

Best Practice Guide

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Introduction

It's A New Day!

You have been invited to participate in the "It's a New Day" pilot program. The State of Colorado and Pinnacol Assurance have selected you as a partner in a pro-active approach to loss prevention for your department.

This Best Practice Guide was designed specifically for you to provide a blueprint to enhance your current safety program. The Best Practice Guide walks you through the process of building an effective safety program by developing a mission statement, establishing an active safety committee, creating safety rules, conducting safety training and implementing a comprehensive claims management process.

The State Office of Risk Management and Pinnacol Assurance are committed to providing the services and resources you need to augment your safety program. We hope you find the information contained in this binder useful. If you have questions or suggestions, please contact:

Brenda Hardwick, State Office of Risk Management, 303-866-4292

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Mission Statement

To provide State of Colorado employees:

1. A safe working environment
2. A forum to discuss safety and workers' compensation issues
3. A safety program, which includes the Pinnacol Assurance six steps
4. Education on workplace safety
5. Effective claims management, utilizing a return-to-work program
6. Ongoing trend analysis to identify and implement corrective action

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Pinnacol Assurance's Six-Step Safety Program

Step 1: Formal declaration of a safety policy/commitment letter

The safety policy/commitment should be signed and dated by the department's Executive Director and should then be distributed to all employees and conspicuously posted.

Step 2: Formal creation of a safety committee and safety coordinator

Top management should distribute a dated memo to all employees identifying the safety coordinator and safety committee members and outlining their responsibilities and authority. The appointed safety coordinator should also sign and date the description of duties and responsibilities. The safety coordinator should show documentation of his/her participation in the safety program by documenting and signing safety audits, attending safety meetings, conducting accident investigation, etc. The safety committee should meet on a regular basis (at least quarterly). Documentation should consist of dated meeting minutes with the safety committee members' signatures.

Step 3: Clearly defined and conspicuously posted safety rules

Management and safety coordinators/committees should develop department-specific safety rules and orient existing employees and all new hires to these rules. Employees should sign and date the document acknowledging their awareness and understanding of the rules. The safety rules should be readily accessible for review by all employees.

Step 4: Safety awareness and loss prevention training

Safety topics discussed and a signed/dated employee attendance roster should be maintained for all completed training sessions. New hire training is crucial and Pinnacol Assurance recommends a documented orientation process. Additionally, a plan for periodic training, at least quarterly or as new equipment is purchased or procedures are changed, should also be conducted and documented.

Step 5: Written designation of a medical provider

Documentation showing that two designated medical providers have been selected should be distributed to all employees. Employees should sign and date a copy acknowledging they are aware of the department's medical providers. Required posters should be posted.

Step 6: Written policies and procedures on claims management

A claims management plan should be developed, including items such as:

- When and how claims are reported by employees and to whom
- How the department reports claims to Pinnacol Assurance and by whom
- How claims are investigated and who is responsible
- How modified duty is implemented

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Safety Policy/Commitment Letter

A safety policy statement signed by the Executive Director is a significant element in establishing a strong, integrated loss prevention effort in your department. A policy statement expresses the goals and principles your department holds as important regarding employee safety. It is not only important that the Executive Director signs the policy statement, but that he/she routinely demonstrates, by action and involvement, that the policy statement is in fact representative of his/her beliefs and values. Management commitment to safety is vital to the success of your safety program. The old adage that it is not what you say or write that is important, but what you do, demonstrated by actions, certainly applies here.

Safety policies should not be more than one page in length and should be written as clearly and concisely as possible. Whenever possible the policy should also define responsibilities for each level of the organization. Ideally, this safety policy should be the first page of an organization's safety manual.

See appendix for sample.

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Safety Committee Goals & Guidelines

The safety committee's primary purpose is to structure an effective program to reduce the frequency and severity of workers' compensation claims and provide guidance in implementing the six-step program.

