMPLOYER REJECT A CLAIM?

If a claim does not meet the jurisdiction, coverage, and compensability requirement of Ohio Law, then an employer may wish to reject a claim. If an employer rejects the claim, he or she should advise BWC the reasons for questioning the validity of the claim and submit any supporting documentation. Common reasons for rejection of a claim are as follows:

1. The injured worker is not an Ohio employee. Another state has jurisdiction over the claim.
2. Claim is not filed within the time limits established by Ohio Law. According to ORC 4123.84, written notice of injury or death must be filed with BWC or the Industrial Commission within two years of injury or death. For each day an employer fails to file notice of a lost time claim, the time limit is extended an additional day for each day up to two additional years.
3. The injured worker is not an employee but an independent contractor.
4. Injury sustained while enrolled in a rehab plan. BWC is the employer while an injured worker is participating in a rehabilitation program and not the employer against whom the original injury was allowed.
5. Claim is charged to an incorrect employer.
6. Psychiatric conditions where the condition did not arise from an injury or occupational disease.
7. Congenital and pre-existing conditions, unless they are substantially aggravated by a work related injury.
8. Self-inflicted/fraudulent injuries.
9. Employee intoxicated or under the influence of a controlled substance (not prescribed by a physician) where the intoxication/controlled substance was the proximate cause of the injury.
10. Time of injury not during regular work hours or at some time when the employment required employee's services.
11. Employee not directly engaged in job duties or performing a task incidental to the duties of the job.
12. Place of injury not the employer's premises or at some place he/she required to be because of the employment.

13. Natural physical condition is the sole cause of the injury. Example: A person has a heart attack, falls and hits head on floor.
14. Injury resulting from horseplay.
15. Acts of God or nature. If the act of God occurred alone to cause the injury, it is not compensable. However, if the act of God activated a hazard of the employment and the hazard caused the injury, such injury will be compensable.
16. Injury the result of a fight or altercation that is personal in nature. If the fight was over a work-related matter the injury to the innocent victim is compensable. The instigator is not covered.
17. Injuries sustained by employees commuting to and from their fixed site of employment. The exception to this rule that may make a claim compensable is when an employee sustains an injury in the “zone of employment”. The “zone of employment” is the area under the control of the employer. Example: sidewalks and parking lots. Also, off premises injuries may be compensable if the injured worker does not have a fixed site of employment.

CAN EARLY CERTIFICATION BE BENEFICIAL TO AN EMPLOYER?

If a claim meets the jurisdiction, coverage, and compensability requirements of Ohio Law, it is most likely in the best interest of the employer to certify the claim expeditiously. Some of the benefits of early certification are as follows:

1. Supports managed care strategies. Early certification allows the claim to be medically managed from onset.
2. Decreases the number of days for return to work. Allows for early return to work strategies to be implemented. This could result in a 'medical only' claim that would otherwise be a 'lost time' claim.
3. Develops a positive association between the injured worker and the employer. Alleviates the tendency to develop an adversarial relationship between worker and the company.
4. Reduces litigation. Delay in the certification often results in the hiring of an attorney. This has been documented to add cost to the claim.
5. Lessens the disability. Allows the worker to receive proper medical treatment from onset. This often develops into a positive working relationship with the local medical community.
6. Establishes the facts of the claim and identifies compensability issues. Certification or rejection with justification as to how the injury is or is not related to the workplace provides the claims specialist with important information for their investigation responsibilities.
7. Minimizes the emotional and financial impact of the injury for the injured worker. Reduces injured worker dependency on social services.
8. Improves Customer Service. Response to the needs of the injured worker and the employer is provided on a more timely basis.
9. Decreases the average administrative cost per claim.



PLAN OF ACTION

Step 5 – Timely Notification of	Plan of Action		Person Responsible	Completion Date		
Claims	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						
BWC Assessment:			Date:	<table border="1"> <tr> <td data-bbox="1803 1122 1961 1203">Meets</td> </tr> <tr> <td data-bbox="1803 1208 1961 1286">Below</td> </tr> </table>	Meets	Below
Meets						
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STEP 6. SAFETY AND HEALTH PROCESS COORDINATION



- ◆ designate an individual as the accident prevention coordinator
- ◆ give that person the responsibility and authority to facilitate organizational safety systems and processes
- ◆ ensure that he or she develops the knowledge and skills necessary for creating a safer working environment

Safety and Health Process Coordination

“Assigning an individual the role of coordinating safety efforts for the company.”

Designate an individual as the accident prevention coordinator, and give this person the responsibility and authority over the organization's safety and health efforts.

A person acting in this capacity does not assume operational responsibility for safety and health, but supports line management, supervision, and employees to prevent accidents. Duties should include:

- Helping management and employees identify accident prevention and safety and health training needs (possibly through perception surveys, interviews, behavior sampling, or other methods).
- Helping supervisors make changes or develop strategies that improve safety and health.
- Identifying and communicating new safety and health requirements.
- Compiling injury and illness-related records.
- Tracking progress on safety and health-related projects
- Working with employees to optimize safe work practices

You may choose to delegate these functions to more than one person. A small company owner may assume these duties or delegate them to a manager. The accident prevention coordinator must attend at least one BWC approved safety and health management seminar each year.

IMPLEMENTATION

Whoever is identified as the accident prevention coordinator should be committed to safety and health, and have the time, authority, and resources to facilitate developing the company's safety systems and processes. The accident prevention coordinator acts as the internal consultant helping the organization make important safety-related decisions. The accident prevention coordinator must sincerely care about employee well being, and must have a high degree of credibility with employees.

In smaller companies, the accident prevention coordinator is usually the owner or chief executive officer (CEO). Geographically dispersed companies often name the branch or plant manager as the accident prevention coordinator.

Medium-sized employers usually designate a staff manager as their accident prevention coordinator. Effective accident prevention coordinators can be human resources managers, engineers, or financial services managers.

Larger companies sometimes employ a full-time accident prevention coordinator. When determining the need for a full-time accident prevention coordinator, consider the accident history, expenses associated with accidents, and the degree of hazard inherent in the operations.

The accident prevention coordinator is an internal consultant, not a "doer." Many of the activities which make up the safety and health system will be carried out by line managers and supervisors. The accident prevention coordinator provides advice and support to line managers, supervisors and employees regarding safety management responsibilities. Specific functions performed by an accident prevention coordinator may vary from company to company.

BWC's Division of Safety & Hygiene
Training Center Courses

Free occupational safety and health classes are available to Ohio employers in twelve locations throughout Ohio. For more information, go to www.ohiobwc.com, safety services, training services, training center, or call 1-800-OHIOBWC, option 2, 2.

<i>Code</i>	<i>Length</i>	<i>Course</i>
GEN314	1 day	Accident Analysis
IHY205	1 day	Asthma! Is your company at risk?
SAF103	4.5 days	Basic Construction
GEN375	1 day	Behavior-Based Safety Systems
IHY220	.5 day	Bloodborne Pathogens
IHY214	2 days	Confined Space Assessment and Work
LAB100	.5 day	Confined Space demonstration
WEB004	n/a	Confined Space online
GEN311	1 day	Controlling Costs through Claims Management
GEN310	1 day	Controlling Workers' Compensation Costs
RIS101	.5 day	Drug-free Workplace: How to implement BWC's Program
GEN360	1 day	Effective Safety Teams
SAF107	3.5 days	Electrical Hazard Recognition and Abatement
SAF108	2 days	Electrical Safety Audits
GEN292	.5 day	Enhancing Safety through a Drug-free Workplace
ERG218	3 days	Ergonomics Applied
ERG215	1 day	Ergonomics for Office Environments
ERG210	1 day	Ergonomics: Basic Principles
ERG219	1 day	Ergonomics: Developing an Effective Process
WEB001	n/a	Ergonomics: Office Ergonomics Online
SAF114	2 days	Fall Hazard Recognition, Avoidance and Protection
GEN380	1 day	First Aid in the Workplace
GEN101	2 days	Fundamentals of an Effective Safety & Health Program
WEB005	n/a	Getting Started with Safety Online
IHY225	1 day	Got Mold?
IHY212	1.5 days	Hazard Communication
IHY317	.8 day	Hazardous Waste Operations - Awareness
IHY335	2 days	Hazardous Waste Operations – Operations
IHY319	1 day	Hazardous Waste Operations – Refresher
IHY318	3 days	Hazardous Waste Operations - Technician
IHY221	2 days	Indoor Air Quality for Non-industrial Environments
IHY224	1 day	Industrial Hygiene Calibration & Sampling
WEB006	n/a	Industrial Hygiene Overview Online
IHY211	3 days	Industrial Ventilation
SAF124	1 day	Job Safety Analysis
IHY230	1 day	Laboratory Safety
SAF109	.5 day	Lockout/Tagout and Safety-related Work Practices
SAF104	.5 day	Machine Guarding Basics
GEN126	1 day	Measuring Safety Performance

SAF105	2 days	Mechanical Power Press
IHY204	2 days	Noise & Hearing Conservation
GEN320	1 day	OSHA Recordkeeping
RIS100	.5 day	PDP+: Developing a Plan of Action
SAF120	1 day	Personal Protective Equipment Selection Criteria
SAF307	1 day	Powered Industrial Trucks Training Program
IHY207	2.5 days	Respirator Fit Testing
IHY209	2.5 days	Respiratory Protection
SAF125	1 day	Safety & Ergonomics for Extended-care Facilities
GEN385	.5 day	Safety Management for Public Employers
SWI006	.5 day	Safety Works for Industry - Module 1
SWI004	.5 day	Safety Works for Industry - Module 2
SWI008	.5 day	Safety Works for Industry - Module 3
SWI010	.5 day	Safety Works for Industry - Module 4
SWI012	.5 day	Safety Works for Industry - Module 5
SWI014	.5 day	Safety Works for Industry - Module 6
SWI002	.5 day	Safety Works for Industry - Module 7
SAF110	2 days	Scaffolding Safety
GEN302	1.5 days	Train the Trainer
SAF112	3 days	Trenching and Excavation
GEN316	.5 day	Violence in the Workplace
GEN234	.8 day	Wellness in the Workplace
		Crossroads half-day workshops Nov. 1-3, 2005 Columbus and May 2-4, 2006 Cleveland



PLAN OF ACTION

IMPORTANT To receive credit for this step your Accident Prevention Coordinator must attend a BWC approved Safety and Health management Seminar according to the following Schedule	Program Start Date	Private	Private	Public	Public Schools
	Step-6 Credit	July 1	January 1	January 1	January 1
	Plan of Action	Complete by March 31	Complete by September 30	Complete by September 30	Complete by September 30
		Submitted by March 31	Submitted by September 30	Submitted by September 30	Submitted by November 15

Step 6 – Safety and Health	Employer		Policy Number	
	Plan of Action		Person Responsible	Completion Date
Process Coordination	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				

IMPORTANT – TO RECEIVE CREDIT FOR THIS STEP, ACCIDENT PREVENTION COORDINATOR MUST ATTEND A BWC APPROVED SAFETY AND HEALTH MANAGEMENT SEMINAR BY MARCH 31 OR SEPTEMBER 30 EACH YEAR.

BWC Assessment:	Date:	Meets
		Below

STEP 7. WRITTEN ORIENTATION AND TRAINING PLAN

- develop a written orientation plan that includes at a minimum:
 - company safety and health policy statement
 - employee responsibilities
 - medical procedures (how and when to report)
 - actions to take in emergencies
 - how to report unsafe conditions
 - return-to-work procedures



STEP 7. CONTINUED

• develop a written safety & health training plan to include:

- all current employees (including mgmt.) on a yearly or updating basis
- transferred employees
- new employees
- introduction of new hazards or processes

• document all training and include:

- date
- topic covered/outline
- instructor's name
- names of employees attending
- follow-up (questionnaire, quiz, observations)

STEP 7 – ORIENTATION & TRAINING CHECKLIST – SAMPLE

ORIENTATION CHECKLIST FOR SAFETY

Employee Initials

- | | | |
|---|-------|---|
| ___ Safety Mission Statement | _____ | □ |
| ___ Reporting Accidents and Incidents | _____ | □ |
| ___ How to get Medical Treatment | _____ | □ |
| ___ Return-to-Work/Transitional Duty Policy | _____ | □ |
| ___ Safety Suggestions | _____ | □ |

GENERAL □

- | | | |
|---|-------|---|
| ___ Company Safety Rules and Guidelines | _____ | □ |
| ___ Reporting Safety Hazards or Safety Concerns | _____ | □ |
| ___ Good Housekeeping | _____ | □ |
| Extinguisher Use/Location | | |
| Clean-up of Spills | | |
| ___ Slips/Trips/Falls | _____ | |
| ___ Personal Protective Equipment | _____ | |
| Hard Hats | □ | |
| Lift Belts | □ | |
| Safety Glasses | □ | |
| Ear Plugs | □ | |
| Gloves | □ | |
| Shoes | □ | |
| ___ Hazardous Materials | _____ | □ |
| ___ Cleaning Materials □ | _____ | |
| ___ Lifting | _____ | □ |
| ___ Ladders | _____ | □ |

JOB SPECIFIC Supervisor/Trainer: _____ □

- | | | |
|-----------------------------------|-------|---|
| ___ Fork Lifts | _____ | □ |
| ___ Lift Trucks/Material Handling | _____ | □ |
| ___ Machinery | _____ | □ |
| ___ Vehicles | _____ | □ |
| Seatbelts | □ | |
| Pre-inspection | □ | |
| Reporting Accidents | □ | |
| ___ Lockout/Tagout | _____ | |

WHERE OSHA REQUIRES RECORDS

PER THE GENERAL INDUSTRY STANDARDS

29 CFR 1910

These are general guidelines to help you to determine where you must keep training records, maintenance records and written programs. Some standards do not say that records are specifically required, but it may be implied and/or recommended. There may be other standards specifically required by certain industries which are not covered in this list.

