SAMPLE (OMB)
Loss Control Committee
Manual

Division of OMB –
Administration/Fiscal Management
Central Services
Facilities Management
Human Resource Management Services
Risk Management

Opened – 1996
Revised – 1997 (1st)
Revised – 1998 (2nd)
Revised – 2000 (3rd)
Revised – 2006 (4th)

Components of a Loss Control System 4

Loss Control Quick Tips 5

Components of a loss control system 5

Duties of a loss control committee 5

Open Records 5

Open Meetings 6

Records Management System 6

Dealing with disasters 6

Risk Management Fund Contribution Discount Program 6

Risk Management Fund Contribution Discount Program Application 6

Risk Management Fund Compliance Question #1 7
- **Loss Control Committees** 8

Risk Management Fund Compliance Question #2 9
- **Loss Control Committee Member Appointment** 9

Risk Management Fund Compliance Question #3 10
- **Risk Management Fund Incident Report Form SFN 50508 (3-2005)** 11
- **Risk Management Fund Motor Vehicle Accident Report SFN 51301 (6-2005)** 13

Risk Management Fund Compliance Question #4 15
- **Minutes – Loss Control Committee Meeting** 15

Risk Management Fund Compliance Question #5 16
- **Fire Emergency Procedure:** 17
- **Emergency Fire Plan** *(Sample)* 19
- **Natural Disaster/Severe Weather Procedure:** 20
- **Emergency Weather Plan** *(Sample)* 21
- **Man Made Disaster Procedure:** 22
- **Emergency Man Made Disaster Plan** *(Sample)* 23
- **Sexual Harassment Policy** *(Sample)* 25
- **Hostile Work Environment** *(Sample)* 25
- **Workplace Threats and Violence** *(Sample)* 25
- **Substance Abuse Policy** *(Sample)* 26
- **Business Communications Policy** *(Sample)* 27
- **Employee Acknowledgment with performance review (***Sample)* 29

Risk Management Fund Compliance Question #6 30
- **Executive Session** 30

Risk Management Fund Compliance Question #7 32
- **Self-Inspection or Hazard Recognition Program** 32
- **Checklist Index** 33
- **Facility Management Appliance Policy Statements** *(Sample)* 34

Risk Management Fund Compliance Question #8 35
- **Continuity of Operations (COOP)** 36
- **ITD Records Management Services** 36

Risk Management Fund Compliance Question #9 ..... **37**
Procurement Contractual Risk 38

Risk Management Fund Compliance – Seminar Bonus **38**

Risk Management Workers Compensation Program **38**

Quick Tips **39**

Risk Management Workers Compensation Program (RMWCP) Discount Program **40**

Risk Management Workers Compensation Premium Discount Application **41**

Risk Management Workers Compensation Compliance Question #1 ..... **42**
OMB Safety Policy 43

Risk Management Workers Compensation Compliance Question #2 ..... **43**
Recognized Hazards Safe Operating Procedures 44
Office Safety 44
Driving Safety 44
Personal Protective Equipment 45

Risk Management Workers Compensation Compliance Question #3 ..... **46**
Essential Job Functions 46

Risk Management Workers Compensation Compliance Question #4 ..... **56**
Training Program 56
Claims Management 62

Risk Management Workers Compensation Compliance Question #5 ..... **63**
Designated Medical Provider 63
Transitional Duty Program 64
Transitional Duty Supervisor Checklist 66

Risk Management Workers Compensation Compliance Question #6 ..... **69**
Facilitating the Reporting of Workplace Incidents and Accidents 69
Incident Reporting 69

Risk Management Workers Compensation Compliance Question #7 ..... **77**
Accident Investigation and Near-Miss Program 77

Risk Management Workers Compensation Compliance Question #8 ..... **78**
Is an annual inspection of your agency/facility workplace conducted? 78

Risk Management Workers Compensation Compliance Question – Seminar Bonus **78**

Components of a Loss Control System

Loss control is a proactive approach to preventing accidents and resulting injuries. Effective loss control, with an emphasis on safety procedures, training, and monitoring, can minimize the need for protection and recovery measures.

An effective loss control system can help an agency control costs, protect it from liability, and help it comply with standards and maintain a safe working environment.

Loss control requires the commitment of everyone at all levels — agency directors, risk management contacts, safety directors, and employees. Loss control is the commitment and obligation to do what is right.

Reducing the number and severity of losses will increase morale and improve quality, efficiency, and production.

An effective loss control system includes the establishment of a safety policy statement, assignment of responsibilities, and allocation of resources, ongoing review of accident statistics, periodic safety audits and training, accident reporting and investigation, safety inspections, safety communication, and development and regular review of emergency and contingency plans.

Each of these components should be implemented, monitored, and refined as necessary.

POLICIES AND PROCEDURES

The Risk Management Division makes it a practice to encourage State entities to develop policies and procedures governing the operations of their agency. Benefits to agencies in implementing this process include:

- Evaluating how and why certain jobs are to be done;
- Assisting employees to understand how to properly perform their assigned tasks; and
- Providing a defense against a claim of negligence when state employees are performing an assigned task in the scope of employment.

The question often arises if it may be in an entity's best interest **not** to develop a policy or procedure because, if one is developed and not followed, someone involved could claim the employee was negligent. That certainly could happen. However, the failure to have an appropriate policy or procedure could also lead to a negligence claim. Not establishing a policy or procedure for performing a task is a poor management practice and not a defense for negligence. Accordingly, the best protection against liability would be to develop policies and procedures that are applicable to the task; to periodically review those policies and procedures to ensure they are up-to-date; and to ensure they are clearly communicated to and followed by the employee performing the task.

To address those unique circumstances under which it may be inappropriate for an employee to implement an established procedure, the Risk Management Division recommends entities consider including the following disclaimer in the front of their policy and procedure manual:

> Note: The Risk Management Manual provides a written account of how certain activities are performed and is designed to guide and assist staff in performing their functions. When appropriate, there may be deviations from these written procedures due to changes in personnel, policies, interpretation, law, experimentation with different systems, or simply evolution of the process itself. This manual may be changed at any time. Staff are encouraged to review this manual periodically and suggest changes in the manual to keep the manual current and to minimize differences between the manual and actual practices.

Loss Control Quick Tips

Components of a loss control system

- Proactive Policies and Procedures
- Safety policy statement
- Loss control committee
- Assignment of responsibilities and allocation of resources
- Ongoing review of accident statistics
- Periodic safety audits and training
- Accident reporting and investigation
- Safety communication
- Development and regular review of emergency and contingency plans

Duties of a loss control committee

- Develop loss control and safety policy
- Review all accidents
- Establish procedure for reporting hazards and possible corrective actions
- Inspect agency facilities
- Prepare inspection checklists
- Coordinate evacuation drills
- Determine loss control and safety training needs and develop a plan to fulfill them
- Ensure the provision of first aid kits and protective equipment
- Develop safety incentive awards
- Develop and conduct new-employee safety and loss control orientation programs

Open Records

- Determining if something is a record
- Classes/Types of records
- Determining if a record is open, confidential, or exempt
- Providing access to/disclosing open records

- Denying access to records (when and how)

Open Meetings

- Determining if something is a meeting
- Classes/Types of meetings
- Determining if a meeting is open, confidential, exempt, or an executive session
- Providing notice of and scheduling open meetings
- Providing access to open meetings
- Conducting public meetings
- Denying access to meetings (how)

Records Management System

Developing a Records Management Program

- Application of a Records Management System to an incident, claim, or lawsuit
- Destruction Hold Notice
- Dealing with Open Records Requests pertaining to an incident, claim, investigation lawsuit
- Destruction ramifications
- Closed files retention

Dealing with disasters

- Establish fire emergency, natural disaster/severe weather, and man-made disaster plans
- Develop a business continuation plan

Risk Management Fund Contribution Discount Program

In an effort to reward proactive loss control practices by State entities, the Risk Management Division has created a contribution discount program that can result in a savings of a designated percentage of the entity's required contribution to the Risk Management Fund. Tort liability risks associated with all State and agency operations are paid through the Fund.

Contributions to the Fund are determined by an actuarial review of the financial status of the Fund and of the loss history of the covered State entities. Through the Fund Contribution Discount Program, the entities that can document established proactive loss control practices may realize substantial savings.

If the entity does not qualify for the entire discount at the time of its first application, it may seek increased discounts up to the full 1discount as its loss control practices evolve. Contributions will be billed on an annual basis. Applications to establish a discount or to request an increased discount must be received by the Risk Management Division by May 1st of each year so that it may be reviewed prior to the next billing cycle.

Risk Management Fund Contribution Discount Program Application

http://www.nd.gov/risk/forms/docs/sfn53424.pdf

RISK MANAGEMENT FUND CONTRIBUTION DISCOUNT PROGRAM APPLICATION
STATE OF NORTH DAKOTA
SFN 53424 (11-2005)

SUBMISSION DEADLINE MAY 1
Report of Activity for Current Fiscal Year

Agency/Facility	Date

COMPLIANCE QUESTIONS:	**YES**	**NO**
1. Does your agency/facility have a Loss Control Committee that complies with Section 4 of the Risk Management Manual and addresses recommendations and liability exposures that arise through incidents or accidents, claims, Risk Management Bulletins, and audit reports? Document in Minutes.	☐	☐
2. Did your agency/facility director appoint a Risk Management contact to act as the main contact for agency/facility loss control and safety activities and does that contact serve as chairperson or active member of the Loss Control Committee?	☐	☐
3. Are your agency/facility incidents and accidents reported to the Risk Management Division within 24-48 hours the agency/facility becomes aware of the event?	☐	☐
4. Does your Loss Control Committee submit copies of its Minutes to the Risk Management Division? Provide copies as completed or with the Discount Application.	☐	☐

Affirmative Answers to Questions 1 through 4 are Mandatory to Qualify for any Discount

