



"Experts in Washington State Workers' Compensation"

SAFETY TRAINING AND EDUCATION

OVERVIEW

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 - David Boehm
 - Aspire Consulting & ABC
2. Leading vs. Lagging Indicators
3. Components of a Strong Safety Culture
 - Safety Meetings
 - Accident Prevention Plan
 - Safety Orientation
 - Strong Hiring Practices and Substance Abuse Programs
 - Incident Reporting, Accident Investigation & Near Hit/Miss Analysis
 - COVID-19
4. OSHA 300 Reporting and Recording
 - 301, 300, 300A
 - Injury and Illness Incidence Rates
5. EMR
6. Discussion



Safety is your responsibility



Leading indicator programs work to improve safety performance.



Leading indicators: Measures companies can take to keep workers safe on jobsites.

Weekly Safety Meetings and Toolbox Talks

New Hire & Site-Specific Safety Orientations

Comprehensive Substance Abuse Program

Lagging indicators: Statistics that measure performance based on past incidents or conditions.

TRIR – Total Recordable Incident Rate

DART – Days Away, Restricted or Transferred Rate

EMR – Experience Modification Rate



SAFETY MEETINGS

WAC 296-155-110 (5)(a)

Crew safety meetings must be held at the beginning of every job, then at least weekly after that. These must be documented.

What are the keys to running a Strong Safety Meeting?

- They address current and relevant hazards in the workplace
- Participation and dialogue takes place
- Hazards are reported in workplace and solutions are discussed
- Ownership frequently attends



ACCIDENT PREVENTION PLAN

WAC 296-800-140

You must establish, supervise, and enforce an accident prevention program (APP) that is effective in practice.

A strong Accident Prevention Plan goes beyond compliance and is tailored to the needs of the particular workplace or operation and to the types of hazards involved. This is communicated to each employee and is readily available at the job site.



ACCIDENT PREVENTION PLAN

Some basic components of a strong Accident Prevention Plan

- Management commitment to Safety
- Employee Involvement
- Hazard Recognition
- Hazard Prevention and Control
- Emergency Planning
- Safety Training and Education



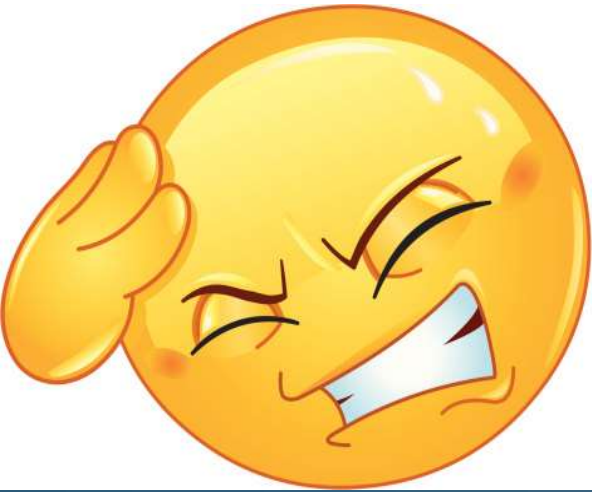
SAFETY ORIENTATION

A formal Safety Orientation is conducted by ownership or upper level management for all new or transferred employees. Safety Orientation topics include

- An explanation of Safety commitments and expectations from the employer
- Safety Responsibilities
- PPE Expectations
- Emergency Procedures
- Incident Reporting Procedures
- Key Safety demonstrations

A signed document indicating understanding of all company policies and procedures regarding safety is on file.





HIRING PRACTICES

STAFFING

Arguably the most important function of management



REFERENCES VS WORK HISTORY



phillipmartin.info

Aspire

WORK HISTORY

- 1) Look at stability – i.e. 10 years experience with 1-2 employers or 10 years experience with 6-7 employers
- 2) Look for gaps – may indicate a previous claim
- 3) Make at least 2 calls – read between the lines!



SUBSTANCE ABUSE PROGRAM

One-third of all incidents on construction jobsites are drug- or alcohol related. Companies with substance abuse programs in place are more than 60 percent safer than those without an implemented program.





3 KEYS TO AN EFFECTIVE PROGRAM

- 1) Drug and Alcohol testing minimum pre-hire, post-accident and with reasonable suspicion.
- 2) A safety policy with strict rules regarding drug and alcohol use, supervisor training, recordkeeping and active enforcement
- 3) An employee assistance program and available education on substance abuse prevention.



INCIDENT REPORTING

WAC 296-800-320

All accidents and injuries, no matter how minor, are to be reported promptly to the immediate supervisor for evaluation and if necessary, investigation. Since every accident includes a sequence of contributing causes, it is possible to avoid a repeat performance of the first event by recognizing and eliminating these causes.