STANDARD	SUBJECT	IS A WRITTEN PROGRAM NEEDED	ARE TRAINING RECORDS NEEDED	ARE MAINTENANCE RECORDS NEEDED
1904	Occupational Injuries & Illness	No	No	Yes
1910.28	Scaffolds	No	Recommended	Yes
1910.38	Emergency Action	Yes	Recommended	No
1910.66	Powered Platform	No	Yes	Yes
1910.68	Manlifts	No	Recommended	Yes
1910.95	Hearing Conservation	Recommended	Recommended	Yes
1910.96	Radiation	Yes	Recommended	Yes
1910.109	Explosives & Blasting Agents	Recommended	Yes	Yes
1910.119	Process Safety	Yes	Yes	Yes
1910.120	Hazwoper	Yes	Yes	Yes
1910.132 1910.133 1910.135 1910.136	Personal Protective Equipment	Yes	Yes	Yes
1910.137 1910.13	Personal Protective Equipment	Yes	Yes	Yes
1910.134	Respirators	Yes	Yes	Yes
1910.146	Confined Spaces	Yes	Yes	Yes
1910.147	Lockout/Tagout	Yes	Yes	Yes
1910.151	Medical & FirstAid	No	Recommended	Yes
1910.156	Fire Brigades	Yes	Yes	No
1910.157	Fire Extinguishers	Recommended	Recommended	Yes
1910.160	Fixed Extinguishing Systems	No	No	Yes
1910.164	Fire Detection Systems	No	Under Emergency Action Plan	Recommended
1910.165	Employee Alarm Systems	Yes	Recommended	Recommended

STANDARD	SUBJECT	IS A WRITTEN PROGRAM NEEDED	ARE TRAINING RECORDS NEEDED	ARE MAINTENANCE RECORDS NEEDED
1910.177	Servicing Wheel Rims	Yes	Recommended	Recommended
1910.178	Powered Industrial Trucks	No	Recommended	Yes
1910.179	Cranes	No	Recommended	Yes
1910.180	Crawler Locomotive & Truck Cranes	No	Recommended	Yes
1910.181	Derricks	No	Recommended	Yes
1910.184	Slings	No	Recommended	Yes
1910.217	Mechanical Power Presses	Yes	Recommended	Yes
1910.218	Forging Machines	No	Recommended	Recommended
1910.219	Mechanical Power-transmission Apparatus	No	No	Recommended
1910.253	Gas Welding	No	Recommended	Recommended
1910.254	Arc Welding	No	Recommended	Yes
1910.255	Resistance Welding	No	Recommended	No
1910.264	Laundry Operations	No	Recommended	No
1910.266	Pulpwood Logging	Recommended	Yes	Yes
1910.268	Telecommunications	No	Yes	Yes
1910.269	Electric Power Generation	Yes	Yes	Yes
1910.272	Grain Handling Facilities	Yes	Recommended	Recommended
1910.331 -.355	Electrical Safe Work Practices	Yes	Recommended	Yes
1910.402 - .440	Diving Operations	Yes	Yes	Yes
1910.1001	Asbestos	Yes	Yes	Yes
1910.1003-.1016	Carcinogens	Yes	Yes	Yes
1910.1017	Vinyl Chloride	Yes	Yes	Yes
1910.1018	Inorganic	Yes	Yes	Yes
1910.1020	Medical & Exposure Records	No	Recommended	Yes
1910.1025	Lead	Yes	Yes	Yes
1910.1027	Cadmium	Yes	Yes	Yes
1910.1028	Benzene	Yes	Yes	Yes
1910.1029	Coke Ovens	Yes	Yes	Yes
1910.1030	Bloodborne Pathogens	Yes	Yes	Yes
1910.1043	Cotton Dust	Yes	Yes	Yes

STANDARD	SUBJECT	IS A WRITTEN PROGRAM NEEDED	ARE TRAINING RECORDS NEEDED	ARE MAINTENANCE RECORDS NEEDED
1910.1044	1,2-dibromo-3-	Yes	Yes	Yes
1910.1045	Acrylonitrile	Yes	Yes	Yes
1910.1047	Ethylene Oxide	Yes	Yes	Yes
1910.1048	Formaldehyde	Yes	Yes	Yes
1910.1050	Methylenedianiline	Yes	Yes	Yes
1910.1052	Methylene Chloride	Yes	Yes	Yes
1910.1200	Hazard Communications	Yes	Yes	No
1910.1450	Laboratories	Yes	Yes	Yes

WHERE OSHA REQUIRES RECORDS

PER THE CONSTRUCTION STANDARDS

29 CFR 1926

These are general guidelines to help you to determine where you must keep training records, maintenance records and written programs. Some standards do not say that records are specifically required, but it may be implied and/or recommended. There may be other standards specifically required by certain industries which are not covered in this list.

Note: There are general industry standards that apply to construction as well as the following.

STANDARD	SUBJECT	IS A WRITTEN PROGRAM NEEDED	ARE TRAINING RECORDS NEEDED	ARE MAINTENANCE RECORDS NEEDED
1926.20	General Safety & Health Provisions	Yes	Recommended	Recommended
1926.21	Safety Training &	Recommended	Recommended	No
1926.24	Fire Protection &	Written	Recommended	No
1926.29	Acceptable	Recommended	No	Yes
1926.33	Exposure & Medical	Yes	Recommended	Yes
1926.35	Emergency Action Plan	Yes	Recommended	No
1926.50	First Aid	Yes	Yes	No
1926.53	Radiation	Yes	Recommended	Yes
1926.54	Lasers	Recommended	Yes	Recommended
1926.59	Hazard Communication	Yes	Recommended	Yes
1926.60	Methylenedianiline	Yes	Yes	Yes
1926.62	Lead	Yes	Recommended	Yes
1926.64	Process Safety	Yes	Yes	Recommended
1926.65	Hazwoper	Yes	Yes	Yes
1926.103	Respirators	Yes	Yes	Yes
1926.150	Fire Protection	Yes	Recommended	Yes
1926.156	Fixed Extinguishing Systems	Yes	Recommended	Yes
1926.158	Fire Detection Systems	No	Recommended	Yes
1926.159	Employee Alarm Systems	Recommended	Recommended	Yes
1926.251	Slings	No	No	Yes

STANDARD	SUBJECT	IS A WRITTEN PROGRAM NEEDED	ARE TRAINING RECORDS NEEDED	ARE MAINTENANCE RECORDS NEEDED
1926.302	Powder Actuated	No	Recommended	No
1926.350	Gas Welding & Cutting	No	Recommended	No
1926.351	Arc Welding & Cutting	No	Recommended	No
1926.404	Wiring Design & Protection	Yes	Recommended	Yes
1926.417	Lockout & Tagging Of	Yes	Recommended	No
1926.502	Fall Protection	Yes	No	Yes
1926.503	Fall Protection & Training Requirements	No	Yes	No
1926.550	Cranes & Derricks	No	No	Yes
1926.552	Material Hoists, Personnel Hoists & Elevators	Yes	No	No
1926.556	Aerial Lifts	No	Recommended	Recommended
1926.651	Excavations General	Yes	No	Yes
1926.652	Requirements for	Yes	No	No
1926.800	Underground	No	Recommended	Yes
1926.803	Compressed Air	Yes	Yes	Yes
1926.850	Demolition	Yes	No	No
1926.900	Explosives	Yes	Recommended	Yes
1926.901	Blaster Qualifications	No	Yes	No
1926.903	Underground Transportation Of Explosives	No	No	Yes
1926.905	Loading Of	Yes	No	Yes
1926.955	Overhead Lines	No	Recommended	No
1926.1060	Ladder Training	No	Recommended	No
1926.1076	Qualifications Of	No	Recommended	No
1926.1080	Safe Practices	Yes	No	No

STANDARD	SUBJECT	IS A WRITTEN PROGRAM NEEDED	ARE TRAINING RECORDS NEEDED	ARE MAINTENANCE RECORDS NEEDED
1926.1081	Pre-Dive Procedure	Yes	No	Recommended
1926.1082	Procedures During Dive	Yes	No	No
1926.1083	Dive Records	Yes	No	No
1926.1090	Dive Equipment	No	No	Yes
1926.1091	Diving Injury Records	No	No	Yes
1926.1101	Asbestos	Yes	Yes	Yes
1926.1103-	.1116 Carcinogens	Yes	Recommended	Yes
1926.1117	Vinyl Chloride	Yes	Yes	Yes
1926.1118	Inorganic Arsenic	Yes	Yes	Yes
1926.1127	Cadmium	Yes	Yes	Yes
1926.1128	Benzene	Yes	Recommended	Yes
1926.1129	Coke Ovens	Yes	Recommended	Yes
1926.1144	1, 2-dibromo-3-	Yes	Yes	Yes
1926.1145	Acrylonitrile	Yes	Yes	Yes

SAFETY TRAINING

DETERMINE IF TRAINING IS NEEDED

- Legal Requirements, such as from OSHA, or other federal, state or local governmental agencies mean that you train.
- Newly Hired or Transferring Employees will need general and job-specific safety training.
- Workplace Hazards that may be indicated by records or investigations of near misses and/or injuries may provide clues to training needs.
- Dangerous Work Practices as observed by the safety staff, supervisors or employees, or indicated by investigations may provide clues to training needs.

Training is not however a universal answer to safety problems. Employees may not have the potential to do a job, they may not be motivated to do a job safely, there may be obstacles to doing a job safely or there may be ergonomic concerns. Training in these instances may do nothing towards protecting an employee.

EXTENT OF TRAINING

Everyone, a few or one?

- Facility-wide for everyone may be needed for evacuation procedures or weather emergencies.
- Departmental for those working in a particular area.
- Machine or Equipment operators such as forklift drivers.
- Special Operations such as confined space entry.
- Personal Protective Equipment.
- Chemicals.

GOALS AND OBJECTIVES

What do you want your employees to do, to do better or to stop doing? The objectives should be specific and in action-oriented language.

TRAINING METHODS

- One-On-One.
- Computer-based.
- Class Room with Speaker.
- Hands-on Activities.
- Internal Presenter.
- External Presenter.

“SYMPATHY FOR VICTIMS”

Many people feel sympathy for victims of a publicized incident, even vividly visualizing the injury as if it happened to them. Personalizing these experiences increases perceived risk. At work, employees show much more attention and concern for hazards when injuries or near hits are discussed by the co-workers who experienced them, compared to a presentation of statistics. The average person can't relate to group numbers. But there's power in personal stories. I have met many people over the years who accepted individual accounts in lieu of convincing statistics: “The police officer told uncle Jake he would have been killed if he had been buckled up”; “Aunt Martha is 91 years old and still smokes two packs of cigarettes a day.”

This suggests that we should shift the focus of safety meetings away from statistics, emphasizing instead the human element of safety. Safety talks and intervention strategies should center on individual experiences rather than numbers.

From: **WORKING SAFE** by **E. Scott Geller**

MEASURING TRAINING'S EFFECTIVENESS

- Trainee opinion from questionnaires or informal discussion with participants.
- Workplace Improvements that result in reduced accident, injury and workers' compensation rates.

John Jones, Inc.

SAFETY TRAINING SCHEDULE

Date	Subject	Trainer
January 18	Safety Mission Statement	John Jones, President
February 15	Accident Reporting Requirements	Mary Brown
March 15	Back Injury Prevention	Ralph Smith
April 19	Lockout/Tagout	
May 17	Outdoor Safety	
June 21	Personal Protective Equipment	
July 19	Eye Safety	
August 16	Confined Spaces	
September 20	Power Hand Tools	
October 18	Emergency Procedures	
November 15	Material Safety Data Sheets	
December 20	Holiday Safety Tips	



PLAN OF ACTION

	Employer	Policy Number		
Step 7 – Written	Plan of Action		Person Responsible	Completion Date
	Orientation and Training Plan	Describe: a) doing now	b) improvements to be made	
Safety and Health written orientation and training plan will include:				
a) Company 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				
BWC Assessment:			Date:	Meets
				Below

STEP 8.

WRITTEN AND COMMUNICATED SAFE WORK PRACTICES

- develop, document and publicize both general and job-specific safe work practices
- provide employees with copies and have all employees sign a statement indicating that they have read and intend to follow the safe work practices



STEP 8 – WRITTEN AND COMMUNICATED SAFE WORK PRACTICES

- Have a written safe work practices of job requirements and/or responsibilities.
- Have general and/or job-specific safe work practices that are identified and documented.
- Develop a safety handbook or other printed information for posting
- Involve employees in the development of safety rules, regulations, policies and procedures.
- Have each department head review with each employee at least annually.
- Ensure safe work practices have been read and understood by each employee.
- Have employees sign statement to indicate they have read, understand, and will follow the safe work practices.
- Maintain signed document in employee's file.

Items that should be included:

- Company's safety policy or statement
- General safe work practices
- Specific safe work practices

Examples of items to be considered:

- Contributing to good housekeeping
- Utilizing personal protective equipment
- First aid procedures
- Ergonomic principles
- Respiratory protection
- Lockout-Tagout procedures
- Confined space entry
- Hazard communication
- Bloodborne pathogens, if applicable

JOB SAFETY ANALYSIS (JSA)

I. What is JSA?

- A.** A systematic means of identifying hazards and potential unsafe procedures associated with a specific task or job.

II. Benefits of JSA?

- A.** Takes advantage of workers' previous experience and knowledge.
- B.** Increases employee involvement in safety awareness.
- C.** Results in development of safe, efficient work practices, better accepted because of employee involvement.
- D.** Training tool for new or transferred employees.
- E.** Preparation for planned safety observation.
- F.** Review job procedures following an accident/incident.
- G.** Pre-job instruction on irregular jobs.

III. Who should conduct JSA's?

- A.** First-line supervision.
 - 1. Should receive a training in hazard recognition and procedures to perform a JSA.
- B.** Employees who perform the job or task.
- C.** Safety coordinator for possible technical assistance.

IV. Job/Task selection?

- A.** Frequency of accidents/incidents.
- B.** Serious or disabling injury or injuries.
- C.** Potential for serious injuries.
- D.** New jobs.

V. How to conduct a JSA?

- A. Breaking the job down into its component steps:
1. Select a worker to observe. Select an experienced, capable, and cooperative person who is willing to share ideas.
 2. Observe the employee performing the job.
 3. Describe each step. Description should tell what is done, not how it is done.
 4. Number the job steps sequentially.
 5. Watch the operator perform the job a number of times until you are sure that all the steps have been noted.
 6. Check the list of steps with the person observed to obtain agreement on how the job is performed and the sequence of the steps.
- B. Identifying potential accidents or hazards:
1. Types of hazards:
 - a. Contact:
 - forcefully struck by an object
 - forcefully strikes an object
 - comes in contact with harmful object or substance, such as hot pipes or chemicals
 - b. Caught:
 - person or person's clothing or equipment caught on an object
 - person or part of the person trapped, stuck, or otherwise caught in an opening or enclosure
 - person or part of person caught between stationary or moving objects
 - c. Falls:
 - same level
 - lower level
 - d. Overexertion:
 - excessive strain or stress resulting in sprain or strain type injuries
 - e. Exposure:
 - harmful environmental conditions, such as breathing harmful vapors or gases, or extreme temperatures
 - f. Repetitive motion:
 - repeating the same movement or motion resulting in conditions such as carpal tunnel syndrome and tendonitis
- C. Safe work procedures:
1. Explains how to do the job safely and efficiently, step by step.
 2. Involves developing solutions to the hazards identified in the 2nd step.

VI. Now what?

- A.** Presentation and discussion with employees performing that job.
- B.** Provide a copy for employees to use while performing the job.
- C.** Supervisors' tool to help identify at-risk behavior (not following safe work procedures) or safe behavior (following safe work procedures).
- D.** Training tool for new or transferred employees and post-incident (near miss or injury).
- E.** Pre-job review for jobs not performed on a regular basis.
- F.** Periodic review:
 - 1.** Post-incident (near miss or injury).
 - 2.** Process or equipment modification or change.
 - 3.** Employee suggestion for safer procedure.

JOB SAFETY ANALYSIS

Date:	Job:	
Title of Worker who Performs Job:	Foreman/Supervisor:	Analysis By:
Department:	Section:	Reviewed By:
Required and/or Recommended Personal Protective Equipment:		
Sequence of Basic Job Steps	Potential Accidents or Hazards	Recommended Safe Job Procedures

JOB SAFETY ANALYSIS WORK SHEET

Job

Breakdown the Job

Identify Hazards

Develop Solutions

PROGRAM CHECKLIST
(Do these programs apply to your company?)

