Employers Guide to Cost Containment Certification for the State of Colorado
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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 our clients 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 that the entire program must be in effect for one year before you can apply for certification, and the State of Colorado Department of Labor (not your insurance carrier) awards certification.

Various companies who have successfully implemented safety programs have contributed the tried and true samples in this workbook. However, these are merely samples, and you must customize them to meet the needs of your organization.
Requirements

One year’s worth 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 Safety committee should meet on a regular basis (at least quarterly). Documentation should consist of dated meeting minutes with committee member’s signatures. Appointed safety coordinator should sign and date the description of duties and responsibilities.

Step 3  Clearly defined and conspicuously posted safety/loss prevention rules
Employers should orient employees to the site specific safety rules and have them sign and date a document acknowledging their awareness and understanding of the safety rules.

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.

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 the medical provider.

Step 6  Written policies and procedures on claims management
Documentation (short written plan) on how claims are managed (i.e. when and how claims are reported by employees and to whom; how the employer reports claims to Your Insurance Carrier 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 Cost Containment Board looks for in the packet. Also, any follow-up training to prevent a similar event is helpful in convincing the Board that the safety program is successful in solving problems.
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.

In order to be effective, your safety policy should:

1. Reflect management's philosophy on safety
2. Be signed, dated and followed by top management
3. Outline employer’s and employees' responsibilities
4. Be clearly communicated to all employees
(ORGANIZATION NAME)
SAFETY POLICY

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 expediency. 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 rules and policy <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.

Signature ___________________________ <Date>____________________

<Name – Please print> ______________________________________________

<Organization Name> ____________________________________________
Sample Form: Safety Policy, Example #2

(ORGANIZATION NAME)

SAFETY POLICY

It is the policy of our organization to provide our employees a safe and healthful work environment. We know that our employees are our greatest resource and we will strive to prevent any possible injury or illness.

We believe that most accidents and injuries are preventable and it should be clear that the responsibility for safety lies with all levels of employees at <organization name>. We all need to work together to accomplish our goal of zero injuries. Therefore, safety rules and procedures shall be followed and all hazardous conditions must be reported to management.

Our organization’s safety manager is _____. Please bring your safety & health concerns to our attention.

(Name – Please Print)    <Date>

President <Signature>

<Organization Name>
Step 2 - Formal creation of a safety committee or coordinator

A safety committee and/or safety coordinator is vital for your organization’s loss control efforts. A committee serves as a link between employees and management and provides an established mechanism to identify and correct hazards that can contribute to injuries. A committee also serves as the in-house “safety expert,” insuring 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 assuring 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. Sample forms such as inspection forms, incident investigation forms, etc., should be developed. (See examples that follow)

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.
Sample Form: Safety Coordinator Objectives

(ORGANIZATION NAME)
SAFETY COORDINATOR OBJECTIVES

<Safety Coordinators 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 the 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.

(Name – Please Print) __________________________________________ Date

Safety Coordinator <Signature>

Organization Name
Investigating Accidents

Accidents causing death or serious injury receive a thorough investigation. Near-miss accidents that could have resulted in death or serious injury, as well as minor injuries; also should 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.

1. A thorough investigation should yield at least the following information:

2. Part of the body injured and the type of injury sustained (i.e., fracture, burn)

3. Type of accident (i.e., hit by falling object, inhalation of chemical fumes)

4. Condition or act that caused or permitted the accident to occur (i.e., poor design, defect, adjusting machinery while in operation)

5. Equipment, machinery, substance, or structure directly involved in the accident (i.e., backhoe, conveyor belt, chemical)

6. 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 a clearer account of events can be attained by having the witnesses recite the events in reverse chronological order. 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

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.
Sample Form: Near Miss Accident Report

(ORGANIZATION NAME)
NEAR MISS ACCIDENT REPORT

Employee’s Name: _________________________________________________________________

Date: ____________________________ Time: ____________________________

Near miss could have resulted in: Injury □ Property Damage □

Description:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has the source been eliminated?: Yes □ No □

If no, please explain what further corrective action must take place:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Sample Form: Accident/Incident Investigation Report

