

PINNACOL
ASSURANCE

Employer's guide to:

Cost Containment Certification

*Methods, strategies
and tools to meet the
requirements of the
State of Colorado
Cost Containment
Certification*



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Introduction

The key to lower workers' compensation costs is an effective safety and loss prevention program.

The purpose of this workbook is to assist Pinnacol Assurance policyholders in establishing an efficient, workable safety program that will meet the requirements of the State of Colorado Cost Containment Certification. In this workbook, you will find samples of each of the six cost containment elements and instructions on how to implement them in your organization.

Employers who earn the Cost Containment Certification will be eligible for a discount on their workers' compensation premium but more importantly, the certification demonstrates your commitment to protecting the safety and welfare of your employees.

Remember, the entire program must be in effect for one full policy year before you can apply for certification, and the State of Colorado Department of Labor (not your insurance carrier) awards certification. The Cost Containment Certification Board meets on the first Wednesday of each month to review applications, which are **received on or prior to the 20th of the previous month**. The board reviews all applications at these meetings and will mail you either a certificate or the reason for the denial within two weeks of the meeting date. Once your organization is certified, Pinnacol Assurance will apply the appropriate discount to your policy **at the next renewal date, after certification**. For example if your policy renews on July 1, the board must have your application on or before May 20th, for review on the first Wednesday of June. The discount is then applied to your July 1 policy renewal. The "Application for Certification" is located in the back of this workbook.

Safety professionals at Pinnacol Assurance and policyholders who have successfully implemented safety programs have contributed the tried and true samples in this workbook. These are samples and must be customized to meet the needs of your organization.

Your Pinnacol Assurance Safety Consultant is available, at no additional cost, to assist you with any aspect of the Cost Containment Certification.



Requirements

Documentation Requirements for Cost Containment Certification

One full policy year of documentation demonstrating the program is in place and effective. This includes the following:

Step 1: Formal declaration of a company-wide loss prevention and loss control policy

The safety policy should be signed and dated by top management and should then be distributed to all employees and conspicuously posted.

Step 2: Formal creation of a safety committee or coordinator

Top management should distribute a dated memo to all employees identifying the safety coordinator and/or safety committee members and outlining their responsibilities. 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, participation in safety meetings, accident investigation, etc.

The safety committee should meet on a regular basis (at least quarterly), depending on your industry. Documentation should consist of dated meeting minutes with the safety committee members' signatures.

Step 3: Clearly defined loss prevention rules

Employers and safety coordinators/committees should develop site-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 must be included as documentation of 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 a designated medical provider has been selected — employees should sign and date a letter acknowledging they are aware of the company's medical provider. Required posters should be posted — see page 23 for more details.

Step 6: Written policies and procedures on claims management

Documentation (short written plan) on how claims are managed, including items such as

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



A sample accident investigation form and an actual example of an investigation (if a claim has occurred) are something the State of Colorado Cost Containment Board looks for in the application packet. Any follow-up training to prevent a similar event is helpful in convincing the Board that the safety program is successful in solving problems. The claims management procedures should be signed and dated by a member of upper management and/or the organization's claims administrator.

Step #1

Formal Declaration of a Company-Wide Loss Prevention and Loss Control Policy

A safety policy statement signed by the owner or the board chairman is an important and significant element in establishing a strong, integrated loss prevention effort in your organization. A policy statement expresses the goals and principles your organization holds as important regarding employee safety. It is not only critical that the owner 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. 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.

In order to be effective, your safety policy should:

- Reflect management's philosophy on safety
- Be signed and dated to demonstrate commitment by top management
- Outline employer's and employees' responsibilities
- Be clearly communicated to all employees

Examples

The following safety policy is only an example - as with all examples provided in this booklet, it should be personalized and tailored to your organization's philosophy on safety.



(ORGANIZATION NAME)

**SAFETY POLICY
(SAMPLE)**

It is the policy of <organization name> that 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 business, every attempt will be made to prevent accidents from occurring. <Organization's name> requires that its employees, as a condition of employment, comply with all applicable safety regulations as listed in the organization policy manual.

The designated safety coordinator for <organization name> is the primary contact for safety-related matters. All employees will receive an orientation to the safety policy and rules of <organization 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.

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety coordinator, 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
- Annually review and update workplace safety rules

Employee Responsibilities:

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

The goal for 200__ is to _____ (Examples: reduce lost time injuries, 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.)

President

Date



Step #2

Formal Creation of a Safety Committee or Coordinator

A safety committee and/or safety coordinator is vital to your organization's loss control efforts. A safety committee or coordinator serves as a link between employees and management and provides an established mechanism to identify and correct hazards that can contribute to injuries. A safety coordinator also serves as the in-house "safety expert," ensuring that employees have a voice in identifying and correcting hazards.