Company: _____

Date: _____

PROGRAM	YES	NO	MAYBE
Hazard Communication (HAZCOM)			
Lockout/Tagout			
Personal Protective Equipment (PPE)			
Emergency Action / Response Plans			
Hearing Conservation			
Powered Industrial Trucks (Forklifts)			
Respiratory Protection			
Ergonomics			
First Aid			
Blood-Borne Pathogens			
Confined Spaces			
Accident Investigation			
Equipment Operating Procedures			
Heat Stress/Cold Stress			
Radiation (ionizing, nonionizing, lasers)			
Hot Work Permits			
Fall Protection			
Machine Guarding			
Trenching Operations			
Laboratory Chemical Safety			
Process Safety Management			

FORMAL, WRITTEN PROGRAMS REQUIRED BY OSHA STANDARDS

The following programs / forms are required by OSHA standards. Please note that the discussion of each program is brief and that attempts to develop a specific program based on these descriptions **is not advised**. For complete and detailed program requirements, a copy of the OSHA General Industry Standards should be obtained.

□ **OSHA FORM 300:** "Log and Summary of Occupational Injuries and Illnesses". Required by law to be kept in the establishment for 5 years. Used to record every occupational death, illness, and any injury involving medical treatment (other than first aid), loss of consciousness, restriction of work or motion, or transfer to other job. Must be posted each year between February 1 and April 30. Under OSHA, only employers with more than 10 employees are required to have form. Under HB 308, **all** public employers are required to maintain form, regardless of number of employees.

□ **OSHA FORM 300A:** "Summary." Shows the totals for the year in each category from the 300 log. The Summary must be kept for 5 years following the year to which it pertains. Also, following the year to which it pertains, the Summary **not** the log must be posted in a visible location so that employees are aware of occupational injuries and illnesses. Posting is from February 1st until April 30th.

□ **OSHA FORM 301:** "Supplementary Record of Occupational Injuries and Illnesses". Used to supplement OSHA Form 300. Maintained for 5 years and must be available in the establishment for inspection. Used to provide detailed information on injuries and illnesses, how they occurred, etc..

□ **HAZARD COMMUNICATION PROGRAM:** (OSHA Std 29 CFR 1910.1200) Each employer is required to develop a **written** Hazard Communication (HAZCOM) program to include, but is not limited to: 1) an inventory of all hazardous chemicals in the workplace, 2) employee training of the hazards from these chemicals, and 3) maintenance of Material Safety Data Sheets (MSDSs). Violations of this standard account for the top four violations cited by compliance officers.

□ **EMERGENCY ACTION / FIRE PREVENTION PLAN:** (OSHA Std 29 CFR 1910.38) The Emergency Action Plan shall be written (oral if 10 or less employees) and include, but is not limited to: 1) emergency escape procedures, 2) operation of critical operations, 3) accounting procedures for all employees, and 4) rescue duties. The Fire Prevention Plan shall be written (oral if 10 or less employees) and include, but not limited to: 1) list of major workplace fire hazards, and 2) names of personnel responsible for maintenance of fire control and prevention equipment. For both plans, employees **shall** be appropriately trained.

□ **POWERED INDUSTRIAL TRUCK TRAINING:** (OSHA Std 29 CFR 1910.178) All operators of powered industrial trucks **shall** be trained in the safe operation of same. Training should be formally documented. The standard does not specify a formal written plan, but the employer needs a way to insure each of the specific requirements spelled out in the standard are addressed.

□ **CONFINED SPACE ENTRY:** (OSHA Std 29 CFR 1910.146) Each employer is required to evaluate workspaces to determine if there are any confined spaces, and if so, are any designated as permit-required confined spaces. The employer is required to establish a formal plan for entering these areas, emergency rescue procedures, and documentation of employee training. **No employee shall be required to enter any confined space unless a written confined space entry procedure is developed.**

□ **FIRST AID TRAINING:** (OSHA Std 29 CFR 1910.151) At least one individual per shift is required to be trained in first aid if the work location is not in "near proximity" to medical assistance, The Toledo Area Office of OSHA defines "near proximity" as 4 minutes or less response time for EMS.

□ **BLOOD BORNE PATHOGEN EXPOSURE PROGRAM:** (OSHA Std 29 CFR 1910.1030) If the potential exists for employee exposure to blood or other body fluids in the course of normal duties, the employer **is required** to implement a program to deal with this exposure. This program includes a written exposure control plan, employee training, personal protective equipment, laundry controls, engineering controls, and waste disposal procedures (including janitorial staff). Included in this program are first aid responders required above.

□ **HOT WORK PERMIT PROGRAM:** (OSHA Std 29 CFR 1910.252) If gas cutting or welding is performed in locations other than designated welding areas, then a Hot Work Permit Program is required. Before cutting or welding is permitted, the area **shall** be inspected by an individual authorized to approve the operation. Such approval should be in the form of a written permit, identifying precautions to be taken, scope of the work performed, and any follow-up surveillance upon completion of the work.

□ **HEARING CONSERVATION PROGRAM:** (OSHA Std 29 CFR 1910.95) Occupational noise levels must be evaluated to determine if a hazard exists and what appropriate protection is required. If noise levels exceed established OSHA standards, then a formal Hearing Conservation Program **must** be established to include, but not limit to: 1) noise monitoring, 2) employee training, and 3) periodic hearing examinations.

□ **RESPIRATORY PROTECTION PROGRAM:** (OSHA Std 29 CFR 1910.134) **Any use** of respiratory protection requires initial air monitoring to validate the need for such protection. If respiratory protection is required, then a formal, written respiratory protection program is required, to include, but not limited to: 1) medical surveillance of the employee to insure fitness to wear a respirator, 2) a care and maintenance program, 3) employee training, 4) proper storage of respirators, and 5) fit & leak testing program. **Note:** Even the "voluntary" use of respirators requires the application of certain portions of the OSHA standard.

□ **ELECTRICAL SAFETY-RELATED WORK PRACTICES PROGRAM:** (OSHA Stds 29 CFR 1910.331 to 1910.335 and 1910.399) A program should be established to provide training for employees whose occupation may expose them to a risk of electrical shock while working near exposed live conductors or other electric equipment. The content of the training shall include all standard work practices addressed in the standard. The type of training shall be of the classroom or on-the-job type. The degree of training shall be determined by the risk to the employee.

□ **SPILL RESPONSE PLAN:** (OSHA Std 29 CFR 1910.120) A Spill Response Plan is required for all operations where there is a reasonable expectation of emergency response operations for the release of, or substantial threat of release of, hazardous substances (e.g. storage tanks of chlorine, warehouse storage or paints, pesticides, herbicides). A written plan is required identifying hazards involved, evaluation of the hazards, control of the hazard, emergency response actions, clean-up, and decontamination procedures.

□ **LABORATORY CHEMICAL SAFETY PROGRAM:** (OSHA Std 29 CFR 1910.1450) An employer **must** establish a written Laboratory Safety Program if a facility has laboratory facilities using hazardous chemicals providing potential exposure to employees. Not covered are laboratory operations using commercially prepared kits (i.e. pregnancy tests) or "dip-and-read" testing.

□ **LOCKOUT / TAGOUT PROGRAM:** (OSHA Std 29 CFR 1910.147 & 1910.333) A written Lockout/Tagout Program is required for the servicing and maintenance of machines and equipment in which the unexpected startup or energization (turning the power back on) or release of stored energy (power press at top of cycle) could cause injury to employees. Under this program, all possible sources of energy must be identified and secured (locked out) and then tagged to warn other employees why the equipment is turned off.

□ **PERSONAL PROTECTIVE EQUIPMENT:** (OSHA Std 29 CFR 1910.132) Each employer is required to perform (and document) a hazard assessment of the workplace to determine if hazards exist that make the use of personal protective equipment (PPE) necessary, and then select the appropriate equipment. Employees must be trained on when PPE is necessary, what PPE is required, how to use the PPE, the limitations of PPE, and proper care and maintenance of the PPE.

□ **HOIST / CRANE / SLING INSPECTION PROGRAM:** (OSHA Std 29 CFR 1910.179 & 1910.184) All hoists, cranes and slings **shall** be inspected regularly and such inspections shall be documented.



PLAN OF ACTION

		Employer	Policy Number		
Step 8 – Written and Communicated Safe Work Practices	Plan of Action			Person Responsible	Completion Date
	Describe:	a) doing now	b) improvements to be made		
a) General Safe Work Practices					
b) Job-Specific Safe Work Practices					
c) Employees sign statement that they understand and will follow safe work practices					
BWC Assessment:				Date:	Meets
					Below

STEP 9. **WRITTEN SAFETY & HEALTH POLICY**

- ◆ develop a written safety and health policy signed by the top company official and include in the statement:
 - manager's, supervisor's, team leaders' and employees' responsibilities regarding the organization's commitment to safety and health
 - commitment to returning injured or ill employees to work as early as possible
- ◆ communicate to all employees and review with them on an annual basis

COMMITMENT TO SAFETY (Mission Statement)

At a minimum:

- **Management's intent** - what is management's philosophy concerning safety.
- **Scope of activity covered** - in addition to on-the-job safety, does it cover fleet safety, public safety, fire, product safety, off-the-job safety?
- **Responsibilities for safety** - explain management's, supervisors' and employees' responsibility for safety.
- **Accountability for safety** - where and how is it fixed?
- **Return-to-work** - commitment to return the employee back to work at the earliest opportunity including modified or light duty, if necessary.
- **Safety officer** - who, what is his/her responsibilities and authority.
- **Safety committees** - why will they exist, what is their makeup, what will they do, and what is their authority.
- **Authority** - who has it, and how much.
- **Standards** - what safety rules will the company abide by.

To be effective, the policy must be signed by the CEO or top management official.

POLICY STATEMENT

The Management of _____ recognizes the importance of safety and health in voluntary compliance with all pertinent requirements and is committed to providing a workplace for our employees in which recognized hazards are controlled, or eliminated.

The philosophy and objectives behind this commitment are:

1. The safety and health of all _____ employees is a prime priority.
2. The only acceptable level of safety and health performance is one that prevents injury and accidents.
3. Safety and health are an integral part of the daily business functions.
4. Safety and health are a responsibility that must be shared equally and without exception by everyone within the organization.
5. Management and those with supervisory responsibilities will be held accountable for the safety and health of the personnel for whom they are responsible. All employees will be required to make their safety and the safety of their fellow workers a prime priority. and;
6. Management is committed to developing options for returning injured or work related illness personnel to work at the earliest opportunity.

Each individual within the organization will be expected to conduct their daily tasks in a manner consistent with the philosophy and objective in this policy:

Signature: _____

Title: _____

Date: _____

COMPANY SAFETY POLICY BIDWELL INTERNATIONAL

It is my firm belief that the health and safety of each employee in this company must take precedence over all other considerations. Profitability at the expense of injured employees is not acceptable. The health and safety of each employee is a major responsibility. Although we have a Safety Director, this responsibility cannot be delegated to a single individual. All employees must share this obligation, both for themselves, and for their fellow workers. And all supervisors are to be held accountable to ensure each and every operation is conducted in a safe manner.

In support of this belief, certain health and safety policies have been established. These policies insure that all employees receive the maximum protection possible. That each and every one leaves here in the same physical condition as when they arrive each morning.

Although many of our policies are based on OSHA (Occupational Safety & Health Administration) standards, my purpose is to prevent illness and injury, and not to satisfy OSHA. Many of our policies go beyond these standards, in order to provide the best work environment possible. Each and every employee, from the janitor to the president, are required to follow these policies and are responsible for ensuring all unsafe conditions and operations are immediately corrected or reported to the proper individual.

In the event that an employee is injured, this company will do everything in its power to insure adequate medical care is provided and to return the employee back to work at the earliest opportunity.

In addition to preventing physical pain and suffering, a safe work environment will go a long way to ensure this company remains profitable, thus allowing our company family to continue well into the future with a clear sense of pride, satisfaction and purpose. With the help and dedication of each employee, we can achieve this.

George A. Bidwell



PLAN OF ACTION

		Employer	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 returning injured or ill employees to work at the earliest opportunity						
d) Communicated to employees verbally, posted on bulletin board, in employee handbook						
BWC Assessment:			Date:	<table border="1"> <tr> <td>Meets</td> </tr> <tr> <td>Below</td> </tr> </table>	Meets	Below
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STEP 10. **RECORDKEEPING AND DATA ANALYSIS**

- ◆ **compile injury and illness related data to:**
 - **identify safety and health process problems**
 - **help manage the compensation process**
 - **provide information necessary for developing solutions**



Step 10 - Record Keeping and Data Analysis □

- Record all accidents on OSHA 300 log, if required.
- Complete investigations on all accidents.
- Document all employee training.
- Establish accident costs and share with employees.
- Analyze accident data looking for trends and breakdown in your safety process.
- Communicate on a regular basis with employee's accident prevention efforts and profits.
- Relate specific costs associated with safety and health problems and accidents.

Examples of charting opportunities:

1. Types and number of safe behaviors observed by supervisors or employees.
2. Types and number of unsafe behaviors observed by supervisors or employees.
3. Number of safe behavior recognition communications by supervisors or employees.
4. Number of safety discussions conducted.
5. Number of near misses reported.
6. Number of dangerous operations completed successfully each month, e.g., lockout/tagout operations, confined space entries, etc.
7. Number of safety suggestions and problems solved.
8. Number of safe miles driven without incident.
9. Amount of material moved, installed, sawed, erected, etc., without incident.
10. Nature of injury trends.
11. Part of body trends.
12. Type of accident or exposure trends.










NEAR MISSES

An incident is similar to an accident except that it does not necessarily result in injury or damage. No matter how trivial they are, incidents should be reported to supervision just as accidents are. Employees should be encouraged and reminded periodically to report incidents that occur, so conclusions can be drawn about preventing a recurrence resulting in a serious injury. Incidents are commonly called "**NEAR MISSES.**"

No one learns anything from unreported incidents. Hazards, causes and contributing circumstances are lost if not reported. Employees who don't take the time to report near misses they are involved in might not learn from them. The fact that many incidents come within inches of being disabling injury accidents makes failing to report them all the more serious.

When incidents are not reported, their causes usually go uncorrected. Unfortunately, they might happen again, perhaps producing tomorrow's disabling injury or fatality.

THE MOST COMMON REASONS WHY WORKERS DON'T REPORT INCIDENTS

-  Fear of the supervisor's disapproval.
-  Not wanting to lose time from the job on piece-work assignments.
-  Not wanting to be embarrassed by co-worker ridicule or sarcasm.
-  Reluctance to spoil the unit's safety record.
-  Not wanting the incident on their work records.
-  Dislike for the red tape involved.
-  Failure to understand why incidents should be reported.
-  Not recognizing the damage that could result.
-  Not wanting to be the subject of an incident investigation.

SAFETY REMINDER: Are your employees aware of the dangers that surround them!

Special Topics For Your Project:

Employee Safety Recommendations:

FIRST-AID REPORT FORM

Date: _____ **Case number:** _____

Name: _____ **Male** **Female**

Department: _____ **Job Title:** _____

Supervisor: _____

Date of Treatment: _____ **Time:** _____ **AM/PM**

Type of Injury: _____

Describe What Happened: _____

Nature of Treatment: _____

Subsequent Action Taken:

Referred to Physician **Sent to hospital** **Sent home**

Returned to work **Refused treatment**

Other (explain) _____

Signed: _____ **Date:** _____

Title: _____

NATURE OF INJURY TRENDS
Injury/Illness Statistics

	Amputations	Burns	Contusions	Foreign Body in	Fractures	Lacerations /Punctures	Sprains/Strains	CumulativeTrauma Disorders	Multiple Injuries	TOTALS
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
TOTALS										

PART OF BODY TRENDS
Injury/Illness Statistics

	Amputations	Burns	Contusions	Foreign Body in	Fractures	Lacerations /Punctures	Sprains/Strains	CumulativeTrauma Disorders	Multiple Injuries	TOTALS
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
TOTALS										

TYPE OF ACCIDENT OR EXPOSURE TRENDS
Injury/Illness Statistics

	Caught In, On, or Between	Contact w/ Temperature s	Contact w/ Electricity	Falls	Contact w/ Harmful Substances	Striking Against	Struck By	Slips	Overexertion	TOTALS
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
TOTALS										

Focusing Only on Outcomes Can **Lead to Resentment**

With crippled limbs and mangled feet,
A million man-hours we did meet.

