



"Experts in Washington State Workers' Compensation"

## **SAFETY TRAINING AND EDUCATION**

# OVERVIEW

## 1. Introductions

- 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

## 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



**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

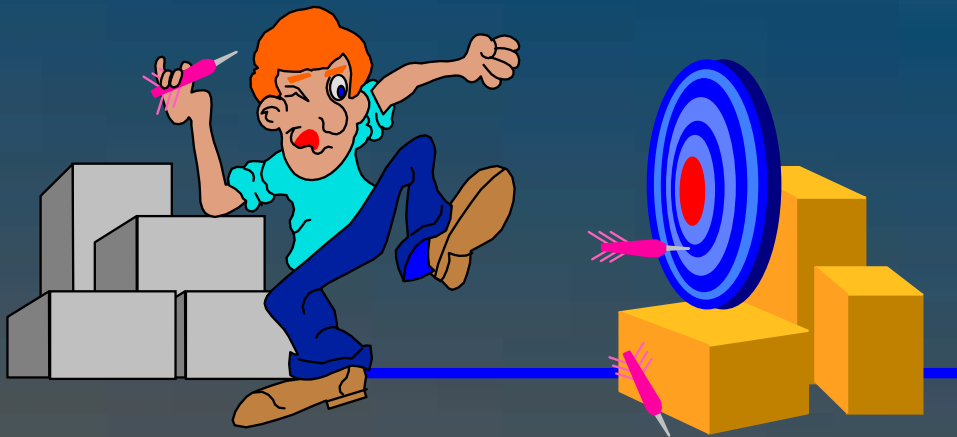
The key result should be to prevent a recurrence of the same accident.

Fact finding:

What happened?

What was the root cause?

What should be done to prevent recurrence?





# 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

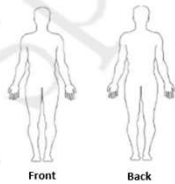
☐ Nose ☐ Leg (L or R) ☐ Mouth

☐ 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 \_\_\_\_\_

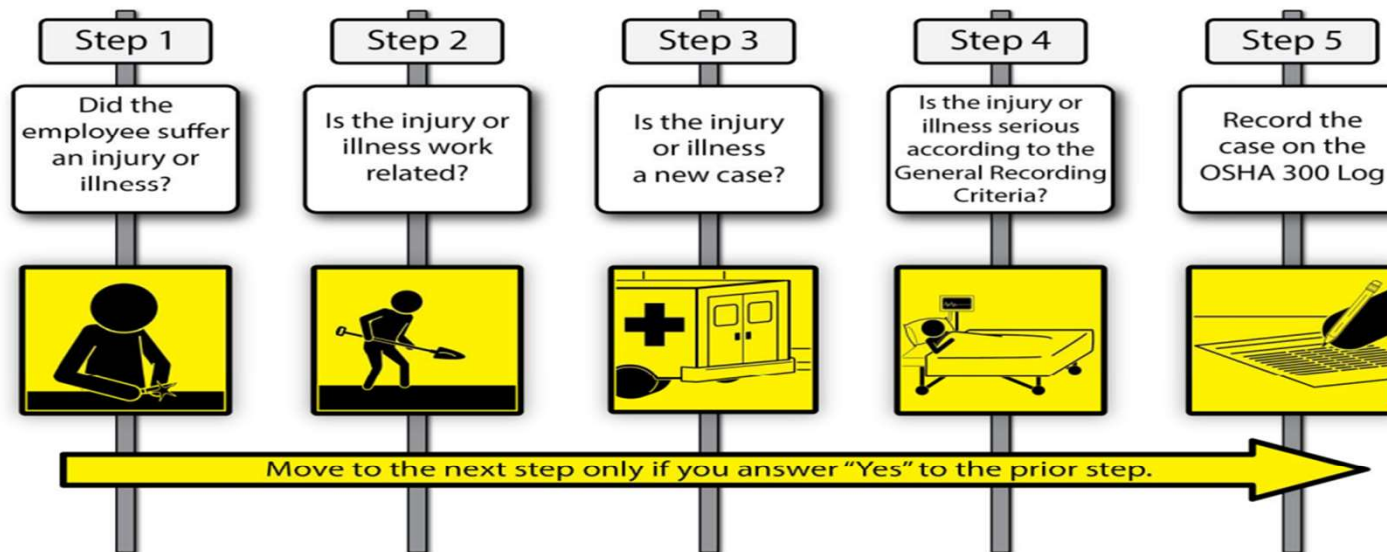
# OSHA FORM 301

## 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***

Year 20



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

Form approved OMB no. 1218-0176

Establishment name

City \_\_\_\_\_ State \_\_\_\_\_

### Describe the case

**Classify the case**

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

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

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

[illegible]

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	Skin disorder	Respiratory condition		All other
(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 1<sup>st</sup> 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. 1204-08

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 . . .

(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 this estimate 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 motor 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 Worksheet 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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