ACCIDENT INVESTIGATION

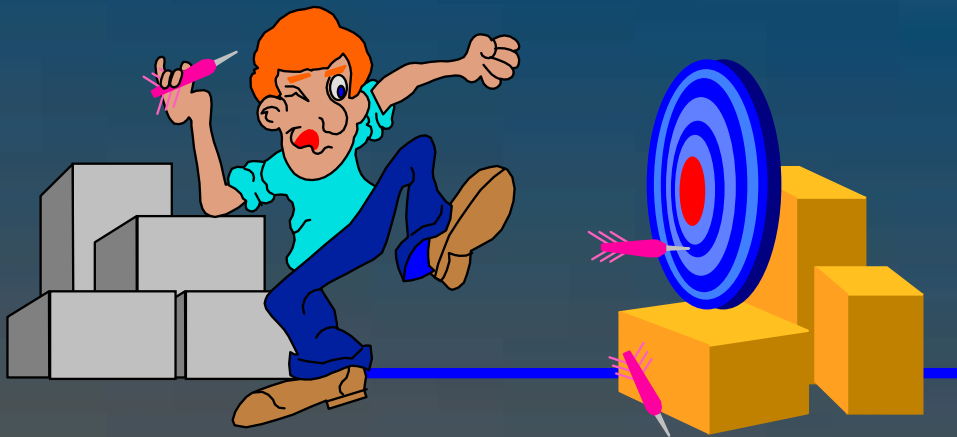
The key result should be to prevent a recurrence of the same accident.

Fact finding:

What happened?

What was the root cause?

What should be done to prevent recurrence?



COVID-19

We as leaders play a critical role in protecting workers and communicating accurately and effectively about the risks. These are recommendations based off current information, and I encourage you all to stay informed and to continue to have open discussions with your crew.



COVID-19

Minimize Chance for Exposure and Adhere to Standard Precautions

Ensure jobsite policies and practices are in place to minimize exposures to respiratory pathogens including COVID-19. Measures should be implemented before workers arrival, upon arrival, and throughout the duration of their shift. Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted.



COVID-19

Educate Employees on Effective Prevention Measures

Ensure your workers are educated, trained, and practice the appropriate precautions both at home and on the job site. The CDC and World Health Organization has up to date information on their website about the Coronavirus, follow their recommendations.



COVID-19

Local Resources

King County Public Health outlines how to handle employees who are sick, who have COVID-19, were potentially exposed to COVID-19, etc.

<https://kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus/employer.aspx>

King County Public Health General Information Page:

<https://kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus.aspx>

CDC Mitigation guidance for three Puget Sound Counties are aggressive recommendations for work and home such as social distancing, staggered work schedules and daily employee health checks for fever and respiratory symptoms. Applies to Snohomish, King and Pierce Counties.

https://www.cdc.gov/coronavirus/2019-ncov/downloads/Seattle_Community_Mitigation.pdf

Current CDC Guidelines to all Employers Across the Country:

https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html



COVID-19

Local Resources

The **Washington Department of Health** [employee screening protocol](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf) for across the state:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf>

Washington State Department of Health Employer Guidelines (and links to resources) for employers across the state:

<https://www.doh.wa.gov/Coronavirus/Workplace>

The **EEOC** allows employers to take temperatures, assess for symptoms of COVID-19 and ask about COVID-19 medical issues that they might not be able to in normal times. Results are still considered “medical records” and should have privacy protections. See EEOC website for more details:

https://www.eeoc.gov/eeoc/newsroom/wysk/wysk_ada_rehabilitaion_act_coronavirus.cfm

A **Washington L&I Hazard Alert** with good information on best practices in the workplace can be printed and posted. COVID-19 should be a talking point at every safety meeting on-site. There are Spanish versions of some of the workplace notices and posters.

https://www.lni.wa.gov/safety-health/preventing-injuries-illnesses/hazardalerts/CoronavirusHazAlert.pdf?utm_medium=email&utm_source=govdelivery



COVID-19

Local Resources

In addition ABC of Western Washington has an updated [COVID-19 Exposure Control Plan Template](#). This is the byproduct of a thoughtful and deliberate collaboration between construction industry stakeholders (trade associations and trade unions) and the Office of the Governor for the State of Washington. The response plan addresses all points necessary to allow ABC member companies to fully comply with requirements to safely return to work for Existing Projects.

<http://www.abcwestwa.org/Resources/COVID-19-Employer-and-Employee-Resources/ABC-Job-Site-Safety-Resources>

We are all in this together – please take care and be safe!