Your safety committee should meet regularly, preferably monthly, or at least quarterly and should conduct or coordinate accident investigations, facility inspections, safety and health surveys, and recommend accident prevention ideas and methods to management. The safety committee/coordinator should also propose safety rules and needed safety and health training. Specialized actions might include conducting a job hazard analysis (JHA) or jobsite inspections to ensure that employees' personal protective equipment (PPE) is adequate for their jobs and potential hazard exposures, that employees are trained in PPE use, and that equipment is kept in good condition.

The committee or coordinator should establish written objectives and clearly communicate these to management and employees. All safety committee or coordinator duties should be supported with the proper documentation such as completed job hazard analysis, accident investigation forms, etc.

Minutes of safety committee meetings and/or memos directed to key personnel to implement goals of the committee/coordinator should be maintained and attendance and dates of meetings documented.

The decision to create a safety committee or only designate a safety coordinator depends on the size of the organization. In a small organization, a safety coordinator, without a committee may be sufficient. Members of upper management should meet regularly with the safety coordinator to monitor and ensure the success of the safety program.

Examples

Safety Coordinator Objective Statement
Sample Job Hazard Analysis



(ORGANIZATION NAME)

**SAFETY COORDINATOR/COMMITTEE OBJECTIVES
(SAMPLE)**

<Safety Coordinator Name> is the designated safety coordinator for <Organization Name> and is the primary contact for safety-related matters. All employees will receive an orientation to this company's safety rules upon initial employment and are encouraged to bring to the attention of their supervisor any unsafe conditions or practices. Supervisors will communicate these concerns to the safety coordinator, who will respond to this concern within 24 hours.

The primary goals of the safety coordinator will be to:

- Oversee implementation of the organization's safety program.
- Annually review the organization's safety policy and safety rules.
- Maintain accurate records and annually report the results of workplace accident and injury trend analysis.
- Recommend actions to reduce the frequency and severity of accidents and illnesses.
- Integrate safety into the day-to-day activities of all employees.
- Coordinate the new employee orientation and safety training programs.
- Assist the organization in compliance with government standards concerning safety and health.
- Assist supervisors with accident investigation.
- Identify unsafe conditions and practices and determine remedies.
- Discuss with and make recommendations to management on matters pertaining to safety.

President

Date

Safety Coordinator

Date



(ORGANIZATION NAME)**JOB HAZARD ANALYSIS WORKSHEET
(SAMPLE)**

Job: Grinding Iron Castings – Step 1 of 3

Analysis By: John Doe	Reviewed By: Jane Doe	Approved By: Jim Doe
Date: June 2, 2005	Date: June 3, 2005	Date: June 3, 2005
Sequence of Steps	Potential Accidents or Hazards	Preventative Measures
1. Reach into metal box to right of machine, grasp 15-pound castings, and carry to wheel.	Picking up a casting, the employee could drop it onto his/her foot. The casting's weight and height could seriously injure the worker's foot or toes	<ol style="list-style-type: none"> 1. Remove castings from the box and place them on a table next to the grinder. 2. Wear steel-toe shoes with metatarsal protection. 3. Change protective gloves that allow a better grip. 4. Use a device to pick up castings.
	Castings have sharp burrs and edges that can cause severe lacerations.	<ol style="list-style-type: none"> 1. Use a device such as a clamp to pick up castings. 2. Wear cut-resistant gloves that allow a good grip.
	Reaching, twisting, and lifting 15-pound casting from the floor could result in muscle strain to the lower back	<ol style="list-style-type: none"> 1. Move castings from the ground and place them closer to the workplace to minimize lifting. Ideally place them at waist height. 2. Train workers not to twist while lifting. Reconfigure work stations to minimize twisting during lifts

Investigating Accidents

Accidents causing death or serious injury must receive a thorough investigation. Near-miss accidents that could have resulted in death or serious injury, as well as minor injuries should also be investigated. 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 company in determining the facts useful in legal proceedings and will serve to publicize the hazard to employees.

A thorough investigation should yield at least the following information:

1. Part of the body injured and the type of injury sustained (i.e., fracture, burn).
2. Type of accident (i.e., hit by falling object, inhalation of chemical fumes)
3. Condition or act that caused or permitted the accident to occur (i.e., poor design, defect, adjusting machinery while in operation).
4. Equipment, machinery, substance, or structure directly involved in the accident (i.e., backhoe, conveyor belt, chemical).
5. Factors contributing to 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 or her familiarity with the workplace and knowledge of the employees involved and the work situation. However, the foreman, a safety professional, or a safety committee may also carry out the investigation.