5. Has your agency/facility and each of its departments/divisions/offices: **a)** implemented customized policies and procedures to address: Fire, Natural Disaster, Severe Weather, Bomb Threats, Sexual Harassment, Workplace Violence, Hostile Work Environment, Substance Abuse, and Proper Internet/E-mail use in the workplace; and **b)** provided a detailed explanation (preferably through Minutes) of how you document that these policies are communicated to ALL employees annually and at the time of hiring, including providing a copy of the acknowledgement statement, performance review statement, training sign-in sheets, or on-line training record?	☐	☐
6. Does your Loss Control Committee review all agency/facility incidents and accidents to determine cause in Executive Sessions that are conducted in compliance with N.D.C.C 44-04-19.2 (as explained in Section 4.2 of the Risk Management Manual and the Attorney General's Open Records and Open Meetings Manual)? Document in Minutes.	☐	☐
7. Does your Loss Control Committee conduct at least annual inspections of ALL of your facilities using checklists similar to those found in subsection 4.3 of the Risk Management Manual?	☐	☐
a. Does the inspection/checklist process include documentation of when and what corrective action was taken for identified deficiencies?	☐	☐
b. Has your agency/facility implemented and communicated a policy regarding the use of flammables, microwaves, refrigerators, small appliances, heaters, etc. in the workplace and does your annual inspection include confirmation of compliance with the policy?	☐	☐
c. Is compliance with this requirement documented in the Minutes?	☐	☐
8. Has your agency/facility established and your Loss Control Committee annually reviewed for adequacy and compliance: a) Continuity of Operations (COOP) b) Records Retention Schedule in compliance with ITD's Records Management Program?	☐	☐
9. Has your agency/facility implemented policies and procedures for management of contractual risk in accordance with Section 5 of the Risk Management Manual, N.D.C.C. ch. 54-44.4, N.D.A.C. Article 4-12, and the written directives of the Office of Management and Budget (OMB) related to procurement, and does the Loss Control Committee annually review these procedures for compliance by all departments/divisions of the agency/facility? Document in Minutes.	☐	☐

Total Potential Discount of 14%:
Questions 1 - 4 = 4% discount; Question 5 = 2% discount; Question 6 = 2% discount; Question 7 = 2% discount; Question 8 = 2% discount; Question 9 = 2% discount.

BONUS 2% Discount - Applies Only to Years Risk Management Hosts a Seminar Did the agency/facility Risk Management contact or active member of the Loss Control Committee attend the Risk Management Seminar?	☐	☐

Comments	
Signed	Job Title
Please Print Name	Telephone Number

Risk Management Manual *and addresses recommendations and liability exposures that arise*

through incidents or accidents, claims, Risk Management Bulletins, and audit reports? Document in Minutes.

Loss Control Committees

As part of their loss control system, every State agency should establish a loss control committee for its various entities.

The committee chairperson should be appointed by the agency director to act as the main contact for the agency's loss control and safety activities. The committee's other members would represent a cross-section of agency employees. Membership should be rotated regularly, such as annually; staggering terms will ensure continuity.

The suggested functions of the loss control committee include:

- Developing a loss control and safety policy for the agency and communicating that policy to *all* employees.
- Serving as a safety review board for all accidents or incidents involving agency personnel or property. This includes recommending to the agency head loss control and safety measures that could prevent similar occurrences in the future.
- Establishing a procedure for reporting hazardous conditions or activities and taking corrective action.
- Periodically inspecting agency facilities to see that all employees are complying with established loss control and safety practices and to identify and correct hazardous conditions.
- Preparing checklists to guide and document inspections. Sample checklists are found under subsection 4.3 of this manual.
- Coordinating fire and civil defense evacuation or shelter drills. Subsection 4.5 of this manual, "Establishing Fire, Natural Disaster, Severe Weather, and Bomb Threat Policies and Procedures," suggests various evacuation plans.
- Determining loss control and safety training needs, including the identification, handling, storage, and disposal of hazardous materials, and developing a plan of action to guarantee required safety training is accomplished.
- Ensuring that first aid kits and personal protective equipment needs are met.
- Developing an incentive awards program for employees offering loss control and safety suggestions and promoting the agency's loss control program.
- Developing and conducting loss control and safety orientation programs for new employees.
- Reviewing compliance status with the agency's Records Management System.

The loss control committee should meet at least quarterly at a regular time and date, with attendance mandatory. Each meeting should have a fixed agenda that is sent to the members about one week before the meeting. Following the agenda closely will keep the meeting moving. Meetings generally should not last more than one hour. A special meeting could be held or an ad hoc committee formed to address a complicated issue.

The agenda for the meeting can be simple:

- Call to order
- Roll call by the secretary
- Introduction of any visitors, if allowed
- Reading and approval of minutes of the previous meeting
- Review of any policies issued since the last meeting
- Taking care of unfinished business

- Review of any accidents occurring and preventive measures taken since the previous meeting
- Discussion of safety inspections and recommendations
- Addressing new business
- Adjournment

Because the minutes of the Loss Control Committee meetings can be used to document annual compliance with the requirements for the Risk Management Fund Contribution Discount Program, the meeting minutes and tapes of the executive sessions of the meeting should be kept for one calendar year following the date of the meeting.

Loss Control Committee meetings are considered by North Dakota law to be open meetings and may be closed to the extent that they deal with Risk Management Fund incident reports, investigation reports or Risk Management Fund records of a specific pending or reasonably predictable claim.

N.D.C.C. §§ 32-12.2-11 and 12 and N.D.C.C. ch. 44-04 addresses the open records/open meetings issues affecting state agency loss control committees and subcommittees. It is not intended to address open records/open meetings issues affecting other state committees and subcommittees, nor is it intended to address political subdivisions or organizations. State employees should read applicable laws for more specific information on open records/open meetings.

The attorney assigned to represent each state entity will be able to answer any questions state employees may have concerning open records/open meetings issues.

Risk Management Fund Compliance Question #2

*Did your **agency/facility director appoint a Risk Management contact** to act as the main contact for agency/facility loss control and safety activities and does that contact serve as chairperson or active member of the Loss Control Committee?*

Loss Control Committee Member Appointment

Memorandum *(Sample)*

To: **(**Loss Control Committee Member**)**
From: **_____, Director**
Date: _____
Re: **Loss Control Committee Member Appointment**

In an effort for ____(agency)____ to prevent accidents and resulting injuries, control costs, protect it from liability, help it comply with standards, and maintain a safe working environment, with an emphasis to minimize the need for protection and recovery measures ____(agency)____ will establish a Loss Control Committee.

Loss control requires the commitment of everyone at all levels — agency directors, risk management contacts, safety directors, and employees. Loss control is the commitment and obligation to do what is right.

This memorandum is to appoint you as (*the Committee Chairperson as the main contact for our agency's loss control and safety activities*) or (*Committee Member*) of the ____(agency)____ Loss Control Committee for a two year period beginning _____. This function will be a part of your job duty and position. It is important that you take an active role in the Committee so that our agency is represented by a cross-section of employees. Having representation from all areas of our agency will help the Committee to efficiently address, disseminate information, and delegate items that need to be accomplished.

The following are the functions of the agency's Loss Control Committee:

- Developing a loss control and safety policy for the agency and communicating that policy to *all* employees.
- Serving as a safety review board for all accidents or incidents involving agency personnel or property. This includes recommending to the agency head loss control and safety measures that could prevent similar occurrences in the future.
- Establishing a procedure for reporting hazardous conditions or activities and taking corrective action.
- Periodically inspecting agency facilities to see that all employees are complying with established loss control and safety practices and to identify and correct hazardous conditions.
- Preparing checklists to guide and document inspections. Sample checklists may be found under subsection 4.3 of the Risk Management Manual.
- Coordinating fire and civil defense evacuation or shelter drills. Subsection 4.5 of the Risk Management Manual, "Establishing Fire, Natural Disaster, Severe Weather, and Bomb Threat Policies and Procedures," suggests various evacuation plans.
- Determining loss control and safety training needs, including the identification, handling, storage, and disposal of hazardous materials, and developing a plan of action to guarantee required safety training is accomplished.
- Ensuring that first aid kits and personal protective equipment needs are met.
- Developing an incentive awards program for employees offering loss control and safety suggestions and promoting the agency's loss control program.
- Developing and conducting loss control and safety orientation programs for new employees.
- Reviewing compliance status with the agency's Records Management System.

The Loss Control Committee will meet at least quarterly at a regular time and date, with attendance mandatory. If you, as an appointed member, are unable to attend, it is your responsibility to have another representative from your area attend in your place. Each meeting will have a fixed agenda that is sent to the members about one week before the meeting.

The Risk Management Division can be contacted to assist you in the establishment of this Loss Control Committee.

Risk Management Fund Compliance Question #3

Are your ***agency/facility incidents and accidents reported to the Risk Management Division within 24-48 hours*** *the agency/facility becomes aware of the event?*

Risk Management Fund Incident Report Form SFN 50508 (3-2005)

http://www.nd.gov/risk/forms/docs/50508.pdf

RISK MANAGEMENT FUND INCIDENT REPORT
STATE OF NORTH DAKOTA
SFN 50508 (3-2005)

May be EXEMPT RECORD
(Contact Risk Management Division)

Department Location Code

	Incident
	Claim Form Requested
	Destruction Hold Notice

(Attach additional sheets if necessary)

1. Date of Incident | 2. Day of Week | 3. Time of Incident

4. Address where incident occurred and description of location (building, street, city, highway, mile marker, etc.)

5. Weather Conditions ☐ Clear ☐ Raining ☐ Snowing ☐ Sleeting ☐ Other _____

6. Description of Incident (Be Specific)
   a. What happened?
   b. How did it happen?

7. Result - who or what was injured or damaged? (Check applicable box and complete)

Bodily Injury ☐ Yes ☐ No	Name of Injured		Age or Date of Birth	Sex ☐ M ☐ F
☐ Visitor ☐ Client ☐ Employee ☐ Volunteer ☐ Student			Was a Worker's Compensation Claim Filed? ☐ Yes ☐ No	
Address	City	State	Zip Code	Telephone Number
Describe Injury (List body parts, if applicable)			Request for Ergonomic Evaluation ☐ Yes ☐ No	

Name of Injured			Age or Date of Birth	Sex ☐ M ☐ F
☐ Visitor ☐ Client ☐ Employee ☐ Volunteer ☐ Student			Was a Worker's Compensation Claim Filed? ☐ Yes ☐ No	
Address	City	State	Zip Code	Telephone Number
Describe Injury				

☐ **Property Damage**	What was damaged?	
Who is the owner?	Owner's Address	Owner's Telephone Number
Where can damaged property be seen?		Was any State property damaged? ☐ Yes ☐ No

8. Were there any witnesses? ☐ No ☐ Yes - provide the following information

Witness Name	Address	Telephone Number

Submit To:
Director, Risk Management Division
ND Office of Management and Budget
Century Center
1600 East Century Ave Suite 4
Bismarck ND 58503-0649
Phone: 701-328-7584
Fax: 701-328-7585

9. Describe policies and procedures in effect that relate to this incident.
Were policies and procedures followed? ☐ Yes ☐ No - Explain

10. List all causes of incident (equipment, procedure, environment, behavior)

11. Action Taken

a. Has corrective action been initiated? ☐ Yes ☐ No
If yes, what corrective action is being taken?
If no, when will corrective action be taken?

b. Work Order Submitted ☐ Yes ☐ No

c. What safety equipment/training could have prevented this injury?