With record keeping such as these,
We'll reach a zillion, it will be a breeze.

Rewards are for achievements met,
But we ain't reached a million yet.

Their safety program is a sham,
As for you and me -- they don't give a **.**

*Written by an Hourly employee
Chemical Manufacturing Plant*



PLAN OF ACTION

Step 10 – Recordkeeping and	Plan of Action		Person Responsible	Completion Date		
Data Analysis	Describe: a) doing now	b) improvements to be made				
a) Identify safety and health process problems						
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						
BWC Assessment:			Date:	<table border="1"> <tr> <td data-bbox="1837 1133 2003 1222">Meets</td> </tr> <tr> <td data-bbox="1837 1222 2003 1315">Below</td> </tr> </table>	Meets	Below
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Resources

ACCIDENT ANALYSIS REPORT

PART 1 IDENTIFICATION INFORMATION

Employee Name _____
Date of Accident _____ Time _____ AM PM
Occupation _____ Shift _____
Department _____ ID _____

PART 2 SUPPLEMENTARY INFORMATION

Company _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone (____) _____
Establishment Location (if different from above) _____

Accident Location Same as establishment? On premises? (Check if applies)

Employee Address _____
City _____ State _____ Zip Code _____
Telephone (____) _____ Social Security Number _____
Sex _____ Age _____ Date of Birth _____
Was injured person performing regular job at time of accident? Yes No

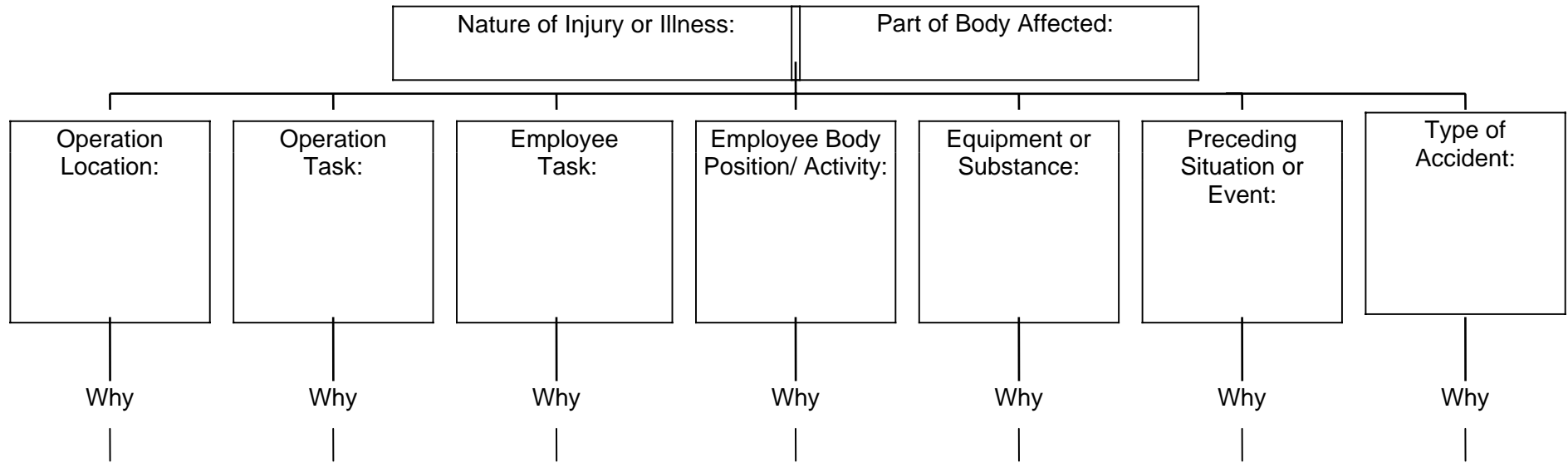
Length of service: With employer _____ On this job _____
Time shift started _____ AM PM Overtime? Yes No

Name and address of Physician _____
City _____ State _____ Zip Code _____

If hospitalized, name and address of hospital _____
City _____ State _____ Zip Code _____

Fatality? Yes No If Yes, date of death _____

If death, attach Coroner's Report.



PART 4 DESCRIPTION AND ANALYSIS

Fully describe accident: _____

Attach photographs of accident scene and machinery/equipment.

What factors led to the accident (from Accident Tree in Part 3)? _____

MACHINERY/EQUIPMENT INVOLVED

Manufacturer _____ Equipment Age _____
Serial No. _____ Model _____
Function _____
Location _____

- 1. Has machine/equipment been modified?
- 2. Was it guarded properly?
- 3. Was there any mechanical failure?

To answer these questions, research and attach equipment history, maintenance history, relevant photographs and other reports and comments.

CONSTRUCTION

If construction-related, date of contract _____
Is firm General Contractor or Subcontractor
Names of other contractors _____

WEATHER/ENVIRONMENTAL CONDITIONS (temperature, housekeeping, lighting, work surfaces, etc.)

TRAINING

Did employee receive specific training or instructions relating to safety and health on the job being performed?

Yes No

If Yes: Type: _____

Instructed by: _____

When instructed: _____ Length of training _____

Attach appropriate training documentation.

PART 5 SPECIFIC ACTION THAT WILL BE TAKEN

ITEM #	DESCRIPTION	ROUTE TO	TARGET DATE

WHAT ADDITIONAL ACTIONS SHOULD BE CONSIDERED?

Completed by: _____ Date of Investigation _____

Title: _____

Reviewed by: _____ Date _____

Reviewed by: _____ Date _____

- Attach individual statements from :**
- (a) the injured worker**
 - (b) any witness(es) or others with contributing information**
 - (c) the employer.**

For each statement, include name, job title, home address, home telephone number, and the date the statement was given.

INSTRUCTIONS □

OSHA 101 FORM COMPATIBILITY--When fully completed, this report is believed to satisfy the requirements of the OSHA 101 form.

COMPLETION OF THIS REPORT--Parts 1 and 2 may be filled out by office personnel or other staff assigned this function. Parts 3, 4 and 5 **must** be completely filled out by the first line supervisor, in coordination with plant manager and safety director.

PROCEDURE FOR COMPLETING PART 3--ACCIDENT TREE

A. Fill in the top blocks of the tree.

Describe the NATURE of the injury or illness.

This could be a strain, sprain, laceration, contusion, abrasion, carpal tunnel syndrome, and so forth. Write in the space provided at the top of the tree.

Determine the PART OF THE BODY AFFECTED (such as right index finger, shoulder, lower back, and so forth.) and place this information in the adjacent space provided at the top of the tree.

If these specific details are not fully known at this time, do not wait to perform the investigation! Fill out as much as possible and continue.

If investigating accident or near miss, write *none* in "Nature of Injury or Illness" and "Part of Body Affected" blocks, and continue to next row of tree.

B. Fill in the next row of the tree.

1. Operation--Location

Where is the work being performed? Example: Working in assembly area.

2. Operation Task

On a larger scale, what specific operation is being performed? Examples: Milling keyway in shaft; Stocking shelves.

3. Employee Task

What specific task was the employee performing? Examples: Employee lifting box; Employee was fastening bolt.

4. Employee Body Position/Activity

Briefly describe the position required by the activity that relates to the accident, injury or illness. Examples: Wrist flexed forward; Hands grasping box.

5. Equipment or Substance

What is the equipment or substance which was directly involved in the accident, injury or illness? Examples: The machine or object struck against; The vapor or contaminant inhaled or swallowed; The object lifted, pulled.

6. Preceding Situation or Event

Determine important event(s) that led to the accident, injury, or illness. These may be considered as "triggering events", situations, or circumstances necessary for the accident to occur.

7. Type of Accident

What general type of accident occurred? Examples: Fall off a platform; Slipped on oil; Struck by machine tool; Contact with electricity; Exposure to hazardous substances.

C. Trace each factor in more detail.

Work from each of the factors identified above. Ask why each of the factors is necessary, or why they occurred. Under each factor, write the key words describing "why", and draw a line to connect the two. It is possible for there to be more than one reason "why" under each factor, so be sure to include all that you discover.

D. Repeat the process--build the tree.

The process in step three can be repeated until all questions are answered for each path of the tree. Dead ends are either unanswered questions that require additional investigation or pathways that have been resolved as far as practical.



Safety Councils

DSH sponsors 60 safety councils to provide a forum for occupational safety and health in communities across Ohio.

Coordinated primarily through local chambers of commerce, American Red Cross chapters or business organizations, the safety councils host monthly meetings on topics related to occupational safety, accident prevention, risk management and workers' compensation issues. The program allows for representatives from

business and industry to network and share ideas beneficial to workplace safety.

The safety councils also collect semiannual accident statistics from their member companies. These statistics determine the recipients of recognition awards presented at annual awards programs.

You may contact the safety council in your community for more information, or visit ohiobwc.com for links to program Web sites.

Akron	Summit County Safety Council	(330) 379-3185
Ashland	Ashland Area Safety Council	(419) 281-4584
Ashtabula	Ashtabula County Safety Council	(440) 998-1020
Barberton	Barberton Safety Council	(330) 745-3141
Bellefontaine	Logan County Safety Council	(937) 599-5121
Bucyrus	Bucyrus Area Safety Council	(419) 562-4357
Cambridge	Guernsey/Noble Safety Council	(740) 439-6688
Canton	Stark County Safety Council	(330) 456-7253
Celina	Grand Lake Area Safety Council	(419) 586-2219
Chillicothe	Ross County Safety Council	(740) 702-2722
Cincinnati	Greater Cincinnati Safety Council	(513) 686-2967
Circleville	Pickaway County Safety Council	(740) 474-4923
Cleveland	Greater Cleveland Safety Council	(216) 621-0059
Columbus	Capital Area Safety Council	(614) 890-0800
Coshocton	Coshocton County Safety Council	(740) 622-5411
Dayton	Dayton/Miami Valley Safety Council	(937) 226-8227
Defiance	Black Swamp Safety Council	(419) 782-7946
Delaware	Delaware Area Safety Council	(740) 369-6221
East Liverpool	East Liverpool Area Safety Council	(330) 385-0845
Findlay	Hancock County Safety Council	(419) 422-3313
Fostoria	Fostoria Area Safety Council	(419) 436-6639
Fremont	Sandusky County Safety Council	(419) 332-1591
Galion	Galion Safety Council	(419) 462-4305
Gallipolis	Gallia County Safety Council	(740) 446-0596
Greenville	Darke County Safety Council	(937) 548-2102
Hamilton	Greater Hamilton Safety Council	(513) 896-5333
Kenton	Hardin County Safety Council	(419) 673-4131
Lancaster	Fairfield County Business-Industry	(740) 653-8251
Lebanon	Warren County Safety Council	(513) 932-1100
Lima	West Central Ohio Safety Council	(419) 222-6045

Logan	Hocking County Safety Council	(740) 385-6836
London	Madison County Safety Council	(740) 852-2250
Lorain	Lorain County Safety Council	(440) 233-6500
Mansfield	Richland County Safety Council	(419) 525-0615
Marietta	Mid-Ohio Valley Safety Council	(740) 373-5176
Marion	Marion Area Safety Council	(740) 382-2181
Marysville	Union County Safety Council	(937) 642-6279
Medina	Medina Safety Council	(330) 723-8773
Mentor	Lake County Safety Council	(440) 946-2625
Middletown	Safety Council of Southwestern Ohio	(513) 423-9758
Mount Vernon	Knox County Safety Council	(740) 393-1111
New Philadelphia	Tuscarawas Valley Safety Council	(330) 343-4474
Newark	Newark & Licking County Safety Council	(740) 345-9757
Norwalk	Huron County Safety Council	(419) 668-4155
Orrville	Orrville Area Safety Council	(330) 682-8881
Piqua	Miami County Safety Council	(937) 773-2765
Portsmouth	Southern Ohio Safety Council	(740) 353-7647
Ravenna	Portage County Safety Council	(330) 296-9991
SalemSalem	Area Safety Council	(330) 337-3473
Sandusky	Sandusky Area Safety Council	(419) 625-6421
Sidney	Shelby County Safety Council	(937) 492-9122
Springfield	Springfield - Clark County	(937) 325-7621
St. Clairsville	Belmont County Safety Council	(740) 695-9623
Steubenville	Jefferson County Safety Council	(740) 282-6226
Tiffin	Tiffin Area Safety Council	(419) 447-4141
Toledo	Safety Council of Northwest Ohio	(419) 662-7777
Wilmington	Highland Fayette Clinton (HFC)	(937) 382-2737
Wooster	Wooster Area Safety Council	(330) 262-5735
Youngstown	Mahoning Valley Safety Council	(330) 744-2131
Zanesville	Zanesville-Muskingum Industrial	(740) 455-8282

Saving You Time and Research

Requests for copies of OSHA standards, information on starting a safety committee, a video on accident investigation techniques -- these are some of the thousands of inquiries BWC's Division of Safety & Hygiene (DSH) libraries receive each year.

DSH has two libraries to serve you:

- The central library in the William Green Building in downtown Columbus;
- The resource center and video library located at the Ohio Center for Occupational Safety and Health (OCOSH) in Pickerington.

Both libraries are open 8 a.m. to 4:45 p.m., Monday through Friday. Your need for information does not require a visit to the library. You can phone, fax, or e-mail your requests and receive a quick response.

The central library provides free information services on the topics of occupational safety and health, workers' compensation and rehabilitation.

The OCOSH resource center provides similar services for those who visit OCOSH for meetings and training center classes.

The video library offers an extensive collection of videotapes to supplement your organization's safety and health training program. It is a convenient and popular source for Ohio employers to borrow quality occupational safety- and health-related training aids.

Visit our Web site at **www.ohiobwc.com**.

Central library
30 W. Spring St., Third Floor
Columbus OH 43215-2256
1-800-OHIOBWC
(614) 466-7388
(614) 644-9634 (fax)
library@bwc.state.oh.us

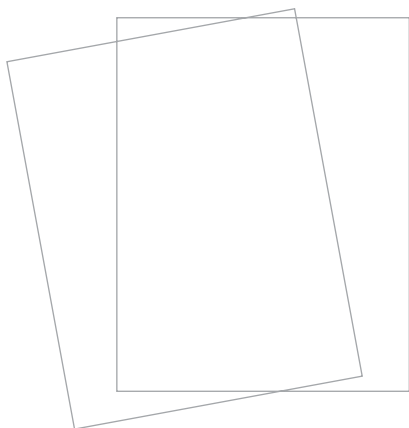
OCOSH resource center
13430 Yarmouth Drive
Pickerington OH 43147
1-800-OHIOBWC
Resource center (614) 728-6464
Video library (614) 644-0018



Safety Publications

Visit our Web site, ohiobwc.com, for a complete and up-to-date list of publications available. Click on BWC library. You can download most of the publications, and some items can be ordered.

For more information, call 1-800-OHIOBWC and follow the prompts.