The committee is responsible for:

- **IDENTIFYING** exposures causing losses by reviewing the department's loss history reports
- **IMPLEMENTING** the chosen loss control techniques and communicating them to the employees
- **MONITORING** the loss control program's effectiveness
- **PROVIDING** routine safety training and communication to all of the department's employees
- **TRACKING COMPLIANCE** with the six-step program

(Insert Department Name) safety committee will be responsible for developing and implementing an effective loss control plan. The committee should:

1. Have at least 6-8 members to be effective.
2. Meet at least quarterly. With guidance and support from the State Office of Risk Management and Pinnacol Assurance's loss prevention and claims staff, the committee will:
 - a. Review the performance of the department's
 - b. Identify trends
 - c. Determine what action needs to be taken to improve performance
 - d. Track compliance and enforce the plan. The safety committee will update compliance tracking of the six-step safety program and provide quarterly updates on the progress of the departments implementing the program.
 - e. Distribute minutes

Pinnacol Assurance and the State Office of Risk Management are committed to ensuring the committee attains these goals by assigning a loss control specialist to assist and guide the committee.

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Responsibilities of Safety Committee Participants

Safety Committee Members

- Attend quarterly safety meetings
- Assist in developing the agenda
- Lead safety meetings
- Review data and trends
- Provide input on quarterly training and communications
- Review recommendations of Pinnacol Assurance and the State Office of Risk Management and provide input on actions to be taken to improve performance
- Participate in peer support, as appropriate

State Office Of Risk Management

- Attends quarterly safety meetings
- Assists in developing the agenda
- Reviews data and trends
- Develops and assists with quarterly safety training and communications
- Reviews recommendations of Pinnacol Assurance and provides input on actions to be taken to improve performance
- Contacts and assists department's needing assistance
- Assists in distributing safety information to the members
- Provides tracking information for safety seminar attendance and compliance with the six-step program

Pinnacol Assurance

- Attends quarterly safety meetings
- Assists in developing the agenda
- Provides and reviews data and identifies trends
- Develops and assists with safety training
- Provides input on training and communications

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Safety Committee

(Insert Department Name) will have at least a quarterly Safety Committee meeting.

State Office of Risk Management

Nick Witkowski, Safety and Loss Control Specialist
Brenda Hardwick, Safety and Loss Control Specialist
Markie Davis, Risk Management Program Supervisor

Pinnacol Assurance

Patricia Stephens, Loss Prevention
Mike Hayden, Loss Prevention
Linda Stapleton, Claims Management
Your Assigned Adjuster, Claims Management
Nancy Mohler, RTW

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Tips for Facilitating a Safety Committee Meeting

1. Create an agenda (refer to sample in the appendix) and distribute it to all committee members at least one week prior to the meeting. Try to allocate a specific amount of time for each agenda item.
2. Open the meetings by having everyone introduce themselves.
3. State the goal(s) for the meeting and reiterate the purpose of the safety committee. If you think it will be helpful, establish interpersonal ground rules for the meeting. Write them down on a flip chart or white board for all to see during the meeting. Make sure everyone agrees to abide by the group rules. These might include:
 - Only one person speaks at a time
 - Assume positive intent
 - Listen to each other
4. Ask for a volunteer to take and distribute the meeting minutes.
5. Ask for a volunteer to be the timekeeper to keep the meeting on track. The timekeeper should warn the group when the time allocated for discussion is almost up. The group can agree to spend more time on the agenda item or choose to end the discussion in the time allowed and move on to the next item.
6. Work through the agenda, one item at a time, or, agree as a group how you are going to deviate from it. When necessary, develop an action plan before moving to the next item.
7. The safety committee chair should keep the meeting on point and on time. If the conversation goes off topic, interrupt and ask that the item be put in the “parking lot.” The parking lot is a list of topics that come up during the course of the regular agenda that are not directly related to the agenda item, but need to be dealt with at a later time. Write down all items that come up and discuss them after the regular agenda is finished (if time permits), or use the parking lot as a basis for future meeting agendas.
8. When the agenda is completed, circle back with the group to make sure that:
 - An action plan has been established
 - Person(s) responsible for the action items has been identified
 - Estimated completion dates have been established
9. Before adjourning, set a date for the next safety committee meeting and identify agenda items.
10. Publish the meeting minutes as soon as possible after the meeting and distribute to all committee members.

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Safety Rules and Enforcement

Objective

Safety rules are provided as guidelines for safe operations.

Scope

Applies to all employees and contractors.