12. Comments and/or Diagram

Report Prepared By (Name of State Employee)	Title	
12. Signature	Telephone Number	Date
13. Signature of Agency Risk Management Contact	Telephone Number	Date

Date Submitted to Risk Management	Date Submitted to Loss Control	Date Reviewed by Loss Control

Risk Management Fund Motor Vehicle Accident Report SFN 51301 (6-2005)
http://www.nd.gov/risk/forms/docs/51301.pdf

RISK MANAGEMENT FUND
MOTOR VEHICLE ACCIDENT REPORT
STATE OF NORTH DAKOTA
SFN 51301 (6-2005)

DEPARTMENT LOCATION CODE

☐ Claim Form Requested
☐ Destruction Hold Notice

DRIVER RESPONSIBILITY: Complete this original report immediately after the accident and fax a copy to State Fleet Services at 701-328-2514. If you have any questions, please call State Fleet Services at 701-328-1472 or 701-328-1434.

AGENCY	Agency Name		District/Division
	Address		Telephone Number
TIME	Date of Accident	Day of Week	Hour A.M. ☐ P.M. ☐
LOCATION	Highway Number	Posted Speed Limit	Location From Nearest City
	City	Street	At Intersection With
TYPE	☐ Backing ☐ Turned Over ☐ Fixed Object	☐ Snowplowing/Sanding ☐ Animal ☐ Sideswipe	☐ Right Angle ☐ Head On ☐ Other(Describe) _____ ☐ Rear End ☐ You Hit ☐ You Were Hit

STATE VEHICLE No. 1	**VEHICLE**	Year	Make	Model	Unit Number	
	Driver's Name			Driver's License Number		Citation Issued ☐ Yes ☐ No
	Work Telephone Number			Home Telephone Number		
	Home Address			City	State	Zip Code
	Driver Injured ☐ No ☐ Yes - Describe Injury					
	Estimated Speed		Direction Traveling		Worker's Compensation Claim Filed ☐ Yes ☐ No	
	Damage (List Parts)				Estimate $	
	Passengers	☐ None ☐ Injured/Killed ☐ Injured/Killed		Telephone Numbers Work Work	Telephone Numbers Home Home	

OTHER VEHICLE No. 2	**VEHICLE**	Year	Make	Model	License Plate	State	
	Driver's Name			Driver's License Number		Citation Issued ☐ Yes ☐ No	
	Work Telephone Number			Home Telephone Number			
	Home Address			City	State	Zip Code	
	Direction Traveling		Driver Injured ☐ No ☐ Yes - Describe Injury				
	Damage (List Parts)				Estimate $		
	Passengers	☐ None ☐ Injured/Killed ☐ Injured/Killed		Telephone Numbers Work Work	Telephone Numbers Home Home		

MOTOR VEHICLE ACCIDENT REPORT
SFN 51301 (6-2005) Page 2

OWNER'S	Insurance Company		Policy Number			
	Address		Telephone Number			
DRIVER'S	Insurance Company		Policy Number			
	Address		Telephone Number			
WITNESS	Name		Address	City	State	Zip Code
	Location To Accident		Telephone Number Work	Telephone Number Home		
DAMAGE TO OTHER PROPERTY	What		Estimate $	Telephone Number Work	Telephone Number Home	
	Owner/Name		Address			
OTHERS INJURED/ KILLED	Name					
	Address	City	State	Zip Code	Telephone Number Work	Telephone Number Home
	Nature and Extent of Injury					

CONDITIONS

WEATHER ☐ Clear ☐ Raining ☐ Snowing ☐ Sleeting ☐ Fog ☐ Other _____

ROADWAY ☐ Dry ☐ Icy ☐ Slippery ☐ Under Repair ☐ Other _____

Did Vehicle Have Any Defects? _____

Were Seat Belts in Use? ☐ Yes ☐ No

What Lights Were On? _____

Explain How Accident Occurred

Diagram: Mark State Vehicle 1 And Other Vehicle 2

State Employee	Department	Telephone Number
State Employee Completing Report	Telephone Number	Date

Risk Management Fund Compliance Question #4

Does your Loss Control Committee ***submit copies of its Minutes*** *to the Risk Management Division? Provide copies as completed or with the Discount Application.*

Minutes – Loss Control Committee Meeting

MINUTES *(Sample)*
Agency
LOSS CONTROL COMMITTEE
MEETING
Date
Location

The Regular Loss Control Committee (Committee) Meeting (open portion) was called to order by_____, Chairperson at ____ a.m./p.m., _date_ in the ____location___ . It was determined that a quorum was present. (Total membership – __#__; needed for quorum – __#__ (half) ; total present – ___#__)

APPROVAL OF MINUTES
The minutes of the __date__of last quarterly Committee meeting were previously mailed to the Committee Membership. The minutes were approved as submitted.

AGENDA
The agenda for the Committee Meeting was mailed, in advance of the meeting, to the committee membership.

Members present

_____
_____(__#__).

Members absent

_____

Old Business
XXXXXXXXXXXXXXXXXXXXXXXX

New Business

- Documenting Executive Session:

Motion was made by __member's name__ and seconded by __member's name__ , that the Committee enter into the "Executive Session", (closed meeting), electronically recorded … Motion carried. Time _____ a.m./p.m. "Executive Session" Authority N.D.C.C. §§ 32-12.2-11 and 32-12.2-12.

All members named above were in attendance for the Executive Session.

Workers Compensation Loss Control Reports and Risk Management Division reports containing updated information since the date of last meeting were reviewed.

A motion was made by member's name and seconded by member's name that the "Executive Session" be closed. Motion carried, "Executive Session" closed at _____ a.m./p.m.

Documenting "No" Executive Session:

Since there were no Workers Compensation or Risk Management claims or incident activity to discuss in Executive Session, it was the general consensus to forgo the Executive Session and continue the open session of the Loss Control Committee Meeting.

- XXXXX Other Business XXXXXXX

- XXXXX Other Business XXXXXXX

Future scheduled Committee Meetings

- Date – Location
- Date – Location
- Date – Location
- Date – Location

Member's name moved and Member's name seconded that the Date of current meeting Committee meeting adjourn. Motion carried, meeting adjourned at _____ a.m./p.m.

Respectively submitted;

Member's name
Agency Loss Control Committee Secretary

Attachment: Attendance Roster for date of current meeting

Risk Management Fund Compliance Question #5

*Has your agency/facility and **each** of its departments/divisions/offices:*

1) *implemented **customized** policies and procedures to address:*
   a. *Fire,*
   b. *Natural Disaster,*
   c. *Severe Weather,*
   d. *Bomb Threats,*
   e. *Sexual Harassment,*
   f. *Workplace Violence,*

g. Hostile Work Environment,
h. Substance Abuse,
i. and Proper Internet/E-mail use in the workplace;

*2) provided a detailed explanation (preferably through Minutes) of how you document that these policies **are communicated to ALL employees** annually and at the time of hiring, including providing a copy of the acknowledgement statement, performance review statement, training sign-in sheets, or on-line training record?*

What Risk Management needs for documentation:
The simplest way to provide documentation for this criterion is through the LCC Meeting Minutes. Document that:

- Each emergency-related policy is established by the agency, customized for each building/division/floor, and coordinated with the building/facility manager;
- Each policy (emergency related and employment related) is specifically identified (listed) and implemented;
- Explain the procedure in place to communicate the policies to all employees at the time of hire and annually and how that communication is documented;
- Explain how the procedure includes monitoring for compliance to ensure that all employees are included in the procedure (part-time, temporary, full-time, permanent, volunteers, adjunct, benefited, non-benefited, etc.) and that certain employees are not missed such as by not attending meetings or annual training;
- Explain the process in place for compliance from each division/department of the entity and that each area's compliance is confirmed and documented; and
- Provide a copy of the form of documentation for obtaining signatures/acknowledgements that the employee has reviewed the policies (acknowledgement statement, performance review statement, training sign-in sheet, on-line training record).

Fire Emergency Procedure:

Develop guidelines for establishing an effective fire emergency plan for your facility based on the following criteria:

1) Has the following emergency evacuation information been identified and the location indicated on a diagram?
   a) Evacuation routes
   b) Primary and secondary fire exits
   c) Each first aid station or kit
   d) Each fire alarm
   e) Each fire extinguisher
   f) The nearest public telephone
   g) The location of the stairway
2) Has the diagram been posted in every room, hallway, and in public areas indicating this emergency evacuation information?
3) Is the following information included in the plan?
   a) The preferred means of reporting fires and other emergencies (telephone, pull alarm system, etc.).
   b) Elevators are not to be used.
   c) Evacuation routes must be unobstructed by boxes, furniture, and other obstacles at all times.

   d) Doors in evacuation routes must be unlocked and unobstructed at all times. Doors can be locked on the outside if approved panic hardware is installed.
   e) Identify the location of all flammables and combustibles on the premises so the areas where they are stored are not included in evacuation routes.
4) What method do you employ to alert all persons in the building?
   a) Telephone
   b) Intercom system
   c) Voice
   d) Other
5) Is there a backup to the alert system that does not require electricity? Electricity may be lost during a fire.
6) Have meeting places been established outside and employees been instructed as to which place they should report?
7) Are disabled persons on staff or potential visitors to the building? Or, is there anyone not in a position to hear the warning or alert or unable to respond on their own accord? Assign an employee to each person with special needs, ensuring that the individual arrives at a place of safety.
8) Have personnel been designated to do the following?
   a) Ensure that evacuation is complete by checking areas where the alarm may not have been heard, such as rest rooms and storage areas.
   b) Account for the presence of the employees. The report should take place outside, at the meeting places.
9) Have employees been instructed to report any unsafe condition within your building or any safety equipment that is not functioning properly, such as the following?
   a) Locked exit doors.
   b) Blocked corridors.
   c) Combustible storage in corridors.
   d) Burned out exit lights.
   e) Emergency lighting not working.
   f) Fire alarm components not functioning.
10) Have employees with hearing, vision or physical impairments been involved in evacuation planning?
11) Have fire emergency drills been conducted regularly, and all employees and other building occupants been required to participate in the drills, to follow instructions of the fire emergency procedure exactly, and to respond as if they were in actual fires?
12) Are all employees acquainted with the sound of the fire alarms and their locations and the emergency communication system? Instruct employees to respond immediately to the sound of the alarm and/or emergency communications.
13) Are employees instructed that they must resist any temptation to go back into a burning building once they are safely out? If someone is trapped inside, firefighters are equipped and trained for rescues and they have the best chance of helping the trapped person.
14) Are local fire department personnel involved to keep your workplace fire emergency plan up to date?
15) Have the fire emergency procedures been communicated to all new employees at their orientation and reviewed annually with all employees at a staff safety meeting?
16) Has each employee been provided a copy of the written fire emergency procedure?
17) Is the written plan kept at the workplace and made available for employee review?