The investigator should:

1. Begin investigating the accident immediately after the injured person has been treated, before the scene can be changed and important evidence removed or destroyed. Look and listen for clues.
2. Discuss the accident with the injured person if possible, after first aid or medical treatment has been administered.
3. Talk with witnesses and those familiar with conditions immediately before or after the accident, preferably away from the distractions of the work area.
4. Probe for small details, which might yield clues to the cause of the accident. Sometimes having the witnesses recite the events in reverse chronological order can attain a clearer account of events. Encourage witnesses to give their ideas.
5. Reconstruct the events leading up to the accident from clues and eyewitness accounts.
6. Determine the most probable cause of the accident.



7. Write a detailed, accurate report of the accident and follow reporting and record keeping requirements. **Remember that any accident that is fatal or results in the hospitalization of three or more employees must be reported to the nearest OSHA office within eight hours of the accident.**
8. Correct any unsafe conditions or procedures discovered during the investigation or advise proper authorities of corrections that need to be made.

Additional steps should be taken when investigating a fatal accident including:

1. Cover the body, but do not move it.
2. Take accurate measurements to define the physical interrelationship between the body and any equipment and materials involved.
3. Photograph the body, any body parts, machinery, equipment, and surroundings from all angles. These are important for litigation purposes.
4. Collect and identify any and all pertinent material. Mark it in relation to the accident scene for use during reconstruction.

Examples

Employee Accident Report

Accident/Incident Investigation Report

Accident Investigation Questions



(ORGANIZATION NAME)

EMPLOYEE ACCIDENT REPORT
(To be completed by injured employee)

Employee's Name: _____

Date of Injury: _____ Time of Injury: _____

Please explain how accident occurred:

Describe effected body parts:

Employee's recommendations for corrective action:

Employee Signature: _____ Date: _____



(ORGANIZATION NAME)
ACCIDENT/INCIDENT INVESTIGATION REPORT

<input type="checkbox"/> Injury - First Aid Only <input type="checkbox"/> Injury - Medical Treatment <input type="checkbox"/> Property Damage <input type="checkbox"/> 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.).

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: _____



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 had the supervisor last checked on job progress?

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 didn't the person check with the supervisor when they noted things weren't as they should be?
- 6) 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?



Step #3

Clearly Defined Safety/Loss Prevention Rules

Part of an effective safety program is creating awareness among all employees of the rules that have been adopted by the organization.

1. Hazards must be identified and safety rules clearly communicated to all employees.
2. Rules must be enforced uniformly and violations documented for all employees.
3. All employees must be required to read, date and sign the organization's safety rules, agreeing that they understand them and will abide by them. If there are any questions regarding understanding the rules, read and explain them to the employees.
4. A copy of the safety rules signed by the employee should be kept in the employee's personnel file.
5. Safety rules should be readily accessible for review by all employees.
6. Use specific language for your safety rules, i.e., "Safety glasses will be worn when using the grinder." Avoid words like "should."
7. **Remember that willful violation of a written safety rule or failure to use the required personal protective equipment can result in a 50 percent reduction in compensation benefits.**
8. A written reprimand or warning must be signed and dated by the employee who received it, and the original kept on file.
9. Written safety rules have little or no meaning if they are not enforced, and if a significant penalty is not applied.

Examples

Sample Safety and Health Rules Policy

Sample Safety Rules

Sample Safety Rule Violation Reporting Form

If you do not find any safety rules that apply to your industry, please contact your Pinnacol Assurance safety consultant at 800-873-7242 for additional assistance.



(ORGANIZATION NAME)
SAFETY AND HEALTH RULES
(SAMPLE)

A. OBJECTIVE

Safety rules are provided as guidelines for safe operations. All employees must follow these rules as a condition of employment.

B. SCOPE

Applies to all employees and contractors.

C. PROCEDURE

All employees will be given a copy of the following safety and health rules upon initial employment.

All employees must sign and return the 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.

D. ENFORCEMENT

Employees will be subject to disciplinary action for violations of safety rules. Such action may include one or more of the actions listed below, depending on the severity of the violation.

Employees shall be afforded instructive counseling and/or training to assure a clear understanding of the infraction and the proper conduct under organizational guidelines. However, nothing in this policy or this safety program will preclude management from terminating an employee for a safety violation. This is not a progressive discipline system and any safety violation may lead to an employee's termination without prior instruction or warning. Management reserves the right to impose whatever disciplinary action it deems appropriate:

- Verbal warning with documentation in personnel file.
- Written warning outlining nature of offense and necessary corrective action with documentation in personnel file.
- Termination.