Procedure

- All employees will be given a copy of the safety and health rules upon initial employment.
- All employees must sign and return an acknowledgment form after they have been given a chance to review the safety rules and ask any questions.
- The safety rules will be periodically reviewed to ensure they are applicable and current.
- Employees will be trained routinely on safety rules

Enforcement –Safety rules should be consistently enforced.

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Safety Training and Attendance

Training Requirements

Every employee should receive routine safety training. At a minimum, all employees should receive training at least quarterly. This training should include:

- General safety rules (i.e., zero tolerance for workplace violence and substance abuse)
- Department Name-specific rules
- Hazard-specific training (i.e., back injury prevention)
- Personal protective equipment
- (Department Name) losses and action to prevent future injuries
- Hazards and protective methods associated with new equipment/processes

New employees should receive extensive training prior to beginning work. Evaluations should be completed to ensure comprehension prior to beginning work with on-going evaluations and re-training as necessary.

Additional training opportunities:

- Attendance at a Pinnacol Assurance seminar (refer to the schedule at www.pinnacol.com)
- Attendance at a state (Department Name)/State Office of Risk Management safety seminar
- Attendance at safety conferences (CSA, NSC, ASSE, etc.)
- Training given by vendors of safety supplies (i.e., respirator training)
- Safety training provided by a Pinnacol Assurance safety consultant or contract safety consultant
- Online safety training
- (Department Name)-specific safety training conducted by Pinnacol Assurance and State Office of Risk Management

Scheduling – The safety training schedule for the year should be developed at the beginning of the fiscal year and communicated to all employees in conjunction with training requirements.

Nonattendance – Employees should attend as many safety-training sessions as possible with a minimum of four per year.

Compliance – Training should be tracked by the (Department Name) to ensure compliance.

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Claims Management

Fear and uncertainty are primary reasons for injured employees to delay reporting injuries and to seek assistance from attorneys. This may be due to concern over medical bills, lost income or even the loss of employment. By implementing the claims procedures (see appendix), your employees' fears may be alleviated and will ensure that your workers' compensation claims will be handled in a fair and expeditious manner.

A good claims management procedure can significantly reduce your costs. Once it is in place, it must be adhered to in a uniform manner. All employees must be treated equally and fairly.

Early Reporting

The goal of everyone at Pinnacol Assurance is to get your injured employee back to work as quickly as possible. Reporting your claims within **24 hours** allows Pinnacol Assurance to help you streamline that process. There are a number of ways you can report a claim:

1. Via the Internet. (Preferred) Log on to Pinnacol Assurance's home page at www.pinnacol.com to electronically file your claims. Pinnacol will verify your completed first report.
2. By Phone. Call your Pinnacol Assurance team toll free number and we will take the necessary information and mail you a completed first report. If you call in a claim you do not need to send Pinnacol Assurance a copy of the first report.

A report titled *Number of Days to Report* will be provided at the quarterly safety meetings. This report shows departments that have had two or more claims during the current period that were reported later than two business days after the accident. Successful safety committees use this information to determine if a school needs a loss prevention visit, a phone call or a letter to assist them with claims management. In the appendix you will find sample letters to help remind departments of the benefits of timely claims reporting.

If you have any questions, please contact your Pinnacol Assurance claims representative or the State Office of Risk Management.

Tactics to Address Late Reporting

- Form Letter from Safety Committee – Send a brief letter from the safety committee acknowledging the school's late reporting. (Refer to sample in the appendix.)
- Phone Call from Safety Committee – A brief call from the safety committee acknowledging the school's late reporting could be helpful. The conversation should outline all of the points addressed above.

See Appendix for sample letters

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Accident Investigation

Investigations should be conducted to determine both the cause of the accident and the changes necessary to prevent a similar occurrence, not to determine where blame should be placed. The accident investigation also will assist the (Department Name) in determining the facts useful in legal proceedings, and will serve to educate employees about the hazard.

A thorough investigation should yield the following information:

- Part of the body injured and the type of injury sustained
- Equipment, machinery, substance, or structure directly involved in the accident
- Root causes of the accident (i.e., lack of training)

Persons appointed to investigate accidents should be experienced and able to carry out the investigation in an impartial manner. The supervisor is usually the most qualified investigator, due to his/her familiarity with the workplace, knowledge of the employees involved, and the work situation. However, the safety coordinator, safety committee member or a safety professional may also carry out the investigation.