Additional fire prevention information may be obtained from the checklists found in Section 4.3 of the manual.

Note: N.D.C.C. § 18-08-12 provides in part: "An annual fire inspection shall be performed at each state institution and building… shall be made by the fire department of the city or fire protection district in which the institution or building is located, at the direction of the officer in charge of the institution or building, who shall prepare a report based upon the findings of the fire inspection…"

Document your developed plan as an Emergency Fire Plan and communicate it to your employees

Emergency Fire Plan *(Sample)*

1) *Familiarize yourself with the location of the evacuation routes (primary and secondary), first aid station or kit, each fire alarm, each fire extinguisher, the nearest public telephone, and the location of the stairway (as indicated on the Emergency Evacuation Diagrams).*
2) *Should you discover fire anywhere in the building, immediately activate the nearest fire alarm pull box and call the fire department (911 if available). State your name, location, and type of fire.*
3) *Only consider attempting to extinguish a fire if it is very minor and you have been trained in the proper operation and use of portable fire extinguishers.*
4) *Take only personal items, **IF** there is time.*
5) *When the fire alarm sounds, immediately leave the area using your designated evacuation route.*
6) *When evacuating do not use elevators, keep to the right, walk – do not run, and remain clam but take immediate action.*
7) *Stay in single file in the stairways, as fire department personnel may be coming up the same stairway.*
8) *A preplanned procedure has been established to assist non-ambulatory individuals.*
9) *Obey the directions of your building Emergency Response Officials.*
10) *Small fires can spread rapidly and overwhelm an area. To contain the fire, close all doors behind you as you exit the building.*
11) *Before opening any door of a room or office that leads to the main hallway feel the door first to see if it is hot.*
    a) *If the door is not hot, open it slowly.*
    b) *Then if conditions allow, proceed to the nearest stairway and follow the evacuation plan.*
    c) *If smoke is too heavy, do not enter a hallway.*
    d) *Close the door, place a towel or article of clothing along the bottom edge of the door.*
    e) *Open the windows for fresh air and hang a sheet, or other similar article, out the window to let the fire department know you are still inside.*
12) *If all exits from a floor are blocked or if for any reason you must remain in a room/office during a fire or other emergency, remain calm, call 911 (if available) and advise of your location and situation. Wait for the fire department to assist you.*
13) *Notify your supervisor in the event of injury to individuals.*
14) *Periodic fire drills will be conducted throughout the year; however, treat every alarm as if it there were an actual fire.*
15) *After exiting the building get far away from the building, **all staff members are to assemble in the _____ for accountability.** You should remain outside the building until the Fire Department or management staff informs you that it is safe to return to the building.*

Natural Disaster/Severe Weather Procedure:

Develop guidelines for establishing an effective natural disaster/severe weather emergency plan for your facility based on the following criteria:

1) Who is responsible for activating the plan?
2) Is there an alternate responsible individual?
3) What is/are the primary means of receiving tornado information?
   a) Consider purchasing a sufficient number of National Oceanic and Atmospheric Administration Weather Radios (NWR) as a primary means to alert your staff to receive tornado information and initiate emergency severe weather procedures (battery backup feature is recommended.)
   b) Local radio stations carrying weather information as well as the Emergency Alert System.
   c) City Warning Sirens.
4) What method do you employ to alert all persons in the building?
   a) Telephone
   b) Intercom system
   c) Voice
   d) Other
5) Is there a back up to the alert system that does not require electricity? Electricity may be lost as the storm approaches.
6) Have employees with hearing, vision or physical impairments been involved in evacuation planning?
7) Are disabled persons on staff or potential visitors to the building? Or, is there anyone not in a position to hear the warning or alert or unable to respond on their own accord? Assign an employee to each person with special needs, ensuring that the individual arrives at a place of safety.
8) Where are the building's safest areas?
   a) Designate an area in the office/building as a shelter such as a basement that is accessible at all times.
   b) Assuming no underground shelter is available, the safest places to be in a building include:
      i. Interior hallway on the lowest level.
      ii. Away from windows.
      iii. In a small room, such as a bathroom, surrounded by load-bearing walls.
      iv. In a room without small objects that can serve as projectiles (such as tableware).
9) Is a posted Tornado Shelter Route diagram posted in every room and hallway?
10) Are all employees acquainted with the emergency communication system? Instruct employees to respond immediately to the sound of the alarm and/or emergency communications.
11) Have personnel been designated to do the following?
    a) Ensure that evacuation is complete by checking areas where the alarm may not have been heard, such as rest rooms and storage areas.
    b) Account for the presence of the employees. The report should take place outside, at the meeting places.
12) Did you consider:
    a) "Wind Tunnel Effect" - When blown by tornado-strength winds, debris (such as fragments of glass, wood, and metal) can cause serious injury when accelerated by relatively narrow hallways.

b) Gas leaks and electrical hazards after the storm. Have someone knowledgeable in turning off gas and electricity if appropriate.

13) Have all emergency procedures been communicated to all new employees at their orientation and reviewed annually with all employees at a staff safety meeting?
14) Has each employee been provided a copy of the written fire emergency procedure?
15) Is the written plan kept at the workplace and made available for employee review?

Conduct tornado drills each tornado season. Review the plan on days when severe weather is forecast in your area.

Document your developed plan as an Emergency Weather Plan and communicate it to your employees.

Emergency Weather Plan *(Sample)*

Tornado Watch: *Conditions are right for a tornado to develop in the area, and one should be on the alert for further weather developments.*

1) Familiarize yourself with the primary and secondary safe area locations and the emergency routes as indicated on the floor maps.
2) Tornado Watch will be announced to each department through telephone, intercom, or voice.
3) Depending on the severity of the weather, the watch period should be used to prepare for an easy transition into designated shelter areas. Review Tornado Warning procedures.
4) An announcement will be made to advise when the tornado watch is discontinued.

Tornado Warning: *A tornado has been sighted or indicated by radar, usually within a ten mile radius of our location, and the following emergency procedures will be carried out to ensure safety.*

1) When Tornado Warning has been announced to each department through telephone, intercom, or voice remain calm but take immediate action.
2) Personnel should walk, not run, to the designated area.
3) Close the doors of each room as they are evacuated.
4) Do not open windows in the building.
5) Do not attempt to leave the building.
6) Avoid all glass areas, doors, and entrances.
7) As severe weather clears and the "All Clear" announcement is made by the National Weather Service a verbal announcement will be made through out the building.
8) Notify your supervisor in the event of injury to individuals or damage to the building.
9) After the disaster or emergency:
   a. *Use extreme caution in entering or working in buildings that may have been damaged or weakened, as they may collapse without warning.*
   b. *Be aware of the possibility of gas leaks or electrical short circuits. If detected, notify gas company, electrical company, the police, or fire department. Don't go back into the building until you have been ensured it is safe by these officials.*
   c. *Stay away from fallen or damaged electrical wires.*
   d. *Stay away from disaster areas. Sightseeing will interfere with emergency operations, and may be dangerous.*

Man Made Disaster Procedure:

One point that cannot be over-emphasized is the value of being prepared. Do not allow a bomb incident to catch you by surprise. By developing a bomb incident plan and considering possible bomb incidents in your man made disaster plan, you can reduce the potential for personal injury and property damage.

Physical security provides for the protection of property, personnel, facilities, and material against unauthorized entry, trespass, damage, sabotage, or other illegal or criminal acts. The physical security plan deals with prevention and control of access to the building. In some instances, a form of physical security may be already in existence, although not necessarily intended to prevent a bomb attack. To develop specific plans for your facility against a bomb attack draw upon any expertise that is available to you from police departments, government agencies, and security specialists. Don't leave anything to chance. Be prepared. There is no single security plan that is adaptable to all situations.

Develop guidelines for establishing as effective man made disaster plan for your facility based on the following criteria:

1) Do all organization members know their own responsibilities as well as who bears the decision making authority in any given situation? Establish clearly how and who will evaluate a bomb threat.
   a) Management personnel should have the authority to decide whatever action should be taken during the threat. The most serious of all decisions to be made by management in the event of a bomb threat is whether to evacuate the building. Essentially, there are three threat levels consider when faced with a bomb threat:
      i) <u>Low level – A threat has been made giving no time, date, or area or was made more than 12 hours prior to being received.</u>
      ii) Medium Level – A more specific threat has been made identifying either time, place, or type of threat. Partial or full evacuation would probably be mandated.
      iii) High Level – The threat indicated that some type of incident is imminent. A bomb has been detonated or information has been received that a bomb will be detonated at a specific time and location. Evacuation is mandatory.
   b) By using established procedures the bomb incident can be handled with the least risk to all concerned.
   c) If a complex situation exists, a multi-occupant building for example, a representative from each occupant entity should be included in the communication of the plan.
   d) This chain of command should be printed and circulated to all concerned parties.
2) Have all personnel been instructed, especially those at focal points of communications (i.e. receptionist, switchboard), in what to do if a bomb threat is received?
   a) Decide what procedures will be followed when a bomb threat is received or device discovered.
   b) Consider incorporating use of the State Bomb Threat Report form SFN 51502 into your plan.
   c) Training is essential to deal properly with a bomb threat incident.
3) Has an evacuation unit been organized and trained which will be responsive to the management's decision and has a clear understanding of the importance of its role?
4) Have procedures been established for notifying organization members? Decide what primary and alternate communications will be used.