Management, including supervisory personnel, shall be subject to the above disciplinary action for the following reasons:

- Repeated safety rule violation by employees under their supervision.
- Failure to provide adequate training prior to job assignment.
- Failure to report accidents and provide medical attention to employee injured at work.
- Failure to control unsafe conditions or work practices.
- Failure to maintain good housekeeping standards and cleanliness in their departments.



(ORGANIZATION NAME) SAMPLE SAFETY RULES

Please Note: Safety rules should be specific and enforceable. Develop all safety rules according to an employee's position, a dangerous task, equipment operation, or a combination of all three. The following are examples only and should neither be interpreted nor utilized as a complete list of possible rules.

These safety rules are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter while employed at this organization. It would be impossible to cover every work situation. If you are in doubt about the safety of any condition, practice, or procedure, consult your supervisor for guidance.

GENERAL RULES:

1. **ACCIDENT REPORTING:** Report all accidents or near misses to your supervisor immediately. Falsification of company records, including employment applications, time records, or safety documentation will not be tolerated.
2. **HAZARD REPORTING:** Notifying a supervisor immediately of any unsafe condition and/or practice.
3. **ALCOHOL OR ILLEGAL DRUGS:** No illegal drugs or alcohol will be allowed on the worksite. Employees will notify their supervisor of any prescription drugs that might affect their judgment.

EMPLOYEE POSITION: OFFICE WORKER

1. Do not stand on furniture to reach high places, always use a ladder or step stool.
2. Use the provided handrails when ascending or descending stairs or ramps.
3. Close all drawers to file cabinets after use to prevent tripping or bumping hazards.

DANGEROUS TASKS: GRINDING

1. Use the approved ANSI safety glasses and face shield.
2. Make sure the appropriate guards are in place.
3. Keep all flammables 20 feet away from grinding source.

EQUIPMENT OPERATION: FORKLIFT

1. Employees must wear seatbelts when operating a forklift.
2. Do not allow passengers to ride on the forklift unless a passenger seat with seatbelt is available.
3. Do not use a forklift to elevate workers unless an approved elevating platform is properly attached to the mast and forks.

COMBINATION /DANGEROUS TASK AND EQUIPMENT OPERATION: KITCHEN STAFF

1. Use the provided wooden tamper when pushing meat through grinder.
2. When using a knife, cut away from the body.
3. Turn off and unplug the grinder prior to cleaning.

I, (print name) _____ have read/been read and understand these safety rules. I agree to follow all safety rules at all times and understand any violation can result in disciplinary action including termination of employment. I understand if a safety rule violation results in a work-related injury or illness, workers' compensation benefits by law, can be reduced by 50 percent.

Employee Signature: _____ Date: _____

**(COMPANY NAME)
SAFETY RULE VIOLATION
(SAMPLE)**

Company Name _____

Employee Name _____ Date _____

Type of Violation: _____

Result of Violation: _____

Disciplinary Action: _____

I, (print name) _____, have read/been read and understand the safety rules of (Company Name) _____. I agree to act in accordance with the safety rules at all times while working, and understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Workers' Compensation benefits, by law, can be reduced by 50 percent if a work-related injury or illness is a result of a safety rule violation. Additionally, any future safety rule violations may result in suspension without pay and/or termination.

File original in employee's personnel file, with a duplicate given to employee.



Step #4

Safety Training

New Employees

Statistics have shown that 42 percent of all injuries happen to employees with less than one year of service. Experts agree that a majority of the new employee injuries could be prevented through the implementation of an orientation and training program.

Regular Employees

Ask yourself the following three questions:

1. Do your employees repeatedly experience certain kinds of injuries or illnesses? For example: back, eye, and cumulative trauma or repetitive motion disorders.
2. Are your employees exposed to safety or health hazards on the job?
3. Are there causes for some work accidents, which you don't understand, or causes which you, do understand, but don't know how to avoid?

If you answered "yes" to any of these questions, additional training may be required.

In this section you will find samples and ideas to help you with your training program. Use all resources available to you, including your insurance carriers, local hospital, medical provider, fire and police departments, etc. Pinnacol Assurance has many training aids to help you. A list of available parlay training booklets has been included in this section. Materials available include access to a video library and a vast array of one-page Safety & Health Handout Sheets. Contact your Pinnacol Assurance Safety Consultant to request them or for training assistance.

Remember: New employees are high risk for injury. Ensure all new hires are trained before they begin their job assignment. Document all new hire orientations using an employee orientation checklist and all other safety training with a meeting sign-in sheet. It is highly recommended employees print and sign their names. 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.

