

RISK MANAGEMENT WORKERS COMPENSATION DISCOUNT APPLICATION

Discount Questions	Compliance Criteria	Acceptable Documentation
<p>1. Provide documentation of your agency workplace safety policies. Describe, with supporting documentation, how these policies are communicated to employees at least annually and at the time of hire for new employees.</p>	<p>A written safety policy must be developed that contains the signature of top management. The policy must include:</p> <ul style="list-style-type: none"> • Identified safety responsibilities of all levels of management and all employees. • A statement that prevention of accidents is a priority of management. 	<ol style="list-style-type: none"> 1. Safety Policy signed by the Director of the ND office of Management and Budget and the Director of the Division. 2. Written statement indicating that the Safety Policy is reviewed with all employees annually. 3. New employee acknowledgement of receiving policy. 4. General Orientation form. 5. Employee Handbook. 6. Mandatory In-service yearly training notification.
<p>2. Describe all tasks and functions performed as part of your agency operations, together with the written safety guidelines, developed to address recognizable hazards associated with those tasks and agency functions.</p>	<p>Written safety guidelines for procedures and tasks involving recognized hazards must be developed. The methods to identify chief hazards specific to your workplace would include:</p> <ul style="list-style-type: none"> • Observation of the work being performed. • Manufacturer’s recommendations. • OSHA standard requirements. • Reviewing your own workers compensation claim history. 	<ol style="list-style-type: none"> 1. Written statement that chief hazards have been identified and safe operating procedures have been developed to address those hazards, and affected employees have been trained to follow those procedures. 2. Copy of General Safety Rules.
<p>3. Provide documentation of at least annual inspections of all worksites for workplace safety issues.</p>	<p>A written program must be developed which establishes an internal self-inspection program to identify hazards that exist in the workplace. It must outline procedures that will provide for regular and periodic inspection of all work stations. The self-inspection of hazard-recognition program must include:</p> <ul style="list-style-type: none"> • A description of the types of inspection. • Frequency of inspections (inspection must be done at least annually). • Designation of the individuals responsible. • Documentation of inspection, which includes an allowance for inclusion of the corrective action taken. • Review and signature of management. 	<ol style="list-style-type: none"> 1. Written statement documenting facility inspections are completed on an annual basis to identify any hazards and that corrective actions are taken for identified deficiencies. Indicate who is responsible in conducting these inspections. 2. Example of inspection/assessment tool used. 3. Sample statement: <i>Facility reviews are completed on an annual basis by Facility Management to identify any hazards and what corrective action needs to be taken for identified deficiencies. The Loss Control Committee designee completes general inspections. Employees have been provided training on reporting any identified work hazards.</i> 4. Loss Control Meeting minutes discussing inspections.
<p>4. Identify all job categories or classifications within your agency. Identify or provide documentation of all essential job functions within each identified category or classification.</p>	<p>A detailed review of each job description to determine the essential and nonessential job functions and the physical and mental demands of each job must be completed. It is important for employers to develop a list of essential job functions for each job category. These lists help properly place workers in jobs and assign injured workers to transitional duties.</p>	<ol style="list-style-type: none"> 1. Written statement verifying that your agency/facility has identified essential job functions for each job category and are available for review (location). 2. Two to Three Job Analysis of Work Demands for identified job category.