The investigator should:

- Begin investigating the accident *immediately* after the injury, before the scene can be changed and important evidence removed or destroyed.
- Discuss the accident with the injured person if possible, after first aid or medical treatment has been administered.
- Talk with witnesses and those familiar with conditions immediately before or after the accident, preferably away from the distractions of the work area.
- Use open-ended questions (refer to appendix for sample questions).
- Probe for small details that might yield clues to the cause of the accident.
- Encourage witnesses to give their ideas on what can be done to prevent reoccurrence.
- Reconstruct the events leading up to the accident from clues and eyewitness accounts.
- Determine the most probable causes of the accident.
- Write a detailed, accurate report of the accident (refer to appendix for sample form).
- Correct any unsafe conditions or procedures discovered during the investigation or advise management of corrections that need to be made.

Additional steps should be taken when investigating a fatal accident. An (Department Name)-specific policy should be developed to address fatality investigations

Refer to the appendix for:

- Sample Employee Accident Report
- Sample Management Accident/Incident Investigation Report
- Sample Accident Investigation Questions

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Return-to-Work

The (Department Name) is required to implement a return-to-work policy. Return-to-work is an integral part of claims management. Claims costs primarily consist of medical expenses and lost-time (indemnity) payments. Lost-time wage replacement greatly increases the cost of the claim. Therefore, returning workers to their jobs as soon as possible holds many benefits, including:

- Decreased claims costs
- Fewer lost-time claims
- Compliance with Pinnacol Assurance's six step safety program
- Positive impact on future allocation costs

Modified-duty work should be offered via the formal written job offer process (Rule 6), as verbal offers of modified duty are not binding, and may not be used to terminate or reduce indemnity benefits if an employee refuses modified duty.

Return-to-Work Resources

The Pinnacol Assurance Return-to-Work DVD contains:

- Sample return-to-work program
- Sample letters
- Sample modified duty tasks

The State Office of Risk Management, the Pinnacol Assurance claims representatives, return-to-work specialists and safety consultants are available to assist departments with return-to-work and modified duty procedures.

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2006 Return-to-Work Rule Changes

Summary of Workers' Compensation Rule Changes

Effective January 1, 2006, the Colorado Workers' Compensation Act, Rules of Procedure were changed. The new rules affect the documentation and process involved with return-to-work and formal modified duty job offers. The following information highlights the changes required to complete the formal job offer process. Rule 6 is to be completed when your injured worker refuses your verbal job offer of modified duty work.

Prior to 12/31/2005

Old Rule IX

Modified duty task letter to medical provider:

- Employer faxed job task letter to provider
- No copy mailed to injured worker
- No copy to injured worker's attorney

Certificate of Service letter: Hand delivered job offer

- Modified duty began following day of receipt of job offer letter

Certified Mail Job Offer letter:

- Modified duty began **seven calendar** days from date mailed to injured worker
- Copies mailed to injured worker's attorney via certified mail
- Copies faxed to RTW

Effective 01/01/2006

New Rule 6

Modified duty task letter to medical provider:

- **Return-to-work (RTW) specialist or (Department Name) contact will:**
 - Fax job task letter to provider
 - Mail copy to injured worker
 - Fax copy to injured worker's attorney

Certificate of Service letter: Hand delivered job offer

- Modified duty begins **three business** days from receipt of job offer letter
- **RTW specialist or (Department Name) contact will fax copies to injured worker's attorney**

Certified Mail Job Offer letter:

- Modified duty begins **seven business** days from the date mailed to injured worker via certified and regular mail
- Copies mailed to injured worker's attorney via certified mail
- Copies faxed to RTW

For assistance contact your RTW Specialist, or call customer service at (800)-873-7242 or (303) 361-4000 to request instructions and sample documentation.

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Formal Modified Duty Process

Effective January 2006

Modification, Termination or Suspension of Temporary Disability Benefits Process — Rule 6

The Colorado Worker's Compensation Act, Rules of Procedure, allows a claims representative to terminate/modify temporary disability benefits without a hearing for employees who do not voluntarily return to work. The claims representative files an Admission of Liability Form together with the following information:

“A certified letter to the claimant or copy of a written offer delivered to the claimant with a signed certificate of service, containing both an offer of modified employment, setting forth duties, wages and hours and a statement from an authorized treating physician that the employment offered is within the claimant's physical restrictions. A copy of the written inquiry to the treating physician shall be provided to the claimant by the insurer at the time the authorized treating physician is asked to provide a statement on the claimant's capacity to perform the offered modified duty. The claimant is allowed a period of three business days to return to work in response to an offer of modified duty. The three business days run from the date of receipt of the job offer.”