OSHA 300

Most employers are required to record workplace injuries and illnesses on an OSHA 300 log. Such information can be used to identify hazards and refine your workplace health and safety programs.

Employers must keep a Log for each establishment or site. If you have more than one establishment, you must keep a separate Log and Summary for each physical location that is expected to be in operation for one year or longer – this includes job sites.





SUPERVISOR'S INCIDENT REPORT—Fax All Incidents to 253-444-9295

Company Name: _____
 OSHA Log case number _____
 (Transfer the case number from the Log after recording the case)

Supervisor Section:
 Employee: _____ Date of Injury: _____ Time of Injury: _____ AM/PM
 Occupation: _____ Date Reported: _____ Time Reported: _____ AM/PM
 Location: _____ To Whom: _____

Was employee given first aid? Yes No Date of Hire: _____
 Was the incident fatal? Yes No Sex: Male Female
 Was another entity (Sub or General) or a malfunction of equipment responsible for this injury? Yes No

Severity of Injury (Circle one)

Minor – No L&I Claim Filed 1 	Minor Claim Back to Work 2	Unknown Condition 3	Non-Emergent But Off Work 4	Emergency Care Needed 5 
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Place an "X" on the injured area(s)

Rib (R/L) Hip (R/L) Face

Elbow (L / R) Arm (L/R) Wrist (L/R)

Head Hand (L or R) Knee (L or R)

Eyes (L/R) Finger Abdomen

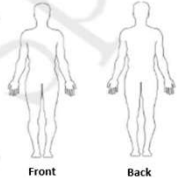
Nose Leg (L or R) Mouth

Foot (L or R) Glasses Ear

Toes Teeth Shoulder (L / R)

Internal Groin Back

Neck Chest Ankle (L or R)



Front Back

Supervisor—How did the injury occur?

Supervisor—What caused the injury to occur (concrete floor, power tool, etc.)

Employee statement of how injury occurred:

Medical Release Authorization: I hereby authorize my physician, clinic, hospital, agency, HMO network or therapy provider to release to my employer's representative any medical records regarding current or previous treatment(s) that has been rendered to me.

Employee's Signature _____ Date _____
 Employer Signature _____ Date _____

OSHA FORM 301

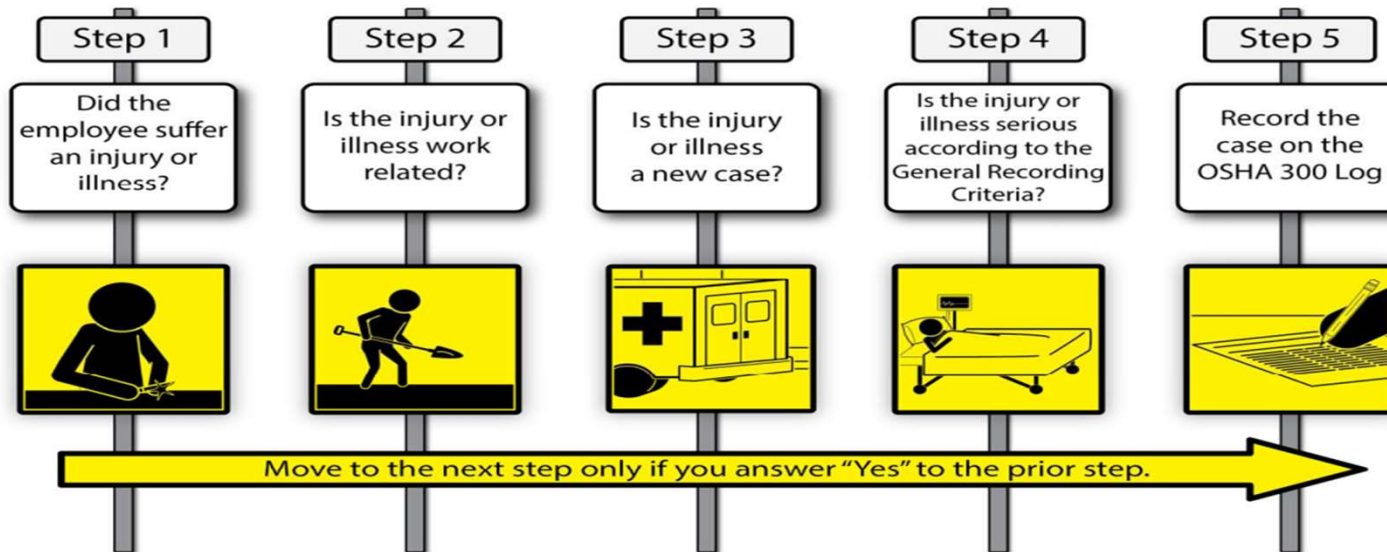
INJURY AND ILLNESS INCIDENT REPORT

- OSHA Requirement - Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out an OSHA 301 form or an equivalent form.
- ABC Requirement – Incident report is filled out within 5 Days
- Recommendation/Best Practice – fill out within 24 hours.