5) Are evacuation procedures established and familiar to all employees? Provide an evacuation plan with enough flexibility to avoid a suspected danger area.
6) Is the current floor plan and occupant emergency information readily available for use by employees as well as police, fire, bomb search squads, and other emergency personnel?
7) Are emergency phone numbers current and/or published where they are readily accessible? Are they reviewed and updated frequently?
8) Have special procedures been established for evacuation of the physically challenged?
9) Has a procedure been established in the event that a written threat has been received? For example:
   a) Save all materials, including any envelope or container.
   b) Once the message is recognized as a bomb threat, further unnecessary handling should be avoided.
   c) Avoid excessively handling the material. Every possible effort must be made to retain evidence such as fingerprints, handwriting or typewriting, paper, and postal marks.
   d) A threat should never be ignored.
10) Are designate search teams assigned to:
   a) Designate areas to be searched?
   b) Establish techniques to be utilized during search?
   c) Establish a procedure to report and track progress of the search and a method to lead qualified bomb technicians to a suspicious package?
11) Has a procedure been established as to what to do in the event a suspicious object has been discovered?
12) Has a procedure been established for the news media to be directed to one individual appointed as media spokesperson?
13) Is a contingency plan available if a bomb should go off?

Document your developed plan as an Emergency Man Made Disaster Plan and communicate it to your employees.

Emergency Man Made Disaster Plan *(Sample)*

1) Familiarize yourself with the location of the evacuation routes (primary and secondary), first aid station or kit, the nearest public telephone, and the location of the stairway (as indicated on the Emergency Evacuation Diagrams).
2) When a bomb threat or warning is phoned in, the person receiving the call should, to the degree possible, attempt to find out as much information as possible, using the Bomb Threat Report Form (SFN 51502) which has been issued to all employees to be retained by their telephones.
   a) Do not hang up, let the caller terminate the call.
   b) Get as much information from the caller as obtainable.
   c) Get the exact time of the call.
   d) Get the Caller ID (if phone has a Caller ID).
   e) Write down the exact words the caller used.
   f) Attempt to answer all the questions listed on the Bomb Threat Report as accurately and completely as possible.
   g) Estimate the sex, race, and age of the caller.
   h) Be alert to the nature/character of the caller's voice.
   i) Listen for background noises.
3) Upon notification of a bomb threat or bomb emergency, personnel shall report the call ***immediately to 911 (if available).***

4) *The recommendation to evacuate or reenter a structure/location during a bomb threat is the responsibility of the Management Response Team. However, due to the nature of some bomb threats, the Emergency Response Officials may direct the immediate evacuation of the structure/location.*
5) *If it is determined that the facility is to be evacuated, follow the emergency evacuation routes.*
6) *All cellular phones and two-way radios shall be turned off within a two-block radius of the threat. All communications to and from the threat scene shall be made by phone.*
7) *If an explosive device is alleged to be within the building but has not been located, the authorities will determine if a search is desired. Follow all instructions from the authorities.*
8) *Emergency Response Officials may ask employees others with knowledgeable of the contents and layout of the building to assist in identifying any unusual parcels or items.*
    a) *Searches of areas for explosive devices with instructions:*
        i) *Be thorough.*
        ii) *Each staff should look around their offices to see if there are any unusual packages or items in their work area. These should be reported to security. Only you will know what belongs in your office. Do not lock your office as this will hinder the bomb search.*
        iii) *If necessary move people away from the suspicious item.*
        iv) *Look for anything and everything that might conceal a bomb.*
        v) *Do not panic persons in the area.*
        vi) *DO NOT TOUCH, MOVE, OR JAR ANYTHING SUSPICIOUS WHICH YOU MAY LOCATE.*
    b) *The authorities will determine if the assistance of bomb disposal personnel and/or bomb detection canine may be requested.*
9) *If a suspected device is located, an evacuation of the area will be conducted based on available information.*
    a) *Do not attempt to move or otherwise disturb the device(s).*
    b) *If time permits, try to have people check their area before leaving.*
    c) *Get people to take personal items such as purses, briefcases, gym bags, backpacks, lunch bags, etc., with them when they leave.*
    d) *Only Emergency Response Officials will be allowed into the immediate area.*
10) *Personnel have been designated to help disabled employees or visitors seek shelter. More than one or two people will assume this responsibility to see that assistance is available.*
11) *Personnel have been designated to see that the evacuation is complete by checking areas where the alarm may not have been heard, such as restrooms and storage areas.*
12) *If a suspicious letter or package is received:*
    a) *Inform your department coordinator immediately.*
    b) *Ask around to see if anyone can identify package.*
    c) *DO NOT OPEN IT!*
        i) *Inform department staff and Building Coordinator as soon as possible.*
        ii) *Contact the police department by calling 911 (if available).*
        iii) *Give dispatcher description & location of package.*
        iv) *Follow the instructions given by the police.*
        v) *Instruct staff to evacuate if told to do so by Emergency Response Officials.*
13) *All staff should relocate to a pre-designated area. You should be at least 300 feet away from the threatened building. A headcount should be made and any missing persons should be reported to security.*
14) *Employees should take their personal belongings with them when they evacuate because you may not be able to get back into the building for several hours.*
15) *No one will re-enter the area until authorities give permission.*

Sexual Harassment Policy *(Sample)*

1) The policy of the Office of Management and Budget is to provide an environment free of sexual harassment. Such harassment may include sex-oriented remarks or jokes, pressures or demands for sexual favors, implied or overt promises or threats, or any unwelcome conduct with sexual overtones.
2) Sexual harassment generally occurs in supervisor/subordinate, or peer/co-workers situations. Any supervisor using implicit or explicit sexual behavior to control or affect any aspect of the job of a subordinate is engaging in sexual harassment. Such action must be reported to the next level supervisor or the division's personnel analyst at Central Personnel. Individuals experiencing harassment from co-workers shall make it clear that such behavior is offensive and unwanted. If this doesn't resolve the problem, the appropriate supervisor must be notified. Supervisors are expected to resolve this situation by: 1) referencing this policy, or 2) more direct disciplinary action if necessary.
3) Sexual harassment **will not be tolerated** by the Office of Management and Budget. Disciplinary action can and will be taken against any employee who engages in sexual harassment. An individual making a false accusation may also be subject to disciplinary action.

Hostile Work Environment *(Sample)*

1) The policy of the Office of Management and Budget is to provide an environment free of gender, race, ethnicity, religion, and disability harassment. Such harassment may include any activity that creates fear, intimidates, ostracizes, psychologically or physically threatens, embarrasses, ridicules, or in some other way unreasonably over burdens or precludes an employee from reasonably performing his or her work.
2) Hostile Work Environment harassment generally occurs in supervisor/subordinate, or peer/co-workers situations. Such action must be reported to the next level supervisor or the division's personnel analyst at Central Personnel. Individuals experiencing harassment shall make it clear that such behavior is offensive and unwanted. If this doesn't resolve the problem, the appropriate supervisor must be notified. Supervisors are expected to resolve this situation by: 1) referencing this policy, or 2) more direct disciplinary actions if necessary.
3) Hostile Work Environment harassment **will not be tolerated** by the Office of Management and Budget. Disciplinary action can and will be taken against any employee who engages in such harassment. An individual making a false accusation may also be subject to disciplinary action.

Workplace Threats and Violence *(Sample)*

1) The Office of Management and Budget is concerned and committed to its employees' safety and health. We refuse to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by implementing a Workplace Violence Program. We will provide adequate authority and budgetary resources to responsible parties so that our goals and responsibilities can be met.
2) Violent acts or threats of violence include any activity by an individual that would cause another individual to feel unsafe due to the threat of immediate physical harm. The violent behavior may take the form of verbal threats to harm another person or damage property, physical aggression, or harassment including sexual harassment. Threats of violence include possession or display of a weapon of any type or exhibiting an object in such a manner that it appears to be a weapon.

3) Employees who are subject to or become aware of any violent acts or threats of violence shall immediately report the matter to their supervisor or any higher level authority.
4) Supervisory or management personnel who receive a report of violent activity or a threat of violence shall immediately assess the situation to determine the nature of the threat and take action as follows:
   a) When it is apparent that one or more individuals may be in immediate physical danger, the endangered employee or any observing employee should notify the nearest available security or police unit. The State Highway Patrol is responsible for security and investigations on State property. For work units within the Capitol complex call the Highway Patrol Headquarters at 328-2455. For work units not in the Capitol complex call the headquarters number or the Bismarck District Highway Patrol office at 328-9555. Alternatively call the State Radio at 328-2121 if between the hours of 8:00 a.m. to 5:00 p.m., or 1-800-472-2121 if not during those times. When action is taken by supervisory personnel, the information will be reported to the division director or the director of OMB as soon as possible.
   b) When the danger of physical harm does not appear to be immediate, gather all available information and, when reported to supervisory personnel, provide a full report of circumstances to the division director or the director of OMB as soon as possible.
5) A division director or the director of OMB, upon receipt of a report of violence or a threat of violent activity, shall take action appropriate to the circumstances which may include requesting the proper authority to remove the violator from the work site and/or to provide appropriate protection of the threatened person(s). The division director or the director of OMB shall proceed to investigate or assign a responsible supervisor to investigate the reported incident(s) which will form the basis for any corrective or disciplinary action.
6) When a reported act of violence or threat of violent activity has been investigated, and the violator is an employee of the Office of Management and Budget, the division director or the director of OMB shall take appropriate action which may include participation by the employee in the employee assistance program, disciplinary action up to and including termination of employment and/or reporting incident(s) to law enforcement authorities.
7) When a reported act of violence or threat of violent activity has been investigated, and the violator is not an employee of the Office of Management and Budget, the division director or director will take appropriate action which may include termination of business relationships and/or reporting incident(s) to law enforcement authorities.