Workers' Compensation Rules of Procedure, Rule 6(6-1(A)(4))

To comply with this rule, complete the following steps:

1. Type the ***Letter to Treating Provider*** (refer to the Pinnacol Assurance Return-to-Work DVD) on your department's letterhead. Under the Job tasks, list the hours per day and days per week you want your injured employee to work. Then list the actual job tasks the injured worker will perform.
2. Forward the letter to the treating provider for signature, mail a copy to the injured worker, and fax a copy to the injured worker's attorney if he/she has one. If you do not receive a timely response, you may contact the treating provider.

Note: The signature must be from a licensed treating physician. The licensed physician must co-sign signatures from a physician's assistant or nurse practitioner.

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3. Once you receive the treating physician's approval, type the *Certificate of Service Letter* (refer to the Pinnacol Assurance Return-to-Work DVD) on your letterhead. Complete all the blanks.

Note: *Certificate of Service* must be signed and dated at least three business days before the injured employee's start date.

4. Hand deliver the *Certificate of Service Letter* to your injured employee and a copy of the *Letter to Treating Provider* with the physician's approval of modified duty work. Fax a copy to your Pinnacol Assurance Claims Representative and fax a copy to the injured worker's attorney.
5. If you are unable to hand deliver the *Certificate of Service Letter*, you must type a ***Certified Job Offer Letter*** on your department letterhead (refer to the Pinnacol Assurance Return-to-Work DVD). Complete all the blanks.
6. You must send the *Certified Job Offer Letter* via Certified Mail to your injured worker and request a return receipt from the U.S. Postal Service. You must also send a copy by regular mail to the worker. Include the certified mailing number on the letter. Include a copy of the *Letter to Treating Provider* with the physician's approval of modified duty work. If the injured worker has an attorney, send a copy of the *Letter to Treating Provider* with the physician's approval of modified duty work and a copy of the *Certified Job Offer* by certified mail. If the worker is in Colorado, allow him/her a minimum of seven business days from the date of certified mailing to report to work. If the injured worker is out-of-state, allow him/her 10 business days from the date of certified mailing to report to work.
7. Remember to make two copies of all mailings — one for your records and one for Pinnacol Assurance – including a copy of the receipt for the purchase of the certified letter and the green return receipt card you will receive from the postal service.

Your Pinnacol Assurance return-to-work specialist can assist you at any time during this process.

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Loss Prevention Resources

Addressing high losses is crucial in assuring that the (Department Name) meets its safety goals, thereby minimizing on-the-job accidents. This section covers techniques and practices that can be used to positively impact safety performance. You'll also find sample letters to help you communicate with employees about loss control issues.

Addressing High Losses through Communication

E-mail/Fax Blast – Monthly e-mails and/or faxes from the (Department Name) to the agencies/offices can provide information to incorporate into periodic employee training or other areas of their safety programs.

General Updates – The safety committee can also fax/e-mail members about overall progress being made, improvement in days to report, etc.

Safety Articles – The Pinnacol Assurance Communications Department produces a one-page safety article each month. Please contact the State Office of Risk Management to be included in the distribution.

Safety Talks –

- Pinnacol Assurance's Loss Prevention CD contains over 500 "safety talks" sorted by exposures. Many are available in English and Spanish.
- You can also access this information through [Pinnacol Online](#).

Safety Program Review – The safety coordinator can schedule time to meet with a Pinnacol Assurance safety consultant to review the department's written safety program. This can help ensure compliance with the six-step program. This also gives the consultant an opportunity to share department-specific information regarding loss prevention.

Safety Committee Outreach –

Another approach to instill more accountability would be a phone call or letter from the safety committee and/or State Office of Risk Management explaining the concern over recent losses, then instructing them to contact their Pinnacol Assurance safety consultant to request assistance in controlling future losses. The Pinnacol Assurance safety consultant will work one-on-one to assess the department's challenges, opportunities, and commitment toward workplace safety.