<p>5. Describe in detail, with supporting documentation if applicable, all programs established to train and educate employees or general safety rules, safe operating procedures, ergonomics, and claims management principles.</p>	<p>Periodic regular training on at least an annual basis is required of the following:</p> <ul style="list-style-type: none"> • General Safety Rules. • Safe Operating Procedures. • Claims Management Program. <p>In addition, employees should be made aware of the following:</p> <ul style="list-style-type: none"> • Employer’s Safety Policy. • Accident Reporting/Investigation Policy. • Self-inspection program and Employee Participation Requirements. • Existence of Employer’s Designated Medical Provider. 	<ol style="list-style-type: none"> 1. Written statement validating that your agency/facility recognizes the necessity of management to fully support all procedures, safety training and hazard elimination practices. 2. Written statement expounding on how policy training on safety-related issues is communicated to employees. 3. Yearly training records-mandatory in-service notifications. 4. New Employee Training Orientation form. 5. Sample statement: <i>Our agency recognizes the necessity of management to fully support all procedures, safety training, and hazard elimination practices. Our agency provides annual policy training on safety-related issues. The Risk Management On-line Training Management System and Elm are used to train staff on a variety of training topics. Safety is also communicated through newsletters, publications and e-mail.</i>
<p>6. Describe your agency workers compensation claims management program, together with the identification of your designated medical provider and those policies, directives, and practices that address transitional duty.</p>	<p>If feasible, state entities must have prearranged medical care for injured employees; in other words, a Designated Medical Provider. The name of the provider must be posted and well publicized by the employer. An injured employee should be encouraged, but cannot be required, to have care provided by this provider. The state entity should encourage providers to review the workplace ahead of time to build understanding and assist in early return to work. Normally, the state entities designated provider will treat the employer’s injured employee. However, there may be circumstances where this is not possible. The state agency/facility must:</p> <ul style="list-style-type: none"> • Provide information to the employees on the DMP. The employee must sign a form acknowledging receipt of this information and return the form to the employer. An electronic copy of this form is acceptable. • Inform employee that they may elect to opt of the DMP the employer has selected. They will be required to choose a different medical provider prior to the injury. • Display the selection of the DMP and where the DMP is located in a place where all workers can easily see it. • Inform Risk Management Workers Compensation Program of the designated medical provider selected. A copy of the employee notification form is sufficient. 	<ol style="list-style-type: none"> 1. Written statement acknowledging that your agency/facility has adopted the State DMP program. 2. A copy of the employee DMP notification. 3. Written statement describing the mechanisms to share DMP information and provide training to employees.
	<p>The state of North Dakota has established a Transitional Duty Program that will enhance recover, comply with the Americans with Disabilities Act (ADA), help minimize workers compensation costs, and provide a service to employees who are injured or contract an occupational disease in the scope of employment with the State. Employees will be placed in transitional duty positions, when feasible, during the course of recovery from an occupational injury or disease that precludes the employee from performing normal job tasks. In the event of a permanent disability that prevents an employee from performing the</p>	<ol style="list-style-type: none"> 1. Written statement acknowledging that your agency/facility has adopted the State Transitional Duty Program. 2. Sample statement: <i>Our agency has prearranged medical care for injured employees; in other words, a Designated Medical Provider. The name of the provider is posted and well publicized. An email was sent to each employee encouraging them to</i>

essential functions of his or her regular position and for which reasonable accommodations cannot be made, every effort will be made to place the employee in an alternative vacant position that he or she is qualified to perform and that matches his or her physical limitations. The agency/facility must:

- Provide transitional duty that accommodates the physical limitations of the employee who is recovering from an occupational injury or disease.
- Identify possible alternative work or special projects prior to the need to implement transitional duty.
- Communicate the employee's and supervisor's responsibilities in regard to their roles in this program and ensure that all parties perform these responsibilities.
- Communicate with the Risk Management Division, WSI, and health care providers in regard to the availability of transitional duty, the status of the employee's claim, and any extenuating facts or circumstances that could affect the employee's early return to work.
- If unable to accommodate the employee's restrictions, contact the agency's personnel or administrative officer and Risk Management to locate appropriate transitional duty with another agency.

have care provided by this provider and informing them of their right to opt of the employer's DMP. Training is provided to employees on the DMP. Employees also are required to review a manual and brochures develop to further explain the DMP. Our agency has also provided training to employees on the Transitional Duty Program. A manual has also been developed to assist employees in understand transitional work duty. Employees were given a copy of this manual.