A variety of publications are available to help you with your workplace safety efforts.

Educational guides

Seventeen educational guides provide an overview on a selection of topics of concern in Ohio workplaces.

- What is eye safety?
- What are electric power tools?
- What are hand tools?
- What are air power tools?
- What are powered industrial trucks?
- What is welding?
- What is personal protective equipment?
- What is manual materials handling?
- What is lockout/tagout?
- What is confined space?
- What are flammable liquids?
- What is fall protection?
- What is hazard communication?
- What is hearing conservation?
- What is ergonomics?
- What is woodworking?
- What is respiratory protection?

SafetyGRANT\$ best practices

The BWC SafetyGRANT\$ program has provided assistance to Ohio employers to help reduce their risk of cumulative trauma disorders (CTDs) in the workplace. As part of the program, BWC is sharing job designs employers have

implemented to reduce the risk of CTDs so that all employers in the state may benefit from their experiences.

- Ergonomics Best Practices for Construction Industry;
- Ergonomics Best Practices for Extended-Care Facilities;
- Ergonomics Best Practices for Manufacturing;
- Ergonomics Best Practices for Plastics Industry;
- Ergonomics Best Practices for Public Employers.

Manuals

We also publish manuals and resource guides. They include:

- BWC's Division of Safety & Hygiene Services Catalog;
- Safety Leader's Discussion Guides;
- Industry Safety Manual;
- Construction Safety Manual;
- Safety Grants Guide.

Safety manual and/or best practices for:

- Excavation;
- Extended Care Facilities;
- Machine Shops;
- Public Schools;
- Metal Stamping and Sheet Metal;
- Plastics;
- Public Employers;
- Masonry.

Signs and stickers

Stickers

Caution — Laser in use
Crane signals
Always lash in upright position
Jump starting a car
This guardrail is a must
Fall-arrest equipment required on this scaffold
Danger — It is unlawful to operate closer than 10 feet to electrical conductors

Cards

Forklift driver identification card
Crane signals card

Signs

Danger — Construction
Area (12" x 30")

SAFETY AND HEALTH ORGANIZATIONS AND AGENCIES

The following is a list of organizations and government agencies which are involved in safety and health. Brief descriptions of their responsibilities are included for your information.

<u>ORGANIZATION OR AGENCY</u>	<u>DESCRIPTION</u>
 <p>ASTM (formerly American Society for Testing and Materials) 100 Barr Harbor Drive, □ PO Box C700, □ West Conshohocken, Pennsylvania 19428-2959 □ Tel: 610.832.9585 / Fax: 610. 832.9555 □ http://www.astm.org/ □</p>	<p>Establishes voluntary consensus standards for materials, products, systems and services.</p>
 <p>American Conference of Governmental Industrial Hygienists (ACGIH) 1330 Kemper Meadow Dr. Cincinnati, Ohio 45240-1634 Tel: 513. 742.2020 / Fax 513.742.3355 http://www.acgih.org/home.htm</p>	<p>Professional society of persons employed by official governmental units responsible for full-time programs of industrial hygiene. Devoted to the development of administrative and technical aspects of worker health protection.</p>
 <p>American Industrial Hygiene Association (AIHA) 2700 Prosperity Ave, Suite 250 Fairfax, VA 22031 Tel: 703. 849.8888 / Fax: 703.207.3561 http://www.aiha.org/</p>	<p>Professional society of industrial hygienists. Promotes the study and control of environmental factors affecting the health and well-being of industrial workers.</p>
 <p>American National Standards Institute (ANSI) 1819 L Street, NW, 6th floor Washington, DC 20036 Tel: 202.293.8020 / Fax: 202.293.9287 http://www.ansi.org/</p>	<p>Serves as clearing house for nationally coordinated voluntary safety, engineering and industrial standards.</p>
 <p>American Society of Mechanical Engineers (ASME) 345 East 47th Street New York, New York 10017 (212) 705-7722 http://www.asme.org/</p>	<p>Conducts research; develops boiler, pressure vessel and power test codes. Sponsors American National Standards Institute in developing safety codes and standards for equipment.</p>
 <p>American Society of Safety Engineers (ASSE) 1800 East Oakton Street Des Plaines, Illinois 60018 Tel: 847.699.2929 / Fax: 847.768.3434 http://www.asse.org/</p>	<p>Professional society of safety engineers, safety directors and others concerned with accident prevention and safety programs.</p>
 <p>American Welding Society (AWS) P. O. Box 351040 550 LeJeune Road, N.W. Miami, Florida 33126 Tel: 800.443.9353 or 305.443.9353 http://www.aws.org/</p>	<p>Professional engineering society in the field of welding. Sponsors seminars and conferences on welding.</p>

SAFETY AND HEALTH ORGANIZATIONS AND AGENCIES (Continued)

<u>ORGANIZATION OR AGENCY</u>	<u>DESCRIPTION</u>
 <p>Centers for Disease Control (CDC) U.S. Department of Health and Human Services 1600 Clifton Rd. Atlanta, GA 30333 Tel: 404.639.3311 or 800.311.3435 http://www.cdc.gov/</p>	<p>Surveys national disease trends and epidemics and environmental health problems. Promotes national health education program. Administers block grants to states for preventive medicine and health services programs.</p>
 <p>Compressed Gas Association (CGA) 4221 Wallney Roa, 5th Floor. □ Chantilly, VA 20151-2923 □ Tel: 703.788.2700 / Fax: 703.961.1831 □ http://www.cganet.com/</p>	<p>Submits recommendations to appropriate government agencies to improve safety standards and methods of handling, transporting, and storing gases. Acts as advisor to regulatory authorities and other agencies concerned with safe handling of compressed gases.</p>
 <p>Environmental Protection Agency (EPA) Ariel Rios Building 1200 Pennsylvania Avenue, N.W. Washington, DC 20460 Tel: 202. 382.4361 http://www.epa.gov/</p>	<p>Administers federal environmental policies, research, and regulations. Provides information on many environmental subjects including water pollution, hazardous and solid waste disposal, air and noise pollution, pesticides, and radiation.</p>
 <p>Government Printing Office (GPO) 732 North Capitol Street, N.W. Washington, D.C. 20401 Tel: 202.275.3648 http://www.access.gpo.gov/</p>	<p>Prints, distributes, and sells selected publications of the U.S. Congress, government agencies, and executive departments.</p>
 <p>Mine Safety and Health Administration (MSHA) U.S. Department of Labor 1100 Wilson Boulevard Arlington, Virginia 22203 Tel: 202.693.9400 http://www.msha.gov/</p>	<p>Administers and enforces the health and safety provisions of the Federal Mine Safety and Health Act of 1977. Has a training facility in Beckley, West Virginia. (Mine Health and Safety Academy, P.O. Box 1166, Beckley, West Virginia 25801)</p>
 <p>National Audiovisual Center (NAC) National Technical Information Service 5285 Port Royal Road Springfield, Virginia 22161 Tel: 703.605.6000 http://www.ntis.gov/products/types/audiovisual.asp</p>	<p>Serves as the central source for all federally produced audiovisual materials and makes them available to the public through information and distribution services.</p>
 <p>National Institute of Standards and Technology (formerly National Bureau of Standards) U.S. Department of Commerce 100 Bureau Drive, Stop 3460 Gaithersburg, Maryland 20899 Tel: 301.975.8295 http://www.nist.gov/</p>	<p>Develops engineering measurements, data and test methods. Produces the technical base for proposed engineering standards and code changes. Generates new engineering practices. Aids international competitiveness of small-and medium-sized companies and consortia through technology development and transfer programs.</p>

SAFETY AND HEALTH ORGANIZATIONS AND AGENCIES (Continued)

<u>ORGANIZATION OR AGENCY</u>	<u>DESCRIPTION</u>
 <p>National Fire Protection Association (NFPA) □ 1 Batterymarch Park □ Quincy, Massachusetts 02169 □ Tel: 617.700.3000 / Fax 617.770.0700 □ http://www.nfpa.org/ □</p>	<p>Develops, publishes and disseminates standards, prepared by approximately 175 technical committees, intended to minimize the possibility and effects of fire and explosion.</p>
 <p>National Institute for Occupational Safety and Health (NIOSH) U.S. Department of Health and Human Services 200 Independence Ave., SW, Room 715H Washington, DC 20201 Tel: 1.800.35.NIOSH (1.800.356.4674) http://www.cdc.gov/niosh/homepage.html</p>	<p>Part of the Centers for Disease Control. Supports and conducts research on occupational safety and health issues. Provides technical assistance and training. Develops recommendations for OSHA. Operates an occupational safety and health informational bibliographic data base.</p>
 <p>National Institutes of Health (NIH) 9000 Rockville Pike Bethesda, Maryland 20892 Tel: 301.496.4000 http://www.nih.gov/</p>	<p>Supports and conducts biomedical research into the causes and prevention of diseases and furnishes information to health professionals and the public.</p>
 <p>National Safety Council (NSC) 1121 Spring Lake Drive Itasca, IL 60143-3201 Tel: 630.285.1121 / Fax: 630.285.1315 http://www.nsc.org/</p>	<p>A voluntary, nongovernmental organization which promotes accident reduction by providing a forum for the exchange of safety and health ideas, techniques, experiences and accident prevention methods.</p>
 <p>National Technical Information Service (NTIS) U.S. Department of Commerce 5285 Port Royal Road Springfield, Virginia 22161 Tel: 703.605.6000 http://www.ntis.gov/</p>	<p>Distribution center that sells to the public government-funded research and development reports and other technical analyses prepared by federal agencies, their contractors, or grantees. Offers microfiche and computerized bibliography search services.</p>
 <p>Occupational Safety and Health Administration (OSHA) 200 Constitution Avenue, N.W. Washington, D.C. 20210 Tel: 202.523.8151 http://www.osha.gov/</p>	<p>The government agency that establishes protective standards, enforces those standards, and reaches out to employers and employees through technical assistance and consultation programs</p>
 <p>Occupational Safety and Health Review Commission (OSHRC) 1120 20th Street NW □ Washington, DC 20036 □ Tel: 202.606.5383 □ http://www.oshrc.gov/</p>	<p>Independent executive agency that adjudicates disputes between private employers and OSHA arising from citations of occupational safety and health standards.</p>
<p>Women's Occupational Health Resource Center 117 St. Johns Place Brooklyn, New York 11217 Tel: 718.230.8822</p>	<p>Acts as clearinghouse for women's occupational health and safety issues.</p>

**INTERNET WEB SITES
FOR
OCCUPATIONAL SAFETY & HEALTH INFORMATION
April 2005**

GENERAL

NATIONAL SAFETY COUNCIL (NSC)

<http://www.nsc.org/>

The NSC has a user friendly web site for innovative and current information on home, farm and community, on the road and workplace safety and as well statistical data and charts.

NORTH DAKOTA WORKFORCE SAFETY & INSURANCE

<http://www.workforcesafety.com/>

For workplace safety, North Dakota's WSI site puts forth their "safe operating procedures" page where they give information on accident and near miss reports, substance abuse, material handling and storage, walking and working surfaces, and safety program development and orientation.

OCCUPATIONAL & INDUSTRIAL SAFETY RESOURCES

<http://www.khake.com/page59.html>

Maintained by a Vocational Information Center, this web site provides links to occupational and industrial safety with lists of directories, national centers, hotlines and help lines as well as specific area coverage such as emergency, disaster and natural hazards, and tool, machine and equipment safety options.

OKLAHOMA STATE UNIVERSITY

<http://www.pp.okstate.edu/ehs/>

The Department of Environmental Health & Safety at OSU offers an online safety resource library that is constantly being updated with topics from A-Z including specific areas of safety such as fire, construction, HAZCOM and training. Go to the "Links Library" option.

SAFETY DIRECTORY

<http://www.safetydirectory.com/>

Safety Directory.com is an Internet gateway to occupational health & safety sites. This web site is indexed with information on industry specific topics, training, illness and injury, as well as safety publications and resources.

FEDERAL GOVERNMENT

CENTERS FOR DISEASE CONTROL & PREVENTION (CDC)

<http://www.cdc.gov/>

The CDC is always a good resource for current medical issues throughout the United States. Health topics from A-Z give an in-depth look at most communicable diseases as well as topics such as safe driving, violence, and air pollution, and workplace safety and health topics.

FEDERAL EMERGENCY MANAGEMENT ASSOCIATION (FEMA)

<http://www.fema.gov/>

For up-to-date information on active disasters and emergencies nationwide access this web site first. Publications include options for emergency preparedness and prevention, response and recovery, disaster fact sheets, and public awareness information.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY & HEALTH (NIOSH)

<http://www.cdc.gov/niosh/homepage.html>

NIOSH's web site provides current information on many services as well as safety research, including ergonomics programs, respirators, and mining safety. At the chemical page you will find databases and other helpful resources, information on personal protective equipment, as well as government agency web sites of interest.

OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION (OSHA)

<http://www.osha.gov>

OSHA'S official web site includes media releases, online publications, statistics, standards & directives, "Technical Links," training center courses, "hot topics," and "what's new" as well a very useful A-Z index page.

INTERNATIONAL RESOURCES

HEALTH & SAFETY EXECUTIVE (HSE)

<http://www.hse.gov.uk/>

The United Kingdom has an international safety web site with a good deal to offer on occupational safety & health. Drop down boxes offer A-Z industry information, health and safety topics, tools, research, as well as publications and statistics.

ERGNET

<http://www.sunderland.ac.uk/~ts0qli/ergnet.htm>

The University of Sunderland in the UK is an international web site directory of "places for ergonomics and human factors". Featuring lists of sources such as societies, organizations, government bodies, institutes, centers and laboratories, this site also gives links to journals, a research database and other general ergonomic sites.

OHIO

OHIO EPA (OEPA) □

<http://www.epa.state.oh.us>

At the official web site for Ohio's Environmental Protection Agency; use the "Topic Index" to find regulations and information on permits, hazardous waste, pollution prevention, wastewater, wetlands, and much more.

OHIO STATE LIBRARY/OHIOLINK

<http://winslo.state.oh.us>

At **OhioLink**, a statewide library and information network, you can search the State Library of Ohio's collection for the BWC's Division of Safety & Hygiene library books as well as other Ohio College and university library collections. Also available at this web site are searchable versions of Ohio Administrative laws and rules, electronic databases, and other Ohio library directories.

SPECIFIC (BY SUBJECT)

CONSTRUCTION

<http://www.cdc.gov/elcosh/index.html>

CDC's **eLCOSH** is a comprehensive library of construction-related safety information presented in both English and Spanish with items listed under trade, hazard, job site, and others. Also see: The Construction Industry Safety Council, a Center to Protect Workers' Rights resource center at <http://www.buildsafe.org/RSC.htm> for OSHA publications in PDF and hazard alerts.

ERGONOMICS

<http://www.ergoweb.com>

ERGOWEB provides current information on ergonomics and human factor science. Offered are: research, case studies, reference material and a forum for questions, answers and discussion.

LABORATORY SAFETY

<http://safety.science.tamu.edu/>

Texas A&M University College of Science is an optional choice for safety in the laboratory information. From hazard identification to waste disposal this web site offers thorough coverage of laboratory safe practices.

MATERIAL SAFETY SHEETS

<http://www.ilpi.com/msds/index.html>

This web site offers many solutions for finding MSDS (100 free sites) as well as chemical manufacturers and suppliers, pesticides including fertilizers, government sites, and other miscellaneous locations for chemical data. Also check any toxicological effects at <http://www.atsdr.cdc.gov/toxprofiles/> and health and safety information on household chemical ingredients at <http://householdproducts.nlm.nih.gov/>.