Substance Abuse Policy *(Sample)*

1) It is the Office of Management and Budget's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.
2) While on the Office of Management and Budget's premises and while conducting business-related activities off the Office of Management and Budget premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.
3) Violations of this policy may lead to disciplinary action, up to and including termination of employment, and/or participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.
4) A manager may require an employee to leave the workplace if the manager, in their discretion, determines the employee has reported to work in an inappropriate mental or

physical condition and cannot perform the essential functions of the job effectively and in a safe manner that does not endanger themselves or others. The employee may be required to use a day of annual leave or sick leave. If the manager determines the employee should not operate a motor vehicle, the manager may arrange transportation for the employee. If the employee refuses to accept transportation and insists on operating a motor vehicle, they will be informed by the manager that law enforcement officials will be notified that the employee appears unfit to operate a motor vehicle. Law enforcement officials should then be appropriately notified.

5) To inform employees about important provisions of this policy, the Office of Management and Budget has established a drug-free awareness program. The program provides information on the dangers and effects of substance abuse in the workplace, resources available to employees and consequences for violations of this policy.
6) Employees with questions or concerns about substance dependency or abuse are encouraged to use the resources of the Employee Assistance Program. They may also wish to discuss these matters with their supervisor or the Human Resources Department to receive assistance or referrals to appropriate resources in the community.
7) Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify the Office of Management and Budget of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction.
8) Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or the Human Resources Department without fear of reprisal.

Business Communications Policy *(Sample)*

Electronic Communications

1) Introduction and Purpose

The Office of Management and Budget (OMB) provides communication systems designed to facilitate business communication among state employees and other business contacts. Those systems include telephone, facsimile (fax) machines, all computer software and any other type of electronic communication. It is the intent of OMB to provide a policy which will ensure that our employees use all communication systems appropriately.

2) Prohibited Usage

Foul, inappropriate, or offensive messages are prohibited.

Use of communication systems to solicit outside business ventures or political or religious causes is prohibited.

Advertising or soliciting for personal enterprises and “chain letters” are prohibited.

Employees will not use security features such as codes or passwords without the express knowledge and prior approval of their division director. Employees will not use unauthorized codes or passwords to gain access to other employees’ data.

E-mail messages are capable of being forwarded without the express permission of the original author. Accordingly, due caution should be exercised when sending e-mail messages. No employee may forward any portion of a received message, which has been altered, without authorization from the author. No employee may send e-mail under another employees' name without authorization.

To avoid introduction of viruses into your computer, exercise caution prior to opening attachments from someone you don't know. Unsolicited attachments that cannot be verified by the sender should be deleted.

3) Accessibility of Records

E-mail communications are public documents and may be subject to public review, unless the record is exempt by law from disclosure.

OMB reserves the right to monitor e-mail to ensure proper use of the system and to protect the interests of the agency. Any violation of the Business Communications Policy will subject the employee to disciplinary action, possibly including termination.

All agency electronic mail is an official public record and is subject to public record regulations with respect to inspection, disclosure, scheduled retention and disposition.

E-mail records must be incorporated into a records retention schedule when they meet the following criteria:

1) The message is made or received under state law or in the conduct of official agency business.
2) The message preserves evidence of the agency's organization, functions, or other activities.
3) The message contains information of value relating to agency programs, policies, decisions, and essential transactions.

4) Policy Exceptions

Divisions of the Office of Management and Budget may adopt more restrictive policies at their own discretion.

Occasional personal correspondence that complies with the other terms of this policy is allowed, however, it should not detract from work related activities.

Internet Usage

1) Introduction and Purpose

It is the intent of the Office of Management and Budget (OMB) to develop an Internet Usage Policy which will ensure that our employees use the Internet appropriately and thereby protect the agency from being victimized by the threat of viruses or hacking into the server.

2) Internet Use by Employees

Internet access is limited to official business. The introduction of viruses, or malicious tampering with any computer system, is expressly prohibited.

Employees using the Internet are acting as representatives of OMB. As such, public scrutiny and/or disclosure of an employee's Internet usage must not damage the reputation of OMB. Users are expressly prohibited from accessing sites which carry offensive material. Offensive material includes, but is not limited to, pornography and hate literature.

Internet Relay Chat channels or other Internet forums such as newsgroups may only be used to conduct work related business or to exchange technical or analytical information. Users who wish to express personal opinions must use a private Internet service provider.

Employees may not place any State of North Dakota material on any publicly accessible Internet computer without prior permission.

Alternate Internet service provider connections to OMB's internal network are not permitted unless expressly authorized and properly protected by a firewall or other appropriate security device(s).

Files which are downloaded from the Internet must be scanned with virus detection software before installation or execution. All appropriate precautions should be taken to detect a virus and, if necessary, to prevent its spread.

3) Accessibility of Records

The Internet does not guarantee the privacy and confidentiality of information. Sensitive material transferred over the Internet may be at risk of detection by a third party. Employees must exercise caution and care when transferring such material in any form.

OMB reserves the right to inspect an employee's computer system for violations of the Internet Usage Policy. Any violation of this policy will subject the employee to disciplinary action, possibly including termination.

4) Policy Exceptions

Employees are permitted to access the Internet for personal business during lunch and coffee breaks as long as the use is in strict compliance with the other terms of this policy. Exceptions for use of the Internet for school or other purposes are allowed with the approval of the division director.

Divisions of the Office of Management and Budget may adopt more restrictive policies at their discretion.

Employee Acknowledgment with performance review (*Sample)*

Employee Acknowledgment
I acknowledge that I have received a copy of the Risk Management Division policies and procedures regarding Sexual Harassment, Workplace Violence, Hostile Work Environment,

Substance Abuse, and Proper Internet/E-mail Use in the Workplace. My signature means that I have reviewed these documents, understand them, and have discussed the contents with my manager.

Employee Signature/Date

Employee Acknowledgment
I have reviewed this document and discussed the contents with my manager. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with the evaluation.

Employee Signature/Date

Risk Management Fund Compliance Question #6

Does your Loss Control Committee ***review all agency/facility incidents and accidents to determine cause in Executive Sessions*** *that are conducted in compliance with N.D.C.C 44-04-19.2 (as explained in Section 4.2 of the Risk Management Manual and the Attorney General's Open Records and Open Meetings Manual)? Document in Minutes.*

Executive Session

The next item on the agenda is _____. This item [must] [may] be discussed in an executive session. The legal authority for closing this portion of the meeting is North Dakota Century Code section(s) _____. The topic or purpose of this executive session is _____.

[Option 1, for meetings which must be closed:] At this time, we will convene in executive session.

[Option 2, for meetings which may be closed at the discretion of the governing body, but which are not required to be closed:] At this time, a motion would be in order to discuss the next topic in executive session rather than in an open meeting. Is there such a motion? . . . Any second? . . . Any discussion on the motion? . . . I'll call the roll.
Motion carried.

The executive session will be recorded and all members of the governing body are reminded to limit their discussion during the executive session to the announced topic. Any collective decision, collective commitment, or other final action by the governing body must occur after it reconvenes in an open meeting, unless final action is specifically required by law to be taken during the executive session. [For meetings which are closed under N.D.C.C. § 44-04-19.1 for attorney consultation or discussion of contract negotiation strategy, add the following statement:

The prohibition on taking final action during the executive session does not apply to providing guidance or instructions to our attorney or negotiator.]

We will now ask the members of the public who are attending the meeting to leave the room. We anticipate adjourning the executive session, and reconvening the open portion of the meeting, at approximately _____ [Time].

The minutes will show that the executive session began at _____ [Time] and was attended by _____.

[After the executive session] The minutes will show that the executive session was adjourned at _____ [Time]. The public has been invited to return to the meeting room and we are now back in open session.

This document has been prepared by the Office of Attorney General to assist governing bodies in complying with the procedural requirements in N.D.C.C. § 44-04-19.2 when an executive session is authorized. It is not intended to be the exclusive method by which a governing body may properly convene in executive session. A departure from the format in this document does not necessarily indicate that the governing body's procedure for convening in executive session failed to comply with N.D.C.C. § 44-04-19.2.

Documenting Executive Session:

Sample language for annotation in LCC Minutes when holding Executive Session:

> *Motion was made by __member's name__ and seconded by _member's name__ , that the Committee enter into the "Executive Session", (closed meeting), electronically recorded … Motion carried. Time _____ a.m./p.m. "Executive Session" Authority N.D.C.C. §§ 32-12.2-11 and 32-12.2-12.*
>
> *All members named above were in attendance for the Executive Session.*
>
> *Workers Compensation Loss Control Reports and Risk Management Division reports containing updated information since the date of last meeting were reviewed.*
>
> *A motion was made by member's name and seconded by member's name that the "Executive Session" be closed. Motion carried, "Executive Session" closed at _____ a.m./p.m.*

Sample language for annotation in LCC Minutes when holding not holding Executive Session:

> *Since there were no Workers Compensation or Risk Management claims or incident activity to discuss in Executive Session, it was the general consensus to forgo the Executive Session and continue the open session of the Loss Control Committee Meeting.*

Risk Management Fund Compliance Question #7

Does your Loss Control Committee conduct at least annual inspections of ALL of your facilities using checklists similar to those found in subsection 4.3 of the Risk Management Manual?

Does the inspection/checklist process include documentation of when and what corrective action was taken for identified deficiencies?

1. *Has your agency/facility implemented and communicated a policy regarding the use of*
   i. *flammables,*
   ii. *microwaves,*
   iii. *refrigerators,*
   iv. *small appliances,*
   v. *heaters, etc. in the workplace*
2) *and does your annual inspection include confirmation of compliance with the policy?*
3) *Document in Minutes.*

What Risk Management needs for documentation:

The simplest way to provide documentation for this criterion is through the LCC Meeting Minutes.

- Explain the procedure to conduct inspections of all facilities (including out-lying offices) and provide dates of completion;
- Explain when (date of completion) and what corrective action is taken to correct deficiencies. If deficiencies are outstanding document why they can't be corrected or what the future plan is to correct them;
- Explain the implementation and communication (training, inspection) with regard to the use of flammables, microwaves, refrigerators, small appliances, heaters, etc. in the workplace;
- It is helpful and recommended to attach a sample inspection checklist with the discount application.

Self-Inspection or Hazard Recognition Program

The Office of Management and Budget will conduct inspections on a regular basis.