Seminars –Seminar topics should focus on issues driving the department's losses and department's experiencing high losses should be invited to attend. For example, if the training is on defensive driving, the committee should invite department's experiencing high losses in this area.

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Adding Safety Information to Existing Publications –A “safety corner” could be added to routine department publications with tips addressing the leading loss drivers.

Appendix

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---SAMPLE---

Safety Policy & Commitment Letter

State of Colorado believes the safety of its employees and the public is of chief importance. The prevention of accidents and injuries takes precedence over expedience. In the conduct of our operations, every attempt will be made to prevent accidents from occurring. The (Department Name) requires that its employees, as a condition of employment, comply with all applicable safety regulations as listed in our policy manual.

The designated safety officer for the (Insert Department & Name) is the primary contact for safety-related matters. All employees will receive an orientation to the safety policy and rules of the (Department Name) upon initial employment, and are encouraged to bring to the attention of their immediate supervisor any unsafe conditions or practices. Supervisors will communicate these concerns to the safety coordinator, who will respond to this concern within 24 hours.

Management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety officer, myself, and other members of our management team will participate with you in ongoing safety and health program activities.

Employer Responsibilities:

- Provide a safe workplace
- Provide safety and health education and training
- Identify and correct unsafe conditions immediately
- Annually review and update workplace safety rules

Employee Responsibilities:

- Report all unsafe conditions
- Immediately report all work-related injuries
- Participate in safety training
- Wear the required personal protective equipment
- Abide by the organization's safety rules at all times

The goal for 2007 - 08 is to _____ (Examples: reduce lost time injuries by 10%, maintain zero lost time injuries, reduce the organization's back injury rates by 10%).

The plan to achieve the goal will include: _____ Examples: revised safety training, new equipment, additions to existing safety rules, etc.)

Executive Director

Date

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-----SAMPLE-----

Safety Committee Meeting Agenda

(date, time, location)

1. Introduction of members
2. Old business issues reviewed
3. New business
4. Loss information
5. Identify action to be taken to address losses
6. Decide if visits or calls need made to department's and by whom
7. Review compliance tracking
8. Recap all action items, identifying who will be responsible for completion and estimated completion date
9. Establish the agenda for the next meeting
10. Set time, date, and location for next meeting
11. Adjourn

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-----SAMPLE-----

Safety Committee Meeting Reminder

REMINDER

TO: Safety Committee Members
FROM: (Safety Committee Chair)
RE: Next Safety Committee Meeting

Just a reminder...our next safety committee meeting is **(date and time)**. The meeting will be held at **(location)**.

We have many items to cover, so hope everyone will attend. An agenda will follow early next week, but a highlight of topics is as follows:

Agenda Items:

- 1.
- 2.
- 3.

Hope to see you all there. RSVP to me by the end of the day on **(date)** either via e-mail at **(e-mail address)** or by leaving a message for me at **(phone number)**.

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-----SAMPLE-----

Letter to Encourage Safety Committee Participation

(Date)

(Contact Name)
(Department Name)
(Address)

RE: (Insert Department)

Dear (Contact Name),

Last week's scheduled safety committee meeting was disappointing with only **(number)** members present. This committee is critical for the development, implementation and enforcement of the agency's safety program. It is the committee's role to perform certain functions stated in our agreement. The State of Colorado, State Office of Risk Management, and Pinnacol Assurance all stand to gain from making this program successful. We must have a greater contribution from all of the members to effectively promote safety in the work place.

Enclosed is the loss history for the (Insert Department Name) for your review. As you can see, there are opportunities for improvement. I would encourage you to become an active member of the safety committee to provide ideas on how to improve the department's safety performance. Our next meeting is scheduled for **(date, time, location)**. I look forward to seeing you there. Please feel free to contact me if you have any questions.

Sincerely,

Safety Committee Chair
(phone number)
(e-mail)

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-----SAMPLE-----

Loss Prevention Visit Letter

(Date)

(Contact Name)

(Department Name)

(Address)

Dear (Contact Name):

The safety committee has completed a review of **(department name)** loss information for the period **(state period)**. Our records indicate that your school has **(state reasons of concern)**.