MOTOR CARRIER SAFETY PROGRAMS

<http://www.fmcsa.dot.gov/safetyprogs/saftprogs.htm>

The Federal Motor Carrier Safety Administration (FMCSA), an administration within the U.S. Department of Transportation, regulates and supports the Nation's interstate commercial carrier industry. The FMCSA web page offers several safety programs in PDF format such as brake safety, fatigue, HAZMAT safety, speed management, sharing the road safely, and other insurance and licensing information.

RADIATION

<http://www.physics.isu.edu/radinf/>

The Radiation Information Network offers a web site that is in-depth with information on radiation topics and issues. In addition to what's new in the field and general information there are regulatory, organizational and society links as well as research and educational resources available to access.

SAFETY STATISTICS

<http://stats.bls.gov/>

Occupational health and safety statistics by industry and occupation can be researched for injuries, illnesses, and fatality data at this web site starting with the "Overview of BLS Statistics on Worker Safety and Health" page.

SAFETY BRIEFINGS, MANUALS, PRODUCTS & PROGRAMS

OSHA POWERPOINT SAFETY PRESENTATIONS

<http://esf.uvm.edu/siript/powerpt.html>

An extensive safety PowerPoint presentation library is available at this web site featuring A-Z topics such as accident investigations, bomb threats, chemical spills, construction, electrical, hand tools, emergency response, fire safety, forklifts, JSA, laser, OSHA compliance, PPE, razor knife safety, safe lifting, and many more.

SAFETY PUBLICATIONS & VIDEO RESOURCES

<http://www.cbs.state.or.us/external/osha/standards/pub.htm>

A valuable resource for safety resources, the Oregon State's Department of Consumer and Business Publications web site is packed with downloadable information. Areas covered are agriculture, asbestos abatement, occupational exposures, HAZCOM, HAZMAT, HAZWOPER, safety practices, writing manuals and programs, tools of the trade, workers' compensation and ergonomics.

Ohio Bureau of Workers' Compensation, Div. of Safety & Hygiene Library
30 W. Spring St., L-3, Columbus, OH 43215-2256
(800) 644-6292, press option 2 - 2
(614) 466-7388/ (614) 644-9634 (fax)
E-Mail: library@bwc.state.oh.us

**BULLETIN BOARD POSTERS REQUIRED FOR OHIO EMPLOYERS □
BY STATE & FEDERAL LAWS □**



This poster can be obtained from:
Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, Ohio 43215
(614) 466-1015



POSTER

ADDITIONAL INFORMATION

Needed
Yes
No
Posted?

Ohio Workers' Compensation Certificate
Must be posted by every employer subject to the law. Certificate furnished by the Bureau of Workers' Compensation must be posted for employees to see. **As of August 2004**, check your BWC Certificate to ensure that it has the statement about your participation in the **BWC Drug Free Workplace Program**. *If not, you need to contact your local BWC office ASAP!*

Agency: Ohio Bureau of Workers' Compensation
Questions Number: 614-466-1015
Web: <http://www.ohiobwc.com/>
Publication Number: Certificates are individually numbered.
Last Revised: New ones are sent to employers every 6 months.

A packet of these posters can be obtained from:
Ohio Department of Job & Family Services (ODJFS)
145 South Front Street
Columbus, Ohio 43215
(614) 644-2703

Needed
Yes
No
Posted?

Ohio Unemployment Compensation Law
Must be posted by all employers who contribute to the Ohio Unemployment Compensation Fund.

Agency: ODJFS, Unemployment Compensation Tech Support
Questions Number: 866-733-0025 or 614-466-4568
Web: <http://jfs.ohio.gov/ouc/>
Publication Number: Notice to Employees
Last Revised: April 2002

Needed
Yes
No
Posted?

Ohio Minimum Wage Law
Only employers whose annual gross volume of sales is \$150,000 or more and who are not covered by the federal Fair Labor Standards Act must post a summary of Ohio Minimum Fair Wage Standards Law

Agency: Department of Commerce, Division of Labor and Worker Safety
Questions Number: 614-644-2239
Web: <http://www.com.state.oh.us/>
Publication Number: N/A Last Revised: N/A

Needed
Yes
No
Posted?

Ohio Minor Labor Law
Posted in every room of any factory, workshop, or office where employees under eighteen years of age are permitted to work; and employers of minors must post names of employees under 18, including working hours, meal time, and time starting and ending work day.

Agency: Department of Commerce, Division of Labor and Worker Safety
Questions Number: 614-644-2239
Web: <http://wagehour.bes.state.oh.us/>
Publication Number: N/A Last Revised: N/A

Needed
Yes
No
Posted?

**Safety and Health Protection on the Job Poster
Public Employment Risk Reduction Program (PERRP)**
All public employers in Ohio must post this poster informing employees of their rights to a safe and healthy workplace under the Ohio Revised Code.

Agency: ODC, Division of Labor and Worker Safety, Bureau of Occupational Health and Safety
Questions Number: 1-800-671-6858 or 614-644-2246
Web: (not available at time of print)
Publication Number: N/A Last Revised: N/A

Needed
Yes
No
Posted?

Ohio Fair Employment Practices Law
All employers of four or more employees must post in a conspicuous place. Law prohibits discrimination in employment practices relative to race, color, religion, sex, national origin, disability, or ancestry.

Agency: Ohio Civil Rights Commission Central Office
Questions Number: 614-466-2785
More info: <http://www.state.oh.us/crc/index.htm>
Publication Number: N/A Last Revised: June 2004

**BULLETIN BOARD POSTERS REQUIRED FOR OHIO EMPLOYERS
BY STATE & FEDERAL LAWS**

POSTER

ADDITIONAL INFORMATION

Needed
Yes
No
Posted?

OSHA Workplace Poster
Job Safety & Health Poster is required to be posted by all employers.

Agency: OSHA
Questions Number: 1-800-321-OSHA
Web: <http://www.osha-slc.gov/Publications/poster.html>
Publication Number: OSHA 3165
Last Revised: 2000

Needed
Yes
No
Posted?

Fair Labor Standards Act (FLSA) Poster
Covers most employers engaged in interstate commerce with gross annual sales of \$500,000 and over. Poster covers minimum wage, overtime pay, equal pay for equal work, child labor, students, apprentices, and handicapped workers.

Agency: U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division
Questions Number: 1-866-487-9243 or 1-866-4-USWAGE
Web: <http://www.dol.gov/esa/whd/flsa/>
<http://www.dol.gov/esa/regs/compliance/posters/flsa.htm>
Publication Number: WH Publication 1088
Last Revised: October 1996

Needed
Yes
No
Posted?

The Equal Employment Opportunity (EEO) Poster
Required of all employers of 15 or more employees, all government contractors and subcontractors, regardless of number of employees.

Agency: U.S. Department of Labor, Employment Standards Administration, Office of Federal Contract Compliance Programs
Questions Number: 1-866-487-2365 or 1-866-4-USA-DOL
Web: <http://www.dol.gov/esa/regs/compliance/posters/eeo.htm>
Publication Number: EEOC-P/E-1 Last Revised: Fall 2002

Needed
Yes
No
Posted?

Family and Medical Leave Act (FMLA) Poster
Public agencies (including state, local, and federal employers), public and private elementary and secondary schools, as well as private sector employers who employ 50 or more employees in 20 or more work weeks and who are engaged in commerce or in any industry or activity affecting commerce, including joint employers and successors or covered employers.

Agency: U.S. Department of Labor, Columbus Office
Questions Number: 614-469-5415
Web: <http://www.dol.gov/esa/regs/compliance/posters/fmla.htm>
Publication Number: WH Publication 1420
Last Revised: August 2001

Needed
Yes
No
Posted?

Employee Polygraph Protection Act (EPPA) Poster
Any employer engaged in or affecting commerce or in the production of goods for commerce. Does not apply to federal, state and local governments, or to circumstances covered by the national defense and security exemption.

Agency: U.S. Department of Labor, Columbus Office
Questions Number: 614-469-5415
Web: <http://www.dol.gov/esa/regs/compliance/posters/eppa.htm>
Publication Number: WH Publication 1462
Last Revised: September 1988

These posters can be obtained from:

US Dept. of Labor
200 N. High Street, Room 646
Columbus, Ohio 43215
(614) 469-5677

Needed
Yes
No
Posted?

The Beck Poster
Applies to Federal Contractors and Subcontractors that meet the requirements of the law. This is a notice of employee rights concerning payment of union dues or fees.

Agency: U.S. Department of Labor, National Labor Relations Board, Division of Information
Questions Number: 1-866-667-6572
Web: <http://www.dol.gov/esa/regs/compliance/olms/BeckInfo.htm>
Publication Number: BeckPosterWithNLRB
Last Revised: February 17, 2001

**BULLETIN BOARD POSTERS REQUIRED FOR OHIO EMPLOYERS
BY STATE & FEDERAL LAWS**

POSTER

ADDITIONAL INFORMATION

Needed
 Yes
 No
 Posted?

The Beck Poster for Contractors Subject to the Railway Labor Act
 Applies to Federal Contractors and Subcontractors subject to the railway labor act the meet the requirements of the law. This is a notice of employee rights concerning payment of union dues or fees.

Agency: U.S. Department of Labor
 Questions Number: 1-866-487-2365
 Web: <http://www.dol.gov/esa/regs/compliance/olms/BeckInfo.htm>
 Publication Number: BeckPosterWithoutNLRB
 Last Revised: February 17, 2001

Needed
 Yes
 No
 Posted?

Davis-Bacon Poster (Government Construction)
 Any contractor/subcontractor engaged in contracts in excess of \$2,000 for the actual construction, alteration/repair of a public building or public work or building or work financed in whole or in part from federal funds, federal guarantee or federal pledge which is subject to the labor standards provisions of any of the acts listed in 29 CFR 5.1.

Agency: U.S. Department of Labor, Columbus Office
 Questions Number: 614-469-5415
 Web: <http://www.dol.gov/esa/regs/compliance/posters/davis.htm>
 Publication Number: WH Publication 1421
 Last Revised: January 1986

Needed
 Yes
 No
 Posted?

Service Contract Act / Walsh-Healey Poster
 Applies to all employers whose workers are engaged directly in production or furnishing of materials, supplies, or equipment amounting to more than \$2,500 under a government contract.

Agency: U.S. Department of Labor, Columbus Office
 Questions Number: 614-469-5415
 Web: <http://www.dol.gov/esa/regs/compliance/posters/sca.htm>
 Publication Number: WH Publication 1313
 Last Revised: October 1996

Needed
 Yes
 No
 Posted?

Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Poster
 Each farm labor contractor, agricultural employer and agricultural association which employs any migrant agricultural worker.

Agency: U.S. Department of Labor, Columbus Office
 Questions Number: 614-469-5415
 Web: <http://www.dol.gov/esa/regs/compliance/posters/mspaensp.htm>
 Publication Number: WH Publication 1376
 Last Revised: April 1983

Needed
 Yes
 No
 Posted?

Notice to Workers with Disabilities/Special Minimum Wage Poster
 Every employer having workers employed under special minimum wage certificates authorized by section 14(c) of the Fair Labor Standards Act.

Agency: U.S. Department of Labor, Columbus Office
 Questions Number: 614-469-5415
 Web: <http://www.dol.gov/esa/regs/compliance/posters/disab.htm>
 Publication Number: WH Publication 1284
 Last Revised: October 1996

These posters can be obtained from the respective agency.

Needed
 Yes
 No
 Posted?

Annual Summary, OSHA Form 300A
 Must be posted from February 1 to April 30 each year, unless exempt from keeping OSHA 300 Log. Exempt employers include those with 10 or fewer employees, and those with exempt (low hazard) SIC codes.

Agency: OSHA
 Questions Number: 1-800-321-OSHA
 Web: <http://www.osha.gov/>
 Poster: <http://www.osha.gov/recordkeeping/RKforms.html>
 Publication Number: OSHA 300A
 Last Revised: 2004

Needed
 Yes
 No
 Posted?

Notice - Federal Aid Projects (False Statements)
 All contractors working on a highway construction project, whether state or federal, with federal aid are required by law to post this Fraud Notice Poster.

Agency: US Department of Transportation, Federal Highway Administration
 Questions Number: 202-366-2519
 Web: <http://www.fhwa.dot.gov/index.html>
 Poster: <http://www.fhwa.dot.gov/programadmin/contracts/fhwa1022.htm>
 Publication Number: FHWA-1022
 Last Revised: June 1990

**BULLETIN BOARD POSTERS REQUIRED FOR OHIO EMPLOYERS
BY STATE & FEDERAL LAWS**

POSTER

ADDITIONAL INFORMATION

Wage Rate Information Poster

Needed
Yes
No
Posted?

Construction work on Federal-Aid Highway Project's are subject to the minimum wage rate provisions of Section 113, Title 23, United States Code and the overtime wage provisions of the Contract Work Hours and Safety Standards Act. They are also required to post this notice.

Agency: US Department of Transportation, Federal Highway Administration
 Questions Number: 202-366-2519
 Web: <http://www.fhwa.dot.gov/index.html>
 Poster: <http://www.fhwa.dot.gov/programadmin/contracts/fhwa1495.htm>
 Publication Number: FHWA-1495
 Last Revised: October 1, 2003

Whistleblower Protection Program Poster

Needed
Yes
No
Posted?

Employees of air carriers, their contractors, and their subcontractors, are protected from retaliation, discharge or otherwise being discriminated against for providing information relating to air carrier safety violations to their employer or to the Federal Government, or filed, testified, or assisted in a proceeding against the employer relating to any violation or alleged violation of any order, regulation, or standard of the Federal Aviation Administration or any other Federal law relating to air carrier safety, or because they are about to engage in any of these actions.

Agency: OSHA & Federal Aviation Administration
 Questions Number: 1-800-321-OSHA
 Web: <http://www.faa.gov/avr/afs/whistleblower/>
 Publication Number: FAA-WBPP-01
 Last Revised: April 5, 2000

Tanning Rules

Needed
Yes
No
Posted?

All tanning services provided by ultraviolet means for public consumption as defined in section 4713.25 of the Revised Code shall post this notice in a conspicuous place for its' employees.

Agency: Ohio State Board of Cosmetology
 Questions Number: 614-466-3834
 Web: <http://www.cos.ohio.gov/>
 Poster: <http://www.cos.ohio.gov/who-we-are/cosmetology-board-statutes-and-rules/TANR6-04.pdf>
 Last Revised: June 2004

Salon Operation and Sanitation Rules

Needed
Yes
No
Posted?

All Salon Operations are required to post this notice in a conspicuous place for its' employees.

Agency: Ohio State Board of Cosmetology
 Questions Number: 614-466-3834
 Web: <http://www.cos.ohio.gov/>
 Poster: <http://www.cos.ohio.gov/who-we-are/cosmetology-board-statutes-and-rules/SOSR6-04.pdf>
 Last Revised: June 2004

The following three posters are mentioned as required by law on various all-in-one poster suppliers' web sites. However after speaking with the governing agencies, none of the three posters listed below is required by law. You can optionally post the information.

INS Discrimination Poster

May be posted by employers.

Agency: Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS)
 Questions Number: 1-800-375-5283
 Web: <http://www.uscis.gov/>

IRS Withholding Notice combined with IRS Earned Income Notice

May be posted by employers.