Examples

Index of Safety Training Topics
New Employee Orientation Checklist
Safety Meeting Roster



Index of Safety Training Topics Available to Pinnacol Assurance Policyholders

<input type="checkbox"/>	Fire Safety and Emergency Response	*Available in Spanish
<input type="checkbox"/>	Material Handling	*Available in Spanish
<input type="checkbox"/>	Personal Protective Equipment	*Available in Spanish
<input type="checkbox"/>	Confined Spaces	*Available in Spanish
<input type="checkbox"/>	Hazard Communication	*Available in Spanish
<input type="checkbox"/>	Attitude and Awareness	*Available in Spanish
<input type="checkbox"/>	General Safety Hazards	*Available in Spanish
<input type="checkbox"/>	Construction Safety	*Available in Spanish
<input type="checkbox"/>	Restaurant Safety	*Available in Spanish
<input type="checkbox"/>	Health & Safety for Health Care Workers	*Available in Spanish
<input type="checkbox"/>	Office Safety and Ergonomics at Work	*n/a
<input type="checkbox"/>	Driving Defensively	*n/a

Your Safety Consultant can also assist in putting together safety-training materials for other safety topics. To order any Pinnacol Assurance safety materials, please contact your Pinnacol Assurance safety consultant at 800-873-7242.



**(ORGANIZATION NAME)
NEW/TRANSFER EMPLOYEE ORIENTATION CHECKLIST
(SAMPLE)**

Please Note: Remember to tailor this form to your organizations' new hire orientation procedures.

Employee Name: _____ Employee #: _____

Date of Hire: _____ Supervisor: _____

The new/transfer employee and his supervisor must initial the following items.

		Supervisor	Employee
1.	I have read and/or someone has explained to me the safety rules for the organization and any specific rules for the jobsite.	_____	_____
2.	I have been shown where the jobsite facilities are i.e., drinking water, and restroom.	_____	_____
3.	I know where the first aid station is and where first aid kits are located.	_____	_____
4.	I am familiar with the location of hazards on the jobsite and what areas to avoid.	_____	_____
5.	I have received instruction on the use of fire extinguishers and their location.	_____	_____
6.	I understand I must report all injuries to my supervisor immediately and/or any other claims management procedures.	_____	_____
7.	I am familiar with my job assignment and any tasks I am expected to perform.	_____	_____
8.	I understand what HAZCOM is and the location of the MSDS file.	_____	_____
9.	The company disciplinary policies have been explained to me.	_____	_____
10.	I have been issued the following equipment (initial if issued)		
	Hard Hat	_____	_____
	Safety Glasses	_____	_____
	Fall Protection Harness	_____	_____
	Hearing Protection	_____	_____
	Respirator	_____	_____
	Other(specify) _____	_____	_____
11.	I have read and signed the Designated Medical Provider form.	_____	_____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____



**(ORGANIZATION NAME)
SAFETY MEETING ROSTER
(SAMPLE)**

Date: _____ Time: _____

Location: _____

Safety Topic: _____

Discussion Leader: _____

Persons Attending:

Print Name:

Signature:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

Employee Comments and Suggestions:



Step #5

A Written Designation Of Medical Provider

An employer has the right to choose the doctor, clinic, or hospital their employees must use for work-related injuries or illnesses. Having a strong relationship with the medical provider you designate will help control the cost of your insurance while providing quality medical care for your injured employees.

To help you select a designated provider; Pinnacol Assurance has developed a network of accredited occupational health providers throughout the state called SelectNet. These providers meet Pinnacol Assurance's strict requirements for providing quality medical care and medical case management. In addition, policyholders can receive a 2.5 percent discount for designating a medical provider

You must notify all employees in writing of your selection. All employees must sign the notification signifying that they are aware of your designated provider selection. You must also notify Pinnacol Assurance in writing. There are two posters required by Colorado law pertaining to designated medical providers and the employee's obligation to report injuries. These posters are available from Pinnacol Assurance at no charge.

If you designate a provider from SelectNet, we have done all the screening for you. But if you live in an area where we do not have a SelectNet provider make sure the physician meets the following criteria:

1. Is knowledgeable in workers' compensation and understands the use of the fee schedule for medical bills.
2. Has performed disability ratings and is comfortable in determining when a claimant has reached maximum medical improvement.
3. Will communicate with you on an ongoing basis about the medical status of your injured employee.
4. Is accessible, i.e., will return your calls.
5. Can assist you in creating modified duty programs so injured employees can return to work as soon as safely possible.
6. Have specialists that he/she refers to and has guidelines for referral so case management is maintained.
7. Is willing to learn about your work processes and requirements including visiting your work site.

Examples

Employee Notification Letter

**(ORGANIZATION NAME)
EMPLOYEE NOTIFICATION LETTER**

TO: All Employees

FROM: <Your Company Name>

DATE:

SUBJECT: Designated Medical Provider for Work Related Injuries and Illnesses.