(ORGANIZATION NAME)
ACCIDENT/INCIDENT INVESTIGATION REPORT

- Significant Inc/Damage
- First Aid
- Medical Treatment
- Restricted Work
- Lost Time

Facility (Div/Loc. ID)       Accident

Date and Time of Accident  Date Incident Reported  Witnesses
_________________________  ______________________  (1)  (2)

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

ANALYSIS – Describe conditions and/or actions that led to the incident.
________________________________________________________
________________________________________________________
________________________________________________________

RECOMMENDATIONS – Describe the control and/or corrective procedures.
________________________________________________________
________________________________________________________
________________________________________________________

MANAGEMENT SYSTEM IMPROVEMENTS – Describe measures that should/will be taken to improve the system.
________________________________________________________
________________________________________________________
________________________________________________________

COMPLETE THIS SECTION IF THE INCIDENT INVOLVED AN INJURY/ILLNESS

Name (first, MI, last) of Injured Employee       Home Address

Social Security Number

Occ at time of inj./all       Assigned

Superv. At time of inj./Ill

Describe injury or illness in detail, part of body affected and treatment received.
________________________________________________________
________________________________________________________

Doctor:       Hospital:
Address:       Address:

Report Completed By:        Report Reviewed By:        Report Reviewed By:
Step 3 – Clearly defined and conspicuously posted Safety/Loss Prevention Rules

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

2. Hazards must be identified and safety rules clearly communicated to all employees.

3. Rules must be enforced uniformly and violations documented for all employees.

4. 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.

5. A copy of the safety rules signed by the employee should be kept in the employee's personnel file.

6. The safety rules should be posted on the bulletin board or other prominent area in the work place.

7. Use specific language for your safety rules, i.e., “Safety glasses will be worn when using the grinder.” Avoid words like “should.”

8. **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.**

9. A written reprimand or warning must be signed and dated by the employee who received it, and the original kept on file.

10. Written safety rules have little or no meaning if they are not enforced, and if a significant penalty is not applied.
(ORGANIZATION NAME)
GENERAL SAFETY RULES

These general 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.

1. **ACCIDENT REPORTING**: Report all accidents or near misses to your supervisor before the end of your shift. Falsification of company records, including employment applications, time records or safety documentation will not be tolerated.

2. **HAZARD REPORTING**: Employees are responsible for 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.

4. **SEAT BELTS**: All employees who drive or ride in company vehicles or are on company business and drive their own vehicles must wear seat belts.

5. **HORSEPLAY**: Wrestling, running, pushing, throwing any item in play or other disorderly conduct is forbidden while on the job.

6. **MACHINERY**: Report broken or malfunctioning equipment to your supervisor immediately. Only trained, authorized employees are permitted to service or repair equipment and then only after deactivating all energy sources and locking out equipment. Only authorized machinery with all required guards will be used. If you are not familiar with the safety operation of a piece of machinery, ask your supervisor for instruction.

7. **HAZARDOUS MATERIALS**: Follow proper use and handling procedures for all hazardous materials. Do not use a chemical if you are not familiar with the hazardous properties or have not received and been trained on the required protective equipment.

8. **HOUSEKEEPING**: All employees are required to keep their work area clear of debris or other tripping or slipping hazards. All debris must be disposed of properly in designated areas.

9. **PERSONAL PROTECTIVE EQUIPMENT**: Employees must practice proper use, care and storage of personal protective equipment.

10. **SIGNS/LABELS**: Pay attention to all signs and labels. They are present as reminders for safety.

11. **DRINKING WATER**: Always drink from regular water fountains or approved water coolers. Water from any other source may be unsafe to drink.

12. **HYGIENE**: It is each employee's responsibility to maintain personal hygiene particularly when working with hazardous chemicals. Eat or smoke only in designated areas, and always wash your hands before eating/smoking.

13. **CONCENTRATE**: Most accidents can be avoided by concentrating on the job to be done. Always be aware of your surroundings and what is going on around you. Safety is a full-time job.