On a daily schedule, the supervisors for each area will be responsible for an informal inspection of their specific areas.

If problems are found, determine the reasons why the acts or conditions were allowed to exist. The deficiency will then be documented and corrected immediately.

Unsafe acts witnessed during the work shift shall be documented and corrected immediately.

Formal inspections will be completed annually. The inspections will be organized and supervised by the Risk Management Coordinator and will cover the entire operational facility.

All safety inspections will have their findings documented with a provisions area for corrective actions taken to remedy the hazards or violations that are found.

All formal inspections will be reviewed and signed by management in a timely manner.

Checklist Index

The following checklists are by no means all-inclusive. You should review them in preparation for an inspection. They are meant to create awareness, not channelize your focus.

Checklists provide a quick reference to help you prevent and reduce loss. It should be used as a guide for developing, not a substitute for, a comprehensive risk management program.

General Inspections

Accident Investigation
Audit/Inspection
Bloodborne Pathogens
Emergency Action Plan
Employer Posting
Environmental Controls
Fire Extinguishers (Portable)
Fire Requirements (General)
First Aid and Medical Services
Hazard Communication
Hazardous Chemical Exposure
Indoor Air Quality
Noise (occupational
Personal Protective Equipment (PPE)
Pesticides
Record-Keeping
Safety and Health Program
Safety and Health Training
Sanitation - Procedures for Equipment and Clothing
Transporting Employees and Materials

Facility Inspections

Aisles/Walkways
Building Inspection – Exterior
Building Inspection – Interior (Including Offices)
Classroom (General Conditions)
Confined Spaces
Electrical (General)
Electrical (Use of Electrical Equipment)
Exit/Egress/Escape
Flammable and Combustible Liquids
Grounds (Including Campgrounds)
Guarding Floors, Stairs, and Other Openings
Hazardous Waste/Chemical Storage Areas
Housekeeping and General Work Environment
Laboratories - Science
Material Handling
Piping Systems Identification
Sidewalks

Stairs (Fixed)
Vehicle Maintenance Area
Waterfront Facilities

Equipment Inspections

Compressed Gases
Compressors/Compressed Air
Fall Protection
Fire Protection for Cooking Areas
Forklifts - Industrial Trucks (also see Material Handling)
Grinders (Abrasive Wheel Machinery and Tools)
Hoist and Auxiliary Equipment
Lock-Out Tag-Out Procedures
Machines General Requirements
Machine Guarding
Playgrounds
Portable Ladders
Powered Lawnmowers
Respiratory Protection
Scaffolds
Spraying Operations
Tools (Portable Hand and Power)
Welding and Cutting with Oxygen-Fuel Gas
Welding with Arc-Welding Equipment
Welding with Resistance Welding Equipment
Welding, Cutting, and Brazing-General Requirements
Woodworking Machinery General Requirements
Woodworking Machinery other than Saws
Woodworking Machinery Saws

The following link will take you to the Risk Management Manual for the above checklist and recommended Inspection Form. http://www.nd.gov/risk/publications/docs/chap04.pdf *Beginning on Page 4.3.1*

Facility Management Appliance Policy Statements *(Sample)*

FACILITY MANAGEMENT
PAGE NUMBER 1 OF 1
REVISION DATE 10-03-03
POLICY NUMBER 07-89

SUBJECT: MICROWAVES – REFRIGERATORS - SMALL APPLIANCES IN STATE OFFICE AREAS POLICY STATEMENT

This policy is being issued by Facility Management to establish the criteria for allowing refrigerators and microwaves within office areas of the Capitol Complex.

Facility Management will allow refrigerators and microwaves if they comply with the following standards:

a) All microwaves placed within Capitol Complex offices must be compact in size. Appliances brought to the Capitol Complex must be in good condition with no frayed cords. The maximum capacities and wattages allowed will be as follows: Wattage--1,000 watts maximum

b) All refrigerators placed within Capitol Complex offices must be compact in size. The maximum capacity that will be allowed for refrigerators is 3.0 cubic feet or less. Facility Management will not allow cooking in the office areas. Therefore, microwaves can be used only for heating food, not for cooking. All refrigerators and microwaves found to be in violation of the above mentioned maximums must be removed from the Capitol Complex office areas. Other cooking appliances such as toasters, popcorn poppers, frying pans, hot plates, cup warmers, will not be allowed in Capitol office areas. Any such cooking appliances that currently exist in office areas must be removed.

FACILITY MANAGEMENT
PAGE NUMBER: 1 OF 1
DATE: 05-01-96
POLICY NUMBER: 07-92

SUBJECT: SPACE HEATERS POLICY STATEMENT *(Sample)*

This policy is being issued by Facility Management to establish the criteria for allowing space heaters if required within office areas of the Capitol Complex.

Facility Management will allow space heaters if they comply with the following standards:

Maximum Wattage 300 Watts
Volts 120 V.A.C.
Maximum Amperes 3 Ampere

Heater elements must be completely sealed. Open resistance elements are not approved. Radiant panel oil or fluid filled sealed type elements are approved.

The approval of heater type and installation is required from Facility Management prior to installation.

Heaters must comply with all building and fire codes and be U.L. approved.

Facility Management personnel will remove all non-approved space heaters to ensure the Capitol Complex is in compliance with State approved fire and building codes.

Risk Management Fund Compliance Question #8

Has your agency/facility established and your Loss Control Committee annually reviewed for adequacy and compliance:

a) *Continuity of Operations (COOP)*
b) *Records Retention Schedule in compliance with ITD's Records Management Program?*

Continuity of Operations (COOP)

PURPOSE

A disaster is defined as the occurrence of any event that causes a significant disruption in OMB Division capabilities. The central theme of this Plan is to minimize the effect a disaster will have upon the Division's on-going operations. The Plan responds to the most severe disaster, the kind that requires moving off site to a backup facility. Occurrences of a less severe nature are controlled at the appropriate level as a part of the total Plan.

This Disaster Continuity of Operations Plan (COOP) for OMB Divisions will be used to respond to any failure that impacts the Division's ability to operate. It details steps that must be taken to minimize the impact of a related failure in this process; roles and responsibilities of personnel assigned to the recovery effort; and timelines for executing the Plan.

OBJECTIVES

This Plan is to document the pre-agreed decisions and to design and implement a sufficient set of procedures for responding to a disaster that involves the Division and its services to:

1) Protect the Division's resources and employees;
2) Safeguard the vital records for which the Divisions have become the custodian;
3) Guarantee the continued availability of essential Division services;
4) Permit immediate, accurate and measured response to emergency situations;
5) Minimize the number of time-critical decisions that OMB personnel will need to make when a failure occurs;
6) Minimize the impact of a disaster-related failure on OMB's mission;
7) Minimize a failure's effect on day to day operations (i.e. ensure smooth, effective transition from normal to backup operations); and
8) Expedite restoration of normal operations and failed facilities or equipment.

ITD Records Management Services

What Risk Management needs for documentation:
The simplest way to provide documentation for this criterion is through the LCC Meeting Minutes:

- Have the entity's records retention coordinator attend a LCC Meeting (if not already a member) and discuss whether the entity's Records Retention Schedule is in place and explain how compliance with the Schedule is assured throughout

all divisions/departments. That discussion would then be recorded in the Minutes; **OR**

- Assign a member of the LCC to check with the coordinator on compliance and report back (as noted above) to the LCC during the meeting.

RM doesn't need a copy of the Schedule – Records Management Division reviews for adequacy and compliance.

The Records Management Division provides records management services to state agencies and audit for compliance with records management and forms management programs. The Division's features include:

1. Provide consulting to state agencies and city and county government offices on records management issues with regard to the creation, utilization, maintenance, retention, and final disposition of records.
2. Assist customers in developing records retention schedules.
3. Audit agencies for compliance with records management and forms management programs.
4. Adopt state rules for state, city, county, and park district records.

Access the North Dakota Records Management Program Manual at http://www.nd.gov/itd/pubs/ or North Dakota Records Management Manual

---

Risk Management Fund Compliance Question #9

*Has your agency/facility implemented **policies and procedures for management of contractual risk** in accordance with Section 5 of the Risk Management Manual, N.D.C.C. ch. 54-44.4, N.D.A.C. Article 4-12, and the written directives of the Office of Management and Budget (OMB) **related to procurement**, and does the Loss Control Committee annually review these procedures for compliance by all departments/divisions of the agency/facility? Document in Minutes.*

What Risk Management needs for documentation:
The simplest way to provide documentation for this criterion is through the LCC Meeting Minutes:

- Explain the policy and procedure;
- Explain how the policy is annually communicated and trained to all employees/divisions/departments to ensure compliance

Procurement Contractual Risk

See Procurement's "Agency Resources" link to access laws, rules, and guidelines; term contracts, forms and other information for the state agencies, http://www.state.nd.us/csd/spo/

Risk Management Fund Compliance – Seminar Bonus

Bonus 2%Discount – Applies Only to Years Risk Management Hosts a Seminar
Did the agency/facility Risk Management contact or active member of the Loss Control Committee attend the Risk Management Seminar?

Signatures/Sign-in sheets will be secured by Risk Management at the Seminar for documentation.

Risk Management Workers Compensation Program

The state of North Dakota has a long standing commitment to provide a healthy and safe working environment for all state employees. N.D.C.C. § 65-04-03.1 establishes a single workers compensation account for all state agencies. The program titled the Risk Management Workers

Compensation Program (RMWCP) is administered by the Risk Management Division of the Office of Management and Budget. This cross agency program is designed to reduce costs while enhancing recovery of injured employees and improving workplace moral.

One feature of the RMWCP is the development of a return-to-work program titled the "*Transitional Duty Program*." See Section 9.4 of this Manual. A return-to-work or transitional duty program is cited by the American Occupational Medical Association for the positive effects it provides to both the psychological and physical recovery of the injured employee. Transitional duty has been proven to work in both public and private sectors across the nation.

Statistics show that injured employees off work longer than six months have only a fifty percent chance of ever returning to their job; if time lost exceeds one year, their chances decrease to less than ten percent. Therefore, the North Dakota Transitional Duty Program is established with the following goals in mind:

1. Foster and enhance the physical and psychological recovery process for injured workers.
2. Reduce medical, disability, and lost time costs.
3. Reduce indirect accident costs.
4. Minimize the chance of re-injury.
5. Encourage cooperation between state agencies, their employees, and management.
6. Establish a more stable work force.
7. Enhance the injured employee's sense of confidence and well being.