Effective immediately, all employees must obtain treatment of work-related injuries and illnesses from _____ located at _____.
The phone number is _____.

In the event of a life-or-limb-threatening emergency, the insured employee will be sent to the nearest emergency medical facility. The medical provider designated above must provide all follow-up care.

In the event of a non-emergency, after-hour injury, the provider should be called at _____ for access information or treatment instructions.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment of said treatment.

All employees must sign below, acknowledging this company policy.

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses.

Signature of Employee: _____

Date: _____

NOTE: This is a SAMPLE form. One copy of YOUR COMPANY'S version of a completed notification form must be included with the application. The original notification form signed by your employee should be kept in your personnel files. It is a good idea to give a copy of this information to your employees. A wallet card with the address(s) and telephone number(s) may also be available – please contact your designated medical provider for this information.



Step #6

Written Policies and Procedures on Claims Management

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.

Quick reporting can save up to six percent of the total cost of the claim. 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 teams 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.
3. **By Fax.** You can complete the first report and fax it 24 hours a day 7 days a week. Each team at Pinnacol Assurance has its own fax number for routing first reports to the correct claims adjuster. Your Safety Consultant can give you the number for your team.
4. **By Mail.** Please use as a last resort. If these other options are not available to you, please mail your completed first reports directly to your Pinnacol Assurance team.

All accidents or near misses must be thoroughly investigated. Pay particular attention to third party situations.

Recordkeeping and data analyses are very important at this phase. In addition to the records, reports, and other filings required by state and federal statutes, the following should also be kept:

1. Attendance records.
2. Safety violations (signed).
3. Safety rules orientation (signed).
4. Safety training records.
5. Accident/incident reports



Return-to-Work (Modified Duty)

It is highly recommended that when practical, a modified duty plan be put into effect. The longer a person stays away from work the more difficult it is to return. All too often employees on disability begin to feel detached from the employer and will begin to suffer from anxiety depression and a diminished motivation to return to work. Pinnacol Assurance has a number of professionals dedicated to helping employers with the modified duty process. In the event of a lost-time claim, call your team and ask to speak with the Return-to-Work Specialist. Their job is to help you get the injured employee back to work as soon as is safely possible.

If an injured employee refuses to accept a temporary modified position, he or she may forfeit all or part of their compensation benefits. However, there are specific requirements that must be met in order to legally suspend or terminate benefits. Our Return-to-Work Specialists can provide you with assistance as well as the necessary documentation needed for this process.

The key to good claims management is good communication. It is vital to maintain open lines of communication with the injured employee, the treating physician and the insurance carrier. The sample guide on the following page will help you establish a solid claims management process.

Example:

Claims Management Guide



**(ORGANIZATION NAME)
CLAIMS MANAGEMENT GUIDE
(SAMPLE)**

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. The following procedure will be conducted to alleviate these fears and ensure that 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 driven 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 by phone to Pinnacol Assurance within 24 hours of the accident. (800) 873-7242
7. If the incident involved an employee death or a catastrophe (three or more employees admitted to the hospital) OSHA must be notified within eight hours. OSHA can be reached at (800) 321-6742.
8. The safety coordinator will use information from the accident investigation to identify changes that may help prevent future incidents.
9. 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 organization activities, and discuss return to work options.
10. The safety coordinator will 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.
11. Modified duty procedures will be as follows:
 - The employee's supervisor who will determine if the employee can return to their regular job duties will evaluate the medical restrictions.
 - 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.
 - If the job cannot be modified, the safety coordinator 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.
12. An entry will be made on the OSHA 300 Log for all cases involving medical treatment. (Employers with more than 10 employees.)
13. Accurate records will be kept for all workers' compensation claims. This file will document all communications regarding the claim and all records from the medical providers and Pinnacol Assurance.

Claims Administrator: _____ Date: _____

Action Plan

COST CONTAINMENT CERTIFICATION PROGRAM ACTION PLAN SUMMARY

REMEMBER: Assistance in the process of development or implementation of the Cost Containment Certification program can be obtained at any time by contacting your Pinnacol Assurance Safety Consultant. Please contact 800-873-7242 to receive more information about how your team at Pinnacol Assurance can assist you in your efforts.