I, ______________________ (print name), have read/been read and understand the safety rules of ____________________ (Organization 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: _______________________________

Management Signature: _______________________________ Date: _______________________________
Sample Form: Safety Rule Violation

(ORGANIZATION NAME)
SAFETY RULE VIOLATION

Company Name: ___________________________________________________________

Employee’s Name: _______________________________________________________

Type of Violation:

_____________________________________________________________________

_____________________________________________________________________

Result of Violation:

_____________________________________________________________________

_____________________________________________________________________

Disciplinary Action:

_____________________________________________________________________

_____________________________________________________________________

I, ______________________ (print name), have read/been read and understand the safety rules of ___________________ (Organization 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 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. Wells Fargo Insurance Services has many training aids to help you. A list of topics available has been included.

Remember to document all of your safety training with meeting sign-in sheets.
Sample Form: New Employee Orientation Checklist

(ORGANIZATION NAME)
NEW EMPLOYEE ORIENTATION CHECKLIST

Employee Name: ___________________________ Employee #: __________________

Date of Hire: ___________ Supervisor: ________________________________

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

1. Read or have read to you 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 location of first aid kits.

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.

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 (check and initial if issued)

    Hard Hat
    Safety Glasses
    Fall Protection Harness
    Hearing Protection
    Respirator
    Other (specify)

Supervisor | Employee

Employee Signature: ___________________________ Date: ___________

Supervisor Signature: ___________________________ Date: ___________
Sample Form: Safety Meeting Roster

(ORGANIZATION NAME)

SAFETY MEETING ROSTER

Date: ________________________________ Time: __________________________

Location: ___________________________________________________________________

Safety Topic: ___________________________________________________________________

Discussion Leader: ___________________________________________________________________

Persons Attending:

1. _____________________________  11. _____________________________
2. _____________________________  12. _____________________________
3. _____________________________  13. _____________________________
4. _____________________________  14. _____________________________
5. _____________________________  15. _____________________________
6. _____________________________  16. _____________________________
7. _____________________________  17. _____________________________
8. _____________________________  18. _____________________________
9. _____________________________  19. _____________________________
10. _____________________________  20. _____________________________

Comments and Suggestions:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Step 5 – A written designation of medical provider

As of 01/01/2008 you must choose two designated providers

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.

You must notify all employees in writing of your selection. All employees must sign this notification signifying that they are aware of your designated provider selection. You must also notify your Workers’ Compensation Insurance Carrier 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 at no charge.

When selecting a provider, make sure the physician meets at least 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.
Sample Form: Employee Notification Letter

(ORGANIZATION NAME)
EMPLOYEE NOTIFICATION LETTER

To: Employees

From:

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:

1) __________________________________________
   Located at: ____________________________ Phone: ____________________________

2) __________________________________________
   Located at: ____________________________ Phone: ____________________________

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

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.

Employee Name: __________________________________________

Signature of Employee: ____________________________ Date: ____________________________
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.

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:

**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.

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.

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.
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 insure 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 or online to “YOUR CARRIER” within 24 hours of the accident.
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.
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 medical restrictions will be evaluated by the employee’s supervisor who will 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.
   - 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 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 10 or more 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 your claims adjuster.
**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 from Wells Fargo Insurance Services or your Insurance Carrier.

<table>
<thead>
<tr>
<th>Cost Containment Step</th>
<th>Person Responsible</th>
<th>Actions Required</th>
<th>Target Completion Date</th>
<th>Actual Completion Date</th>
</tr>
</thead>
</table>
| **Step 1:** Written Safety Policy | | ⚫ Overall safety policy  
⚫ Signature of top management  
⚫ Date | | |
| **Step 2:** Safety Committee or Safety Coordinator | | ⚫ Designation of committee/coordinator  
⚫ Duties outlined and signed and dated by management and/or coordinator | | |
| **Step 3:** Written Safety Rules | | ⚫ General rules and rules specific to the workplace hazards  
⚫ Each employee signs and dates  
⚫ Posted  
⚫ Updated periodically | | |
| **Step 4:** Safety Training | | ⚫ Specific to the workplace hazards  
⚫ Documented by topic, date and signatures of employees | | |
| **Step 5:** Designated Medical Provider | | ⚫ 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 | | ⚫ Actions taken when a claim occurs (how employees report claims, how your carrier is alerted)  
⚫ Accident investigation procedures  
⚫ Modified duty program outlined | | |