5 STEP PROCESS

5 Step Process for Determining Injury and Illness Recordability



For a more detailed look at this process, please see the "Recordkeeping Decision Tree" on the other side of this page.

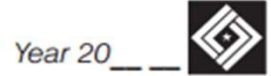
GENERAL RECORDING CRITERIA

- ▶ death;
- ▶ loss of consciousness for any length of time;
- ▶ restricted work activity or job transfer;
- ▶ days away from work;
- ▶ medical treatment beyond first aid; and
- ▶ You must also record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional such as:
 - ▶ Cancer
 - ▶ Chronic irreversible disease
 - ▶ Fractured or cracked bone
 - ▶ Punctured eardrum



Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person

Describe the case

Classify the case

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness <i>month/day</i>	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
_____	_____	_____	<i>month/day</i>	_____	_____
_____	_____	_____	<i>month/day</i>	_____	_____
_____	_____	_____	<i>month/day</i>	_____	_____
_____	_____	_____	<i>month/day</i>	_____	_____
_____	_____	_____	<i>month/day</i>	_____	_____
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_____	_____	_____	<i>month/day</i>	_____	_____
_____	_____	_____	<i>month/day</i>	_____	_____
_____	_____	_____	<i>month/day</i>	_____	_____
_____	_____	_____	<i>month/day</i>	_____	_____

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days
___ days	___ days

Check the "Injury" column or choose one type of illness:

Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page totals ➤

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ of ___

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
(1)	(2)	(3)	(4)	(5)	(6)

OSHA FORM 300A

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

You must post the Summary only – not the Log by February 1st of the year following the year covered by the form and keep it posted until April 30 of that year.

You must keep the Log and Summary for 5 years following the year in which they pertain.

You do NOT have to send the completed forms to OSHA unless specifically asked to do so.



OSHA FORM 300A

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

NEW for 2020

WAC 296-27-03103 Electronic submission of injury and illness records to OSHA

Basic Requirements state that if you have between 20 and 249 employees over the course of the previous calendar year, you must submit your 300A Summary data electronically to OSHA each year. Per OSHA, this is due March 2, 2020.

Injury Tracking Application:

<https://www.osha.gov/injuryreporting/index.html>



Summary of Work-Related Injuries and Illnesses

Year 20__

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OSHA no. 1204-01

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____ (G)	_____ (H)	_____ (I)	_____ (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____ (K)	_____ (L)

Injury and Illness Types

Total number of . . .

(M)			
(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3011, 200 Constitution Avenue, NW, Washington, DC 20208. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., Manufacturer of metal tools) _____

Standard Industrial Classification (SIC), if known (e.g., 3713) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the checklist on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company name _____

Title _____

Date _____

CALCULATING INJURY AND ILLNESS INCIDENT RATES

What is the Total Recordable Incident Rate?

Your Total Recordable Incident Rate (TRIR) is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100) over a given period of time.

How do you calculate an incidence rate?

Total # of injuries and illnesses X 200,000 / Number of hours worked by all employees = Total recordable case rate.



CALCULATING INJURY AND ILLNESS INCIDENT RATES

You can also compute the incident rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Total # of entries in column H + Total # of entries in column I) X 200,000 / Number of hours worked by all employees = DART incidence rate.



EXPERIENCE MODIFICATION RATE

Experience Modification Rate (EMR) has strong impact upon a business. Washington state uses this number as a multiplier to determine the rates you will pay for Worker's Compensation Insurance. The lower the EMR of your business, the lower your worker compensation insurance premiums will be. An EMR of 1.0 is considered industry average.



EXPERIENCE MODIFICATION RATE

Your EMR is then multiplied against the base rate to determine your actual premium (before any special discounts or credits). Essentially, if your EMR is higher than 1.00, your premium will be higher than average; if it's lower than 1.00 your premium will be less.

How does a high EMR affect costs?

An EMR of 1.2 would mean that insurance premiums could be as high as 20% more than a company with an EMR of 1.0. A company with a lower EMR has a competitive advantage because they pay less for worker's compensation insurance.



EXPERIENCE MODIFICATION RATE

How do I lower my EMR?

An effective safety program that focuses on Leading Indicators to eliminate hazards and prevent injuries is the starting point. No injuries = no claims/no costs.

In addition, having an aggressive plan to manage injuries and workers compensation claims is vital in minimizing claim costs.



Thank you for your time!

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