Our contract with Pinnacol Assurance entitles you to specialized loss control services at no additional charge. Providing loss control services assists you in effectively managing your workers' compensation costs.

It is the safety committee's responsibility to implement a safe workplace for **(Department Name)** employees. To assure your **(agency's)** continued commitment to the safety program, we believe it is necessary for you to meet with the Pinnacol Assurance's safety consultant as soon as possible. Please contact Pat Stephens within the next 30 days at 303-361-4291 to set up an appointment to:

1. Review and analyze your losses
2. Assess the effectiveness of your loss control program and identify areas for improvement
3. Explore all loss control services offered by Pinnacol Assurance
4. Develop a plan of action to reduce the number and cost of workers' compensation claims you are experiencing

Please feel free to contact me if you have any questions.

Sincerely,

Safety Committee Chair

(phone number)

(e-mail)

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-----SAMPLE-----

Claims Management Visit Letter

(Date)

(Contact Name)

(Department Name)

(Address)

Dear **(Contact Name)**:

The safety committee has completed a review of loss information for the period **(policy period)**. Our records indicate that your agency has experienced **(state reasons of concern)**.

It is the safety committee's responsibility to review and notify **(department name)** that need assistance in loss control and safety. Based on our review, we believe you may need assistance with claims management and return-to-work procedures. Please contact **(contact name)**, your Pinnacol Assurance's claims representative, within the next 30 days at **(phone number)** to set up an appointment. Pinnacol Assurance offers specialized claims management, return-to-work, and loss control services at no additional charge.

Please feel free to contact me if you have any questions.

Sincerely,

Safety Committee Chair

(phone number)

(e-mail)

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-----SAMPLE-----

Timely Reporting Letter

(Date)

(Contact Name)

(Department Name)

(Address)

Dear **(Contact Name)**:

Congratulations! In reviewing your records, we found that you reported work-related injuries to Pinnacol Assurance within 24 hours.

Early reporting of injuries has been shown to reduce claim costs by reducing the number of claims that result in lost time and by ensuring that your employees receive the best medical treatment as quickly as possible.

The fastest and most accurate method of reporting claims is via the Internet at www.pinnacol.com. Click on "Employers" and then select the ServiceLink button. Additionally, Pinnacol Assurance has a 24-hour phone line available for claims reporting at 1-800-873-7242. Please continue to remind your employees to report any injury immediately.

Thank you for your on-going assistance in reporting claims within 24 hours. I hope you have a successful year!

Sincerely,

Safety Committee Chair

(phone number)

(e-mail)

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-----SAMPLE-----

Late Reporting Letter

(Date)

(Contact Name)

(Department Name)

(Address)

Dear **(Contact Name)**:

Early reporting of work-related injuries can reduce your workers' compensation costs. The goal is to report all injuries to Pinnacol Assurance within 24 hours. In reviewing your records, we've noticed that you have exceeded this 24-hour goal.

Early reporting of injuries has been shown to reduce claim costs by reducing the number of claims that result in lost time and by ensuring that your employees receive the best medical treatment as quickly as possible.

The fastest and most accurate method of reporting claims is via the Internet at www.pinnacol.com. Click on "Employers" and then select the ServiceLink button. Additionally, Pinnacol Assurance has a 24-hour phone line available for claims reporting at 1-800-873-7242.

Since you can only report injuries as quickly as your employees notify you, Pinnacol Assurance can provide you with free posters and paycheck stuffers to remind employees to report injuries immediately. Additionally, make sure your employees know how to report a claim and whom your employees should notify if they have been injured.

If you have any questions, please contact me.

Sincerely,

Safety Committee Chair

(phone number)

(e-mail)

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-----SAMPLE-----

Claims Management Procedure

The following procedures will be conducted to ensure employees are receiving appropriate medical care in a timely manner and workers' compensation claims will be handled in a fair and expeditious manner.