Cost Containment Step	Person Responsible	Actions Required	Target Completion Date	Actual Completion Date
Step 1: Written Safety Policy		<ul style="list-style-type: none"> • Overall safety policy • Signature of top management • Date 		
Step 2: Safety Committee or Safety Coordinator		<ul style="list-style-type: none"> • Designation of committee/coordinator • Duties outlined, signed, and dated by management and safety coordinator/committee 		
Step3: Written Safety Rules		<ul style="list-style-type: none"> • General rules and rules specific to the workplace hazards • Each employee signs and dates • Updated periodically 		
Step 4: Safety Training		<ul style="list-style-type: none"> • Specific to workplace hazards and conducted at least quarterly • Documented by topic, date, and signatures of employees 		
Step 5: Designated Medical Provider		<ul style="list-style-type: none"> • Medical Provider notified of selection as designated provider • Employees notified in writing with signature and date of receipt of the information. • Employees reminded with posted notice 		
Step 6: Claims Management Policies and Procedures		<ul style="list-style-type: none"> • Actions taken when a claim occurs (how employees report claims, how Pinnacol is alerted) • Accident investigation procedures • Modified duty program outlined 		

Note: All six steps must be developed and implement for one full policy year prior to application.



Top Reasons for Delay of Applications for Cost Containment Certification

- 1. SAFETY COORDINATOR/COMMITTEE:** The coordinator is named and responsibilities are enumerated, but no documentation is provided to support that the position actually has authority, or does anything (i.e. safety inspections, conducts committee meetings, corrects unsafe procedures, etc.). The safety coordinator must also provide accident investigations and follow-up documentation for all incidents.
- 2. SIGN-OFF DOCUMENTS:** In the case of committee meetings, some employers fail to have all members sign-off to verify their attendance at meetings. Many employers provide only copies of sample sign-off forms for safety rules, safety orientations, designated medical provider, etc... For the Division of Workers Compensation purposes, they want copies of actual signed acknowledgement forms that are dated at least one year old.
- 3. CLAIMS MANAGEMENT:** Documentation submitted to support the existence of a claims management program consists of an undated, unsigned list of procedures. Too often this may be a page directly taken from Pinnacol Assurance's loss control literature—with no means to verify that it has been implemented within the applicant's organization. Additionally, little or no documentation is provided pertaining to modified duty and proper accident investigation. A copy of an actual one-year old accident investigation is required. Ideally, applicants will provide a copy of a "Rule IX" letter to support implementation of, or attempts at modified duty.
- 4. LOSS RUNS:** Problems with loss runs include; no loss runs provided; incomplete loss runs (less than 3 full policy years and current year-to-date); loss runs valued more than 30 days old.
- 5. FAILURE OF APPLICANTS TO PROPERLY COMPLETE THE APPLICATION FOR CERTIFICATION:** Applicants write "see attached" across the chart in step #7, and fail to enter required data—including required "total employee hours worked" section. Additionally, applications are routinely and unnecessarily delayed because the applicant was unaware of the deadline for application on or before the 20th of each month - this deadline is final. Therefore, if an application is received by the board after the 20th, there is no opportunity to append and forward the application if even one minor document is missing. (For more information on this, please refer to page 2 – Introduction.) This leads to a full month delay, which can mean the Cost Containment credit could be delayed for one policy year.



REQUEST FOR CERTIFICATION

Employer Name: _____

Employer FEIN _____

Employer Mailing Address: _____

Employer City, State, ZIP: _____

Name of Insurance Carrier: _____

Policy Number: _____

Nature of Business: _____

Date Program Was Implemented: _____

To obtain certification status in the Colorado Workers' Compensation Premium Cost Containment Program, it must be demonstrated that the applicant employer has actively followed an approved loss prevention and loss control program for a period of at least one year. Copies of loss prevention documentation clearly showing compliance with each of the following requirements has been in effect for at least one year; must accompany this Request for Certification.

THE APPLICANT EMPLOYER MUST PROVIDE THE DIVISION WITH DOCUMENTATION OF THE FOLLOWING COST CONTAINMENT PROGRAM REQUIREMENTS

- 1. Formal Declaration of an Organization-wide Loss Prevention and Loss Control Policy** (enclose a signed and dated copy).
 - a. The policy reflects the philosophy of top management.
 - b. The safety and health of all employees are a top priority.

- 2. Formal Creation of a Safety Committee or Coordinator** (enclose signed and dated documentation).
 - a. Committee or coordinator has clearly defined tasks and objectives.
 - b. Discuss/recommend safety policies and objectives.
 - c. Identify unsafe conditions and practices.
 - d. Investigate all accidents.
 - e. Conduct safety committee meetings and promote safety awareness.
 - f. Establish and update safety rules.

- 3. Clearly Defined and Conspicuously Posted Safety/Loss Prevention Rules** (enclose a signed and dated copy).
 - a. Hazards are identified and accident prevention rules are clearly communicated.
 - b. All employees are made aware of the safety rules.
 - c. Safety rules are applicable and updated as needed.

- 4. All Employees Undergo Safety Awareness and Loss Prevention Training** (enclose signed and dated verification of employee safety training).
 - a. The supervisor has provided and documented individual job/task safety training.
 - b. Ongoing safety meetings are held for all employees and attendance (employee sign-off) recorded.