Agency: Internal Revenue Service
 Questions Number: 1-800-829-4933 – Customer Service Number
 Web: <http://www.irs.gov/>

Payday Notice

May be posted by employers.

Agency: Internal Revenue Service
 Questions Number: 1-800-829-4933 – Customer Service Number
 Web: <http://www.irs.gov/>

OCCUPATIONAL SAFETY AND HEALTH PUBLICATIONS
That You May get for FREE!

MAGAZINES

Magazine Name: BWC Focus Magazine

Published By: Ohio Bureau of Workers' Compensation

Web Site: <http://www.ohiobwc.com/>

This quarterly magazine covers the latest information on workers' compensation management, and occupational safety and health. You can subscribe to BWC Focus absolutely free. To receive a free BWC Focus subscription, e-mail you name, address and, if possible, employer policy number to BWC@butlermail.com.

This magazine is automatically provided to all companies and organizations that pay into the Ohio Bureau of Worker's Compensation system. If for some reason you are not receiving this magazine you can verify you subscription status by calling 1-800-237-7914. You can also subscribe to this magazine on-line at https://www.ohiobwc.com/employer/forms/publications/nlbwc/EmployerPubsLasp?txtCID=840_6789

Magazine Name: Industrial Safety & Hygiene News

Published By: Business News Publishing Co. II, LLC

Website: <http://www.ishn.com/>

This monthly magazine covers safety and hygiene news. You must qualify to receive this magazine for free. You can also subscribe to this magazine on-line at <http://www.ameda.com/ishn/>

Magazine Name: Occupational Hazards □

Published By: Penton Media, Inc. □

Website: <http://www.occupationalhazards.com/> □

This monthly magazine covers Occupational Safety and Health news. You must qualify to receive this magazine for free. You can also subscribe to this magazine on-line at <http://www.submag.com/sub/oz?PK=WOZHP>

Magazine Name: Occupational Safety & Health Magazine

Published By: Stevens Publishing Corporation

Website: <http://www.ohonline.com/>

This monthly magazine covers Occupational Safety and Health news. You must qualify to receive this magazine for free. You can also subscribe to this magazine on-line at <http://www.ohonline.com/subscribe.html>

Magazine Name: Rockford Newsletter

Published By: Rockford Systems, Inc., P.O. Box 5525 Rockford, Illinois 61125-0525 (815) 874-6144

Website: <http://www.rockfordsystems.com>

Rockford Systems offers a free quarterly news publication and several free catalogs on machine guarding. See website above for more information

OCCUPATIONAL SAFETY AND HEALTH PUBLICATIONS
That You May get for FREE!

E-MAIL NEWSLETTERS

Magazine Name: workers' comp news

Published By: Ohio Bureau of Workers' Compensation

Website: <http://www.ohiobwc.com/>

Let BWC keep you informed of the latest news when it happens. From premium savings to safety services, we can e-mail you timely workers' compensation information as it unfolds. You can subscribe to this e-mail at <http://www.ohiobwc.com/home/current/articles/2003/040903.asp>

Magazine Name: BLR Safety & Health E-Lert

Published By: Business & Legal Reports (BLR)

Website: <http://safety1.blr.com/>

This e-mail periodical covers current Occupational Safety and Health news. As a bonus if you sign up currently they are offering a book titled "Special Report – Effective EHS Training Program"

You can subscribe to this e-mail at

http://safety1.blr.com/blr_shared/elert/signup.cfm?source=WBS&effort=131

Magazine Name: OSHA Quicktakes

Published By: OSHA

Website: <http://www.osha.gov>

This bi-weekly e-mail covers current OSHA news. You can subscribe to this e-mail at

<http://www.osha.gov/delphi-img/QuickTakes/subscribe.html>

Magazine Name: Seton Alerts for Safety Newsletter

Published By: Seton

Website: <http://www.seton.com>

This e-mail newsletter will alert you to the latest news from OSHA and provide you practical, how-to articles and tools to help you with your compliance programs. You can subscribe to this e-mail at

http://www.clickaction.net/ClickAction?c=1&p=10050&i=1&func=S_Survey

Magazine Name: TECHlines

Published By: Lab Safety Supply

Website: <http://www.labsafety.com/>

This newsletter is published bi-monthly and keeps you up-to-date on occupational and environmental safety and health issues including regulations. You can subscribe to this e-mail at

<http://www.labsafety.com/refinfo/>

Workers' compensation and HIPAA

I. BWC and MCOs are not covered entities under HIPAA

The final Health Insurance Portability and Accountability Act (HIPAA) privacy and electronic transactions regulations do not directly apply to BWC or to managed care organizations (MCOs). BWC and MCOs (and self-insuring employers' workers' compensation programs) do not qualify as "covered entities" under the HIPAA regulations since they do not meet the definitions of a "health plan," "health care clearinghouse" or "health care provider" as defined in the rules.

See 45 Code of Federal Regulations (CFR) 160.102; 45 CFR 160.103.

In fact, workers' compensation programs are excluded specifically from the definition of a health plan under the HIPAA regulations. **See 45 CFR 160.103; 42 U.S.C. 330-gg-91(c)(1)(D).**

II. BWC and MCOs are not business associates of providers under HIPAA

Under the final HIPAA privacy and electronic transactions regulations, covered entities, including providers, may have "business associates" who perform tasks or functions for or on behalf of the covered entity (e.g., legal, accounting, etc.) that involve the use or disclosure of health information. In general, covered entities must enter into "business associate agreements" with these business associates in which the business associate agrees to safeguard the privacy of the information. **See 45 C.F.R. 160.502(e); 45 CFR 160.103; 45 C.F.R. 160.504(e).**

BWC and its MCOs are not business associates of providers, since BWC and the MCOs generally do not perform any functions "for or on behalf of" providers. This applies to treating providers and to BWC's Disability Evaluators' Panel (DEP) providers.

However, if a DEP provider has an administrative agent, the agent might be considered a business associate of the DEP provider but not of BWC. It is the DEP providers' responsibility to ensure their contract with the administrative agent contains the necessary HIPAA privacy safeguards. Therefore, DEP providers should consult their legal counsel and/or HIPAA consultants as to whether their administrative agent contracts are (or need to be) HIPAA compliant.

III. BWC and MCOs are not required to comply with the HIPAA electronic transaction standards

In general, the HIPAA electronic transaction regulations apply to the transmission of data in a transaction between covered entities, or within the same covered entity, when there is a HIPAA standard for that type of transaction. **See 45 CFR 162.923(a).** Since BWC and its MCOs do not qualify as covered entities under the HIPAA regulations, transactions between BWC and an MCO, or between an MCO (or BWC) and a provider, do not have to be conducted in compliance with the HIPAA electronic transaction standards.

IV. Release of medical information in Ohio workers' compensation claims under HIPAA

Under HIPAA, providers may release protected health information in a workers' compensation claim:

- For treatment, payment or health-care operations purposes;
- Under a HIPAA exemption to comply with state workers' compensation laws;
- Under a valid HIPAA authorization;
- Under a valid administrative or judicial order, subpoena, discovery or other lawful process that meets HIPAA requirements.

A. Release for treatment, payment or health-care operations purposes

Under the final HIPAA privacy regulations, covered entities may use and disclose protected health information for treatment, payment and health-care operations purposes. **See 45 CFR 164.506.** "Payment" and "treatment" are defined fairly broadly under HIPAA. **See 45 CFR 164.501.**

Therefore, to the extent that a provider is treating a workers' compensation claimant, and the provider is:

- Requesting authorization for treatment;
- Requesting payment for treatment already rendered;
- Providing information with regard to the allowance of a workers' compensation claim or the allowance of an additional condition in an existing claim;

the provider should be able to release information to BWC, an MCO, a self-insuring employer or a Qualified Health Plan (QHP) in a self-insured claim, pursuant to **45 CFR 164.506.**



Governor Bob Taft
Administrator/CEO James Conrad

B. Release under HIPAA workers' compensation exception

In addition to the release of information for treatment, payment or health-care operations purposes, the final HIPAA privacy regulations specifically allow covered entities to disclose protected health information **"as authorized by and to the extent necessary to comply with [state] laws relating to" workers' compensation programs.** See 45 CFR 164.512(l).

There is no Ohio workers' compensation statute that directly addresses a provider's obligation to submit protected health information to BWC or to MCOs. However, there are two relevant BWC administrative rules:

- **Ohio Administrative Code (OAC) 4123-6-028** requires providers to report an injured worker's injury to either the worker's MCO or to BWC via **ohiobwc.com** within one working day of the initial treatment or initial visit.
- **OAC 4123-6-20(D)**, amended effective Jan. 1, 2003, states in part:

In accepting a workers' compensation case, a medical provider assumes the obligation to provide to the bureau, claimant, employer, or their representatives, MCO, QHP, or self-insuring employer, upon written request or facsimile thereof and within five business days, all medical, psychological, or psychiatric documentation relating causally or historically to physical or mental injuries relevant to the claim required by the bureau, MCO, QHP, or self-insuring employer, and necessary for the claimant to obtain medical services, benefits or compensation.

If a treating provider is asked to disclose protected health information to any of the parties listed in **OAC 4123-6-20(D)** for a purpose other than for treatment, payment or health-care operations (e.g., the initial investigation of a claim, the completion of a *Request for Total Temporary Compensation* (C-84), and the provider is persuaded the requested documentation **"relate[s] causally or historically to physical or mental injuries relevant to the claim,"** is **"required by the bureau, MCO, QHP, or self-insuring employer"** and is **"necessary for the claimant to obtain medical services, benefits or compensation,"** the provider may disclose the information pursuant to **45 CFR 164.512(l).**

Note that this HIPAA workers' compensation exemption, when read in combination with the Ohio rules cited above, may in many cases provide additional support for the release of health information under the other circumstances discussed here (e.g., release for information to BWC or an MCO for treatment or payment purposes, etc.).

C. Release under a valid HIPAA authorization

Under the HIPAA privacy regulations, covered entities may disclose protected health information under a valid authorization (release) from the individual that complies with HIPAA requirements. See 45 CFR 164.508.

Ohio Revised Code (ORC) 4123.651 (B) and (C) specifically provide that employers are entitled to a signed medical release from their injured workers for **"medical information, records, and reports relative to the issues necessary for the administration of [the injured worker's] claim,"** and that injured workers' right to compensation and benefits may be suspended if they do not provide such a release to the employer.

Therefore, if the employer is having difficulty obtaining protected health information from a provider, the employer may obtain a

signed medical release from the injured worker pursuant to **ORC 4123.651.** Providers should honor the signed release if it complies with the requirements for a valid HIPAA authorization.

BWC has revised its *Authorization to Release Medical Information* (C-101) so the form constitutes a valid, HIPAA-compliant authorization. **Note:** The medical release statement on the *First Report of an Injury, Occupational Disease or Death (FROI-1)* is not, and in all likelihood cannot be, modified sufficiently to constitute a valid, HIPAA-compliant authorization.

Also, in general, psychotherapy notes may not be disclosed, even for most treatment, payment, or health-care operations purposes (with a few limited exceptions) without a separate authorization specifically for the notes. See 45 CFR 164.508(a)(2).

D. Release under a valid administrative or judicial order, subpoena, discovery or other lawful process

Under the HIPAA privacy regulations, a covered entity may disclose protected health information in the course of any judicial or administrative proceeding:

- In response to a court or administrative order (but must disclose only the protected health information expressly authorized by such order);
- In response to a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order, if the covered entity receives satisfactory assurances from the party seeking the information that:
 - (a) It has made reasonable efforts to ensure the individual whose information is being requested has been given notice of the request; or
 - (b) It has made reasonable efforts to secure a qualified protective order that meets HIPAA requirements.

However, a covered entity may disclose protected health information in response to lawful process without receiving the satisfactory assurances specified above if the covered entity makes reasonable efforts to provide notice to the individual or to seek a qualified protective order. See generally 45 CFR 164.512(e). "Satisfactory assurances" and "qualified protective order" are defined more fully in the HIPAA regulations. See 45 CFR 164.512(e)(1)(iii) and (iv).

Therefore, providers could also release protected health information in a workers' compensation claim under a court or Industrial Commission of Ohio (IC) order; or under a court, IC or BWC subpoena; or during discovery proceedings in court, if the HIPAA requirements set forth above are met.

For more information about HIPAA, access the Code of Federal Regulations Web site at www.access.gpo.gov/nara/cfr/cfr-table-search.html, then, click on "Search the entire set of CFR databases by keyword." You can also obtain more information about HIPAA at www.state.oh.us/HIPAA.

Disclaimer: The information and documents contained on **ohiobwc.com** and in this fact sheet were developed to assist BWC in understanding the obligations imposed by HIPAA. The State of Ohio and BWC provide no guarantee of accuracy or warranties of any kind. Utilization of this information is at the sole risk of the user. As with any matter of law, independent legal counsel should be consulted regarding compliance with HIPAA requirements.



Governor Bob Taft
 Administrator/CEO James Conrad

First Report of an Injury, Occupational Disease or Death

This form can be completed and submitted online at:
ohiobwc.com

Report your injury by completing all three sections of this form

- 1 Complete as much of all three sections of this form as possible to reduce the time necessary in determining the claim. If this form is completed by the injured worker at the first visit to a medical provider, the injured worker may give the FROI to the provider to complete the treatment information section. The provider can then submit the FROI to the MCO.
- 2 Deliver, mail or fax the completed document to your employer or your employer's managed care organization (MCO).
- 3 If you do not know your employer's MCO, contact BWC at **1-800-OHIOBWC** and follow the prompts, or use the MCO on BWC's Web site at **ohiobwc.com**.
- 4 If you are unable to determine your MCO, mail or fax this form to the BWC customer service office closest to your home. For information on your local customer service office, please visit **ohiobwc.com**, or call **1-800-OHIOBWC**.

Injured workers employed by a self-insuring employer

- Complete this form and give to your employer.
- Your employer should be able to tell you if he or she is a self-insuring employer.
- If your employer is self-insuring and you file this information with BWC, processing delays may occur.

For assistance in completing this form, call your BWC customer service office Monday through Friday, 8 a.m. – 4:45 p.m.