3. New employee orientation form indicating training on reporting of incidents, workers compensation claims management program, DMP and transitional duty.
4. Annual in-service employee attendance acknowledgement form.

7. Provided a copy of any written policy or directives communicated to staff that all Workers Compensation incidents must be reported on-line to the Risk Management Division with 24 hours. Describe, with supporting documentation, how these requirements are communicated to staff.

For all reported employee injuries, even if the injury does not appear to need medical treatment other than first aid, a Risk Management Fund Incident Report form (SFN 50508) must be completed and filed with the Risk Management Division within 24 hours of receiving the report of the injury. The incident report serves as a record of notification to the employer pursuant to N.D.C.C. 65-05-01.3 in the event the employee should require medical treatment at a future date. If the incident does not result in a workers compensation claim, the incident report will be used for loss control purposes.

1. Policy/Procedure for Online Incident Reporting and written statement as to how this policy is communicated to employees.
2. New employee orientation form indicating training on reporting of incidents.
3. Electronic communications.

8. Provide a copy of any written policy, directives, or written reminders communicated to staff that all Workers Compensation claims must be filed on-line with Workforce Safety & Insurance within 24 hours of a work-related injury.

The Risk Management Workers Compensation Program encourages state entities to file an online First Report of Injury with WSI, within 24 hours of injury, as that allows for more effective claims management. In order to qualify for a premium discount state entities must file a least 90% of workers compensation claims online.

1. Claims Management Policy.
2. Staff meeting records indicating on-line reporting within 24 hrs communicated to staff.
3. Annual training records.
4. Policy on reporting employee injuries.

9. Provide a copy of any written policy, procedures, or written directives for reviewing all workplace accidents, incidents/near misses.

A procedure for investigating accidents that result or could have resulted in significant property damage or injury must be developed.

1. Policy/Procedure for accident investigation.
2. Written statement as to how this policy/procedure is communicated to staff.
3. Accident investigation form.

10. Describe in detail, with supporting documentation, your agency ergonomic action plan or program.

1. The program requires that the agency/facility establish a written training program through which all supervisors are trained on basic ergonomic awareness and the identification of ergonomic risks. Documentation of this training must be provided. The training must include the following:

1. Copy of your agency ergonomic action plan/program.

- a. Ergonomic Risk – measuring and tracking the percent of workstations and jobs at a low/no level risk.
 - b. Productivity – identifying awkward postures, fatiguing forces, and/or unnecessary motions that can be identified as ergonomic risk factors.
 - c. Evaluation of new equipment, tools, and processes – ensuring that ergonomic risk factors are not being introduced into the workplace.
 - d. Training – providing ergonomic awareness training to employees they supervise as well as provide their employees with the tools and abilities to identify and control the ergonomic risks.
2. The state entity must establish a written training plan for all supervisors to use to provide training on basic ergonomics and employee responsibility in preventing MSD's. This training is necessary to ensure the end goal of all workstations at a low level of risk. Training is to be completed and documented annually and also completed as a part of new employee orientation. Training programs should be designed to help employees understand:
 - a. Cumulative trauma or repetitive motion injuries
 - b. Proper body mechanics, posture, manual lifting techniques, tool design, workstation design.
 - c. Other work-related stresses such as vibration, heat and cold, poor lighting and static positioning,
 - d. Early symptoms of ergonomically related injuries and instruction on how to report symptoms to supervisor.
3. Documentation must be provided that supports the fact that the state entity has developed an ergonomic program. The program needs to establish improvement goals, plans for implementation, control measures, and a method for tracking progress to eliminate or reduce employee exposure to musculoskeletal disorder hazards. It is important to educate and train employees on the basic principles of ergonomics and proper body mechanics and develop a written program to address musculoskeletal injuries caused by exertions, repetitive motions, or sustained postures. This would include back injuries, sprains, strains, carpal tunnel syndrome, and other cumulative trauma disorders.