- 5. Written Designation of a Medical Provider** (enclose a signed and dated copy).
 - a. Provider is knowledgeable of fee schedules and agrees to honor designated provider agreements.

- b. Provider communicates with the employer on issues such as case management and modified duty.
- c. Employer will keep in contact with the injured worker and will inform employees on matters concerning the designated medical provider.

6. Written Policies and Procedures on Claims Management (enclose a signed and dated copy).

- a. Employer has investigated all incidents for third-party potential (enclose a completed investigation).
- b. Employer ensures that the insurance carrier is contacted in a timely manner and confirms that the employee was working at the time of the accident.
- c. Employer coordinates with the insurance carrier (at least annually) on issues such as loss runs review, outstanding reserves, and employee classification.
- d. Employer, when practicable, institutes a modified duty program in conformance with the attending physician's restrictions (enclose modified duty documentation).

7. Use the following chart to provide a summary for EACH of the last three full **policy periods**, and the current **policy year-to-date** of your organization's injuries, costs, and total employee hours worked. **This information MUST be provided by POLICY period.** Information should be taken from insurance carrier loss reports and payroll records. *Read the attached instructions before completing.*

POLICY PERIOD		NO. OF INJURIES DURING POLICY PERIOD	TOTAL COST INCURRED ON ALL CLAIMS DURING POLICY PERIOD	TOTAL EMPLOYEE HOURS WORKED DURING POLICY PERIOD
EFFECTIVE DATE	EXPIRATION DATE			

8. A currently valued copy (valued no more than 30 days prior to the date of application) of your insurance carrier's detailed, gross loss reports for the last three full policy years, and the current policy year-to-date **MUST** be included with this request for certification. *Read the attached instructions for further information.*

NOTE: An on-site evaluation of the employer's Cost Containment Program may be conducted.

By signing this request, the contact person affirms that the above requirements have been met and acknowledges the Premium Cost Containment Program may contact the applicant employer's workers' compensation insurance carrier to obtain information relative to this request.

Signature of Contact Person Date of Signature

Type or Print Name of Contact Person E-mail Address

Contact Person's Telephone Number Fax Number

PLEASE RETURN THE COMPLETED FORM CONTAINING THE ORIGINAL SIGNATURE OF THE CONTACT PERSON. ATTACH ALL REQUIRED DOCUMENTATION.

Premium Cost Containment Program Board, Division of Workers' Compensation
633 17th Street, Suite 400
Denver, CO 80202

INSTRUCTIONS FOR COMPLETING ITEMS 7 & 8

Please read before completing Request for Certification form.

ITEM 7 — Summary Chart

- 1) Policy Period is defined as the policy year or partial policy year reflected on loss reports. These periods might not coincide with the calendar year. DO NOT convert policy periods to calendar years (i.e., if policy period is shown on loss reports as July 1 - June 30, the policy period should be reported as shown).
- 2) Number of Injuries is defined as the number of claims reported to your insurance carrier. In some cases, this will include reports of injuries that have incurred no costs. (All injuries should be reported to your carrier, regardless of severity). OSHA reporting requirements are not a consideration.
- 3) Total Costs on All Claims is defined as the gross incurred amount, and includes both paid and outstanding reserve amounts. This includes medical costs, indemnity costs, and miscellaneous expenses. Deductible amounts paid by the insured employer must also be included in this figure.
- 4) Total Employee Hours Worked is defined as the total number of hours worked by all employees during each indicated policy period. There is no need to break this figure down into "regular" and "overtime" hours, nor is it necessary to differentiate between "exempt" and "nonexempt" employee hours. Hours MUST NOT be extended beyond the valuation date of loss reports (i.e., if loss reports are valued as of June 30, hours worked should be reported only through June 30 even though the date of the application may be July 20).

ITEM 8 — Loss Reports

Currently Valued loss reports from your insurance carrier covering the last three full policy periods and the current policy year-to-date must accompany all requests for certification or recertification. In order to be currently valued, ALL loss reports must have been printed within thirty days of the date of application.

Only actual detailed, gross valuation loss reports are acceptable. On-line printouts, summary loss reports and loss reports that do not include deductible amounts are unacceptable for program purposes. Summaries prepared by agents or brokers and in-house accounting program printouts are generally not acceptable.

Original signatures are required.

Failure to properly complete this request form or provide the required loss reports will delay the processing of your request.

If you have any questions, please contact the Premium Cost Containment Program 303.318.8644

PINNACOL
ASSURANCE

7501 E. Lowry Blvd.
Denver, CO 80230
303.361.4000
800.873.7242
www.pinnacol.com