Ashtabula Customer Focus Center
 525 Lake Ave.
 Ashtabula, OH 44004
 Phone: (440) 964-8505
 Fax: (440) 964-8530

Bridgeport Customer Focus Center
 56104 National Road, Suite 112C
 Bridgeport, OH 43912-2506
 Phone: (740) 635-1163
 Fax: 740-635-6210

Cambridge
 61501 Southgate Road
 Cambridge, OH 43725
 Phone: (740) 435-4200
 Fax: (866) 281-9351

Canton
 400 Third St., SE
 Canton, OH 44702-1102
 Phone: (330) 438-0638
 Toll free (800) 713-0991
 Fax: (866) 281-9352

Cincinnati
 125 E. Court St.
 Cincinnati, OH 45202-2196
 Phone: (513) 852-3341
 Fax (866) 281-9353

Cleveland
 615 Superior Ave. W.
 Cleveland, OH 44113-1889
 Phone: (216) 787-3050
 Toll free (800) 821-7075
 Fax (866) 336-8345

Columbus
 30 W. Spring St.
 Columbus, OH 43215-2256
 Phone: (614) 728-5416
 Fax (866) 336-8352

Dayton
 3401 Park Center Drive
 P.O. Box 13910
 Dayton, OH 45413-0910
 Phone: (937) 264-5000
 Fax (866) 281-9356

Garfield Heights
 4800 E. 131 St.
 Garfield Heights, OH 44105
 Phone: (216) 584-0100
 Toll free (800) 224-6446
 Fax (866) 457-0590

Governor's Hill
 8650 Governor's Hill Drive
 Cincinnati, OH 45249
 Phone: (513) 583-4400
 Fax (866) 281-9357

Hamilton
 One Renaissance Center
 345 High St.
 Hamilton, OH 45011
 Phone: (513) 785-4500
 Fax (866) 336-8343

Lima
 2025 E. Fourth St.
 Lima, OH 45804-4101
 Phone: (419) 227-3127
 Toll free (888) 419-3127
 Fax (866) 336-8346

Logan
 1225 W. Hunter St.
 P.O. Box 630
 Logan, OH 43138-0630
 Phone: (740) 385-5607
 Toll free (800) 385-5607
 Fax (866) 336-8348

Mansfield
 240 Tappan Drive, N.
 P.O. Box 8051
 Mansfield, OH 44906-8051
 Phone: (419) 747-4090
 Fax (866) 336-8350

Portsmouth
 1005 Fourth St.
 P.O. Box 1307
 Portsmouth, OH 45662-1307
 Phone: (740) 353-2187
 Fax (866) 336-8353

Springfield
 1 S. Limestone St. L-5
 P.O. Box 1467
 Springfield, OH 45501-1467
 Phone: (937) 327-1425
 Fax (866) 457-0593

Toledo
 1 Government Center, Suite 1236
 P.O. Box 794
 Toledo, OH 43697-0794
 Phone: (419) 245-2700
 Fax (866) 457-0594

Youngstown
 242 Federal Plaza W-Suite 200
 P.O. Box 1877
 Youngstown, OH 44501-1877
 Phone: (330) 797-5500
 Toll free (800) 551-6446
 Fax (866) 457-0596



Better Workers' Compensation

Built with you in mind



First Report of an Injury, Occupational Disease or Death

WARNING:
Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he or she is not entitled, is subject to felony criminal prosecution for fraud.
(R.C. 2913.48)

Governor Bob Taft
Administrator/CEO James Conrad

Tear off this sheet and return the completed form to your employer's managed care organization (MCO) or to your local BWC customer service office.

Injured worker and injury/disease/death info.

Last name, first name, middle initial			Social Security number		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Date of birth		
Home mailing address				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Number of dependents			
City		State	9-digit ZIP code		Country if different from USA		Department name		
Wage rate \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Other _____			What days of the week do you usually work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat			Regular work hours From _____ To _____			
Have you been offered or do you expect to receive payment or wages for this claim from anyone other than the Ohio Bureau of Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.								Occupation or job title	
Employer name									
Mailing address (number and street, city or town, state, ZIP code and county)									
Location, if different from mailing address									
Was the place of accident or exposure on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, give accident location, street address, city, state and ZIP code)									
Date of injury/disease		Time of injury _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		If fatal, give date of death		Time employee began work _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Date last worked	Date returned to work
Date hired			State where hired			Date employer notified			
Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death.)						Type of injury/disease and part(s) of body affected (For example: sprain of lower left back)			
<i>Benefit application/medical release – I am applying for recognition of my claim under the Ohio Workers' Compensation Act for work-related injuries that I did not purposely inflict. I request payment for compensation and/or medical expenses as allowable. Direct payment(s) to the providers of any medical services are authorized. I understand that I am allowing any provider who attends to, treats or examines me to release all medical, psychological and/or psychiatric information that is causally or historically related to physical or mental injuries relevant to issues necessary to the administration of my workers' compensation claim to the Ohio Bureau of Workers' Compensation, the Industrial Commission of Ohio, the employer listed in this claim, that employer's managed care organization and any authorized representatives. I further authorize the Ohio Rehabilitation Services Commission to release information about my physical, mental, vocational and social conditions that is causally or historically related to physical or mental injuries relevant to issues necessary for the administration of my workers' compensation claim to the aforementioned parties.</i>									
Injured worker signature			Date	E-mail address		Telephone number () ()		Work number () ()	

Treatment info.

Health-care provider name			Telephone number () ()		Fax number () ()		Initial treatment date	
Street address				City		State	9-digit ZIP code	
Diagnosis(es): Include ICD code(s)								
Will the incident cause the injured worker to miss eight or more days of work? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is the injury causally related to the industrial incident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Health-care provider signature			11-digit BWC provider number			Date		

Employer info.

Employer policy number			Check if <input type="checkbox"/> Employer is self-insuring <input type="checkbox"/> Injured worker is owner/partner/member of firm					
Telephone number () ()		Fax number () ()		E-mail address		Federal ID number		Manual number
Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No				Was employee hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code								
<input type="checkbox"/> Certification - The employer certifies that the facts in this application are correct and valid.			<input type="checkbox"/> Rejection - The employer rejects the validity of this claim for the reason(s) listed below:			For self-insuring employers only		
						<input type="checkbox"/> Clarification - The employer clarifies and allows the claim for the condition(s) below: <input type="checkbox"/> Medical only <input type="checkbox"/> Lost time		
Employer signature and title						Date		OSHA case number

Completion instructions

(continued)

Treatment info.	Health-care provider name	Telephone number () ()	Fax number () ()	Initial treatment date
	Street address	City		State 9-digit ZIP code
	Diagnosis(es): Include ICD code(s) 1 _____ _____ _____			
	Will the incident cause the injured worker to miss eight or more days of work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the injury causally related to the industrial incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health-care provider signature 3			11-digit BWC provider number 4	Date

- Treatment info.**
- Indicate the diagnosis and ICD codes for conditions being treated as a result of the injury.
 - Indicate the treating provider's medical opinion that the injury sustained is causally related to the industrial incident, that the injury could result from the method (manner) of the accident, as described by the injured worker. It must be clear that the diagnosis in all probability occurred as a result of the injury.
 - Signature of the health-care provider completing this form.
 - Enter the physician's or health-care provider's 11-digit BWC-assigned provider number.

Employer info.	1 Employer policy number	Check if <input type="checkbox"/> Employer is self-insuring injured worker is owner/partner/member of firm	
	Telephone number () ()	Fax number () ()	Manual number 2
	E-mail address		Federal ID number
	Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was employee hospitalized as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code		
	<input type="checkbox"/> 3 Certification - The employer certifies that the facts in this application are correct and valid.		<input type="checkbox"/> 4 Rejection - The employer rejects the validity of this claim for the reason(s) listed below:
Employer: signature and title		5 For self-insuring employers only <input type="checkbox"/> 5 Clarification - The employer clarifies and allows the claim for the condition(s) below:	
		Date	OSHA case number 6

- Employer info.**
- Enter the employer's BWC-assigned policy number, which is located on the BWC certificate of coverage.
 - Enter the four-digit code that indicates the injured worker's job classification, located on the semiannual payroll report.
 - If you do not know the injured worker's manual number, call **1-800-OHIOBWC** and follow the prompts.
 - If certification is selected and the claim is allowed, it will promptly be paid. Employers certifying a claim waive both the notice of receipt and notice of first order of compensation.
 - If rejection is selected, use the space provided to list the reasons for rejection. Attach additional sheets, if necessary.
 - Self-insuring employers that choose to clarify certification may use the space provided. Attach additional sheet, if necessary.
 - If this is an OSHA-reportable injury, include the case number assigned by the employer. This form meets OSHA 301 requirements and may be used in lieu of the OSHA 301 when reporting recordable injuries and illnesses to the federal government.

Note:
If your employee misses eight or more days of work, BWC will need wage information for the 52 weeks prior to the date of injury. Submit wage information using employer payroll reports, wage statement (BWC form C-94-A), W-2s, etc.

For Private employers the Plan of Action must be received by BWC no later than **March 31** for program years that start on July 1, and no later than **September 30** for program years that start on January 1 to receive the discount for the previous eligible periods. You will be retroactively billed for non-receipt of the Plan of Action or filing one without appropriate supporting documentation demonstrating your 10-Step implementation.

	Employer	Policy Number
Date	_____	
DBA	<input type="checkbox"/> _____	
Address	_____	Phone # _____
City, State & Zip	_____	Email _____
Employers signature	_____	Title _____
Employer's printed name	_____	

Briefly describe the product or service your business provides.

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

Full-Time Part-Time Temporary Leased Employees

BWC USE ONLY

	Employer	Policy Number
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ESS _____
 S&H PARTNER _____

- PREMIUM DISCOUNT PROGRAM PLUS (PDP Plus)
 DRUG -FREE WORKPLACE PROGRAM (DFWP)
 RETROSPECTIVE RATING PROGRAM (RRP) TIER 2

*** Mandatory Steps**

STEP	DESCRIPTION	PASS	FAIL
1	Visible Active Senior Management Leadership *		
2	Employee Involvement and Recognition *		
3	Medical Treatment and Return to Work Practices		
4	Communication		
5	Timely Notifications of Accidents/Claims		
6	Safety and Health Process Coordination / Education *		
7	Orientation and Training		
8	Written and communicated safe work practices		
9	Written Safety & Health Policy		
10	Recordkeeping and data analysis		

I/ We “agree” with the statements made in the employer’s annual progress report as to the implementation of the steps noted above.

I / We recommend “continuation” in the program.
 I / We recommend “removal” from the program.

X _____ BWC SPONSOR X _____ S&H PARTNER

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 / We recommend “continuation” in the program.
 I / We recommend “removal” from the program.

X _____ BWC SPONSOR X _____ S&H PARTNER



PLAN OF ACTION

		Employer	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			
	c) Authorizing necessary resources for accident prevention					
	d) Discussing safety processes and improvements regularly during staff or employee meetings					
	d) Ensuring management is held accountable for accident prevention activities and for managing accident-prevention processes					
	f) Annually assessing the success of the safety process by using surveys, personal interviews and/or behavior-sampling					
	g) Encouraging employees to take an active part in maintaining a safe workplace					
	BWC Assessment:			Date:	<table border="1"> <tr><td>Meets</td></tr> <tr><td>Below</td></tr> </table>	Meets
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PLAN OF ACTION

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



PLAN OF ACTION

		Employer	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		
f) Informing employees of procedures for obtaining medical treatment, including informing employees of the selected managed care organization (MCO)					
g) Immediate reporting of injuries and illnesses to a supervisor					
h) Regular communication with injured or ill employees who are off work					
i) Investigation of all injuries or illnesses within 24 hours to identify process and corrective measures					
j) 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.					
BWC Assessment:				Date:	Meets
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PLAN OF ACTION

	Employer		Policy Number			
Step 4 - Communication	Plan of Action		Person Responsible	Completion Date		
	Describe:	a) doing now			b) improvements to be made	
e) Quarterly written and/or verbal feedback to all employees on their accident-prevention performance						
f) A process for upward communication and downward communication throughout the organization (including obtaining and responding to employee suggestions)						
g) Communication can include memos, bulletin boards, staff and general meetings						
h) Feedback should include the organization's overall safety and health performance						
BWC Assessment:			Date:	<table border="1"> <tr> <td>Meets</td> </tr> <tr> <td>Below</td> </tr> </table>	Meets	Below
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PLAN OF ACTION

		Employer	Policy Number			
Step 5 – Timely Notification of Claims	Plan of Action		Person Responsible	Completion Date		
	Describe:	a) doing now			b) improvements to be made	
c) Claims are reported immediately to MCO						
d) Verified MCO reports claim to BWC within 24 hours						
BWC Assessment:			Date:	<table border="1"> <tr> <td>Meets</td> </tr> <tr> <td>Below</td> </tr> </table>	Meets	Below
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PLAN OF ACTION

IMPORTANT To receive credit for this step your Accident Prevention Coordinator must attend a BWC approved Safety and Health management Seminar according to the following Schedule		Private	Private	Public	Public Schools
	Program Start Date	July 1	January 1	January 1	January 1
	Step-6 Credit	Complete by March 31	Complete by September 30	Complete by September 30	Complete by September 30
	Plan of Action	Submitted by March 31	Submitted by September 30	Submitted by September 30	Submitted by November 15

Step 6 – Safety and Health	Employer		Policy Number	
	Plan of Action		Person Responsible	Completion Date
Process Coordination	Describe:	a) doing now	b) improvements to be made	
g) Helping management and employees identify accident prevention and safety and health training needs through perception surveys, interviews, behavior sampling or other similar methods				
h) Helping supervisors make changes or develop strategies that improve the organization's safety systems and processes				
i) Identifying and communicating new safety and health requirements				
j) Compiling injury and illness-related records				
k) Tracking progress on safety and health-related projects				
l) Working with employees to optimize safe work practices				

IMPORTANT – TO RECEIVE CREDIT FOR THIS STEP, ACCIDENT PREVENTION COORDINATOR MUST ATTEND A BWC APPROVED SAFETY AND HEALTH MANAGEMENT SEMINAR BY MARCH 31 OR SEPTEMBER 30 EACH YEAR.

BWC Assessment:	Date:	Meets Below
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PLAN OF ACTION

	Employer	Policy Number	
Step 7 – Written	Plan of Action		Person Responsible
Orientation and Training Plan	Describe: a) doing now	b) improvements to be made	Completion Date
Safety and Health written orientation and training plan will include:			
a) Company 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:			
e) Hazard communication			
f) Bloodborne pathogens, if applicable			
g) Specific job/task safe work practices and hazard recognition			
h) Recordkeeping of employee training and sign-off of training			
At a minimum, training must cover:			
b) 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			
BWC Assessment:			Date:
			Meets
			Below



PLAN OF ACTION

Step 8 – Written and Communicated Safe Work	Plan of Action		Person Responsible	Completion Date		
Practices	Describe: a) doing now	b) improvements to be made				
d) General Safe Work Practices						
e) Job-Specific Safe Work Practices						
f) Employees sign statement that they understand and will follow safe work practices						
BWC Assessment:			Date:	<table border="1"> <tr> <td data-bbox="1797 1211 1959 1291">Meets</td> </tr> <tr> <td data-bbox="1797 1291 1959 1375">Below</td> </tr> </table>	Meets	Below
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PLAN OF ACTION

Step 9 – Written Safety and Health Policy	Plan of Action		Person Responsible	Completion Date				
	Describe: a) doing now	b) improvements to be made						
e) Chief executive officer's philosophy on safety and well-being of employees with his/her commitment to quality								
f) Managers', supervisors', team leaders' and employees' responsibilities regarding the organization's commitment to workplace safety and health								
g) Commitment to returning injured or ill employees to work at the earliest opportunity								
h) Communicated to employees verbally, posted on bulletin board, in employee handbook								
BWC Assessment:			Date:	<table border="1"> <tr> <td>Meets</td> </tr> <tr> <td> </td> </tr> <tr> <td>Below</td> </tr> <tr> <td> </td> </tr> </table>	Meets		Below	
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PLAN OF ACTION

Step 10 – Recordkeeping and	Plan of Action		Person Responsible	Completion Date		
Data Analysis	Describe: a) doing now	b) improvements to be made				
f) Identify safety and health process problems						
g) Help manage the compensation process						
h) Provide information necessary for developing solutions						
i) Linkage between accident prevention and profitability						
j) Specific costs associated with safety and health problems and accidents						
BWC Assessment:			Date:	<table border="1"> <tr> <td data-bbox="1810 1159 1955 1219">Meets</td> </tr> <tr> <td data-bbox="1810 1224 1955 1284">Below</td> </tr> </table>	Meets	Below
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