1. All employees will be provided with an explanation of the workers' compensation system and the benefits it will provide.
2. In the event of a work-related injury or illness, the injured employee must report it to their immediate supervisor or the safety coordinator before the end of the work shift.
3. If the injured employee needs immediate medical attention, they will be transported or sent to the nearest appropriate hospital or clinic.
4. If the injury is not an emergency, an appointment will be made with the designated medical provider as soon as possible.
5. An accident investigation will be conducted following all work-related injuries. The supervisor or safety coordinator will be responsible for interviewing the injured employee and all witnesses.
6. The safety coordinator will report the claim to Pinnacol Assurance within 24 hours of the accident by visiting www.pinnacol.com
7. The safety coordinator will use information from the accident investigation to identify changes that may help prevent future incidents.
8. For lost time claims, the supervisor will contact the injured employee at least once a week to answer questions, keep the injured employee informed of department activities, and discuss return to work options.
9. Contact the medical provider after each appointment to keep current on the employees work status, medical progress, and to ensure that appointments are being kept.
10. Modified duty procedures will be as follows:
 - The employee's supervisor will evaluate the medical restrictions and determine if the employee can return to their regular job duties.
 - If the employee is unable to return to normal job duties, the supervisor will determine if the employee's position can be temporarily modified to accommodate the restrictions.

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- If the job cannot be modified, the supervisor will evaluate other tasks or positions the employee may be able to perform until the medical restrictions are lifted.
 - If the employee is unable to return safely to a modified position, the medical restrictions will be re-evaluated after each doctor's visit to ensure the employee is returned to work as soon as possible.
11. Accurate records for all workers' compensation claims will be kept in accordance with the department procedures.

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-----SAMPLE-----

EMPLOYEE ACCIDENT REPORT

(To be completed by injured employee)

Employee's Name: _____

Date of Injury: _____ Time of Injury: _____

Please explain how accident occurred:

Describe affected body parts:

Employee's recommendations for corrective action:

Employee Signature: _____

Date: _____

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-----SAMPLE-----

MANAGEMENT ACCIDENT/INCIDENT INVESTIGATION REPORT

<ul style="list-style-type: none"> o Injury - First Aid Only o Injury - Medical Treatment o Property Damage o Near Miss - Record Only 		Name of Injured Employee	Occupation
		Assigned Department	Supervisor
Date & Time of Incident	Date Incident Reported	Incident Location	Witnesses

SUMMARY – Describe the incident (photo and/or sketch may be necessary).

ANALYSIS – Describe conditions that led to the incident (environmental conditions, tools/equipment used, task being performed, etc.).

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RECOMMENDATIONS – Describe any controls and/or corrective procedures that may prevent reoccurrence of similar incidents.

MANAGEMENT SYSTEM IMPROVEMENTS – Describe measures taken by management to improve the system and prevent reoccurrence of similar incidents (employee training, new equipment, changes in safety policies, changes in operating procedures, etc.).

Action Taken:		Date:	
Action Taken:		Date:	
Action Taken:		Date:	
Report Completed By:		Date:	
Report Reviewed By:		Date:	
Report Reviewed By:		Date:	

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-----SAMPLE-----

Accident Investigation Questions

HOW

1. How does the injured employee feel now?
2. How did the injury occur?
3. How could this accident have been prevented?

WHO

1. Who was injured?
2. Who saw the accident?
3. Who was working with the injured party?
4. Who had assigned the person to the work task?
5. Who had trained the person on the hazards and protective measures for this task?
6. Who else was involved?

WHAT

1. What were the causal factors of the accident?
2. What were the injuries?
3. What was the person doing when injured?
4. What had the person been instructed to do?
5. What tools was the person using?
6. What machinery was involved?
7. What training had been given?
8. What specific precautions were necessary?
9. What protective equipment was being used?
10. What protective equipment should have been used?
11. What will be done to prevent a recurrence?
12. What safety rules were in place to prevent this type of accident?
13. What safety rules were being followed?
14. What were the environmental conditions (i.e., lighting, floor surface, etc.)?

WHEN

1. When did the accident occur?
2. When did the person start this task?
3. When was the person assigned to this department?
4. When were the hazards of the operation addressed?
5. When was training provided?
6. When had the supervisor last checked on job progress?

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WHY

1. Why was the person injured?
2. Why did the person do what they did?
3. Why wasn't protective equipment used?
4. Why weren't specific instructions issued?
5. Why wasn't training provided?
6. Why didn't the person check with the supervisor when they noted things weren't as they should be?
7. Why did the person continue to work under these circumstances?

WHERE

1. Where did the accident occur?
2. Where was the person at the time of the accident?
3. Where was the supervisor at the time?
4. Where were fellow workers?