Section 9 of the Risk Management Manual will discuss the North Dakota Risk Management Workers Compensation Program. It should be recognized that this Section cannot be all-inclusive and that situations will arise that are not addressed here. Any questions or concerns can be addressed by contacting the RMWCP Manger at the Risk Management Division at 701-328-7583. In addition, each state agency has a designated risk management workers compensation contact person who will be able to assist state employees with completing forms to document workplace incidents, injuries, or diseases.

Quick Tips

What do you do if you are injured on the job?

- Report the incident to your supervisor or your entity's workers compensation contact person
- If the injury requires medical treatment:
  - Seek first aid or medical attention from the designated medical provider, if necessary
  - Complete Sections 1 and 4 of First Report of Injury Form SFN 2828
  - Request the care provider complete Section 3 of the SFN 2828
  - Return completed Section 3 to your supervisor or workers compensation contact
- Inform your employer, Risk Management, and Workforce Safety & Insurance (WSI) of any extenuating factors pertaining to your occupational injury or disease.
- Participate in the State's Transitional Duty Program, if applicable.

What do you do if your employee is injured on the job?

- File an incident report with Risk Management within 24 hours of notification of the incident.
- File Sections 1 and 4 of First Report of Injury Form SFN 2828 electronically.

- Provide employee notice if injury is determined to be FMLA-qualifying.
- Monitor a Temporary Total Disability determination.
- Implement the State's Transitional Duty program, if applicable.
- For traumatic injury:
    - Immediately file SFN 2828 electronically to initiate medical management of the injury until the employee is able to a file Section 2.

How does the Transitional Duty Program Work?

- An injured employee who cannot perform the essential functions of his or her position is placed on transitional duty during the course of recovery.
- Serves as a tool for motivated employees who want to continue working.
- Speeds recovery and reduces workers compensation costs.
- If hiring agency unable to provide transitional duty position, one will be located in another agency or facility through the State's transitional duty pool.

What if the injury is permanent?

- State employees have re-assignment rights to positions they qualify for and can perform the essential functions of.
- Services are available from WSI Vocational Rehabilitation Program.

How does your agency or facility qualify for the workers compensation premium discount?

- Establish a program that meets the criteria established by WSI and the Risk Management Division
- Submit your agency's or facility's application for premium discount by May 1 of each year.

How does your agency or facility qualify for the RMWCP Dividend Program?

- Establish a proactive loss control program.

Risk Management Workers Compensation Program (RMWCP) Discount Program

Effective July 1, 2003, the Risk Management Workers Compensation Program will revise the workers compensation premium discount program for State entities to increase the current 10% potential discount to 15%.

The participation by State entities in the workers compensation discount program since 1995 has resulted in enhanced workplace safety awareness and has reduced workers compensation claims and costs. In order to build on those successes, and to ensure the highest quality of care is provided to state employees if they are injured on the job, it is time to take the RMWCP Discount Program to a new level.

The Revised RMWCP Discount Program incorporates the provisions of the original Workforce Safety & Insurance (WSI) discount program. However, discount values have been revised as follows:

- Implementing the basic workers compensation risk management program - developing: a Safety Policy; written guidelines addressing recognized hazards; a list of essential job functions; and attending the annual risk management seminar = a 3% discount;
- Implementing Claims Management and Training programs - establishing a training program; selecting a designated medical provider; participating in the transitional duty program; and filing claims on-line = a 7% discount;
- Developing Accident prevention and Reporting systems for accident and near miss investigations and workplace inspections = a 3% discount; and
- Implementing the WSI Substance Abuse program = a 2% discount.

By implementing the requirements to qualify for the revised discount program, State entities should experience reduced claim costs because of proper reporting practices as well as a significant reduction in the number of days an injured worker is away from work. A reduction in claim costs will have a positive impact on the entity's experience rate (the projection of future losses), ultimately reducing the total cost of its workers compensation premiums. The Risk Management Division is committed to ensuring **all state entities** qualify for the full 15% discount. Applications for the discounts are due by May 1st of each year.

Risk Management Workers Compensation Premium Discount Application

http://www.nd.gov/risk/forms/docs/sfn53425.pdf

RISK MANAGEMENT WORKERS COMPENSATION PREMIUM DISCOUNT APPLICATION
STATE OF NORTH DAKOTA
SFN 53425 (11-2005)

SUBMISSION DEADLINE MAY 1

Agency/Facility	Date	
COMPLIANCE QUESTIONS:	**YES**	**NO**
1. Does your agency/facility have a Safety Policy signed by top management identifying responsibilities of management and employees for ensuring a safe workplace and is the policy reviewed with all employees annually?	☐	☐

Risk Management Workers Compensation Compliance Question #1

*Does your agency/facility have a **Safety Policy signed by top management** identifying responsibilities of management and employees for ensuring a safe workplace and is the policy reviewed with all employees annually?*

Safety Policy *– Prepare a statement, signed by top management, identifying the responsibilities of management and employees for ensuring a safe workplace. Review this policy with all employees on an annual basis.*

OMB Safety Policy

The Office of Management and Budget and its related entities (OMB) recognizes that the safety, health, and well-being of our employees is a high priority in our daily operations. To facilitate such activities, we will comply with all government mandated rules and regulations as they apply to the work activities in our workplace. This Safety Policy reflects our commitment, from all levels of management, to providing the safest possible work environment for our employees. This policy also identifies the responsibilities of management and employees in establishing and maintaining a safe workplace. We also have a goal of reducing the costs of work-related claims through various proven claims management procedures.

SAFETY RESPONSIBILITIES:

1) Management is responsible for providing a workplace free of recognized hazards and supporting a Risk Management Program.
2) Management is responsible for the development and training of the safety rules, safe operating procedures, and regulations as they pertain to the activities in the workplace.
3) Management is responsible for providing adequate and appropriate personal protective equipment (PPE).
4) Supervisors must require employees to follow company safety rules and procedures and support the accident prevention program established by management.
5) Supervisors must assist management in the training and retraining of employees.
6) Employees are responsible to know and follow all safety rules and to participate in safety program development and implementation.
7) All employees are responsible for attending all management-mandated safety training programs and to support the accident prevention program established by management.

Signed: _____
Pam Sharp, Director
ND Office of Management and Budget

_____
OMB – Division Director

_____
Date

Risk Management Workers Compensation Compliance Question #2

Has your agency/facility developed written ***safety guidelines for procedures and tasks involving recognized hazards****?*

Safe Operating Procedures - Develop written guidelines for procedures and tasks involving recognized hazards.

Recognized Hazards Safe Operating Procedures

Safe operating procedures are written guidelines for procedures and tasks involving recognized hazards. They provide the tools for teaching how to work consistently with a maximum degree of efficiency and safety.

Chief hazards within the plant operations will be examined and procedures developed to address them.

Due to each OMB Division's unique operations, each Division will establish and maintain their own Safe Operating Procedures and will continually review and update as conditions warrant.

Each Division will make distinction in respective Division's manual.

The following safe operating procedures are for sample purposes to be used when you are developing procedures specific to your organization. In no way are these procedures all inclusive to the hazard exposures in individual Divisions areas of responsibility.

Office Safety

1) Chairs, wastebaskets, and other articles must not be left in aisles.
2) Desk drawers, cabinet drawers, and file drawers shall not be left open. Only one file drawer should be opened at a time. Avoid overloading top file drawers. Never close file drawers with your feet; always use the drawer handle to close.
3) Ladders of proper type shall be used to reach material on high shelves. Do not stand on chairs or boxes.
4) Handrails shall be used when ascending or descending stairs.
5) Foreign objects shall not be left lying on floors, landings, or stairs.
6) Running and horseplay is prohibited.
7) All paper cutters must have an approved guard, and the guard must be kept in place at all times.
8) Electrical cords shall not be on the floor where they may create a tripping hazard.
9) When carrying materials, employees must use proper lifting procedures (see General Safety Rules). Be sure that material being carried does not interfere with vision. Use the elevator whenever possible. When carrying materials, on stairs one hand shall be free to use the handrail.
10) Employees shall be aware of and comply with emergency evacuation plans.

Driving Safety

1. All employees who are required to drive during the work day will take the safety course from the Department of Transportation at least once every three years.
2. Employees driving during the work day will abide by the motor vehicles laws of the state.

Personal Protective Equipment

Hearing Protection

1) The company supplies hearing protection for all employees. Ear muffs and plugs can be obtained from your supervisor.
2) If you are working in an area where you feel the noise level is bothering you, use hearing protection. The noise level changes depending on the job; protect your self by using hearing protection.
3) Any person operating a hand grinder or large impact tools must use hearing protection. Cotton does not serve as an adequate hearing protection. Be sure to get the proper fit on the earplugs.
4) Alert your co-workers in your area if you are going to be generating a noise level above the normal workplace level so they can also be prepared to use hearing protection.

Eye Protection

1) Safety glasses, with side shields, must be worn by every employee, customer, or visitor entering any area that exposes the eye to the following hazards
   a) Flying pieces of metal or steel.
   b) Where chips or dust maybe created.
   c) Where chemicals maybe present.
   d) Where liquids or solid particles maybe blown or splashed.
   e) The possibility of pressure release.
2) A face shield and safety glasses with side shields must be used when doing grinding of any type or when using wire wheel buffers.
3) Face shields and goggles should be cleaned after use.
4) Damaged face shield and goggles will be removed from services and replaced by a good set immediately.
5) A welding helmet with tinted face shield and safety glasses with side shields must be worn when welding to protect eyes from light, sparks, and radiation.
6) If an employee wears prescription lenses, eyeglasses with protective lenses or goggles that can be worn over glasses shall be worn.

Foot Protection

1) Safety toed shoes must be worn by employees working in areas where there is a risk of injury from falling objects, objects piercing the sole, or where employee's feet are exposed to electrical hazards.
2) Safety footwear shall be kept clean and inspected regularly for any defects, such as: torn, loose soles, or cracked or torn toe protection.
3) Safety shoes or boots shall fit so that the equipment does not cause unusual tiring or irritation.

Head Protection

1) Hard hats must be worn in areas where there is a potential for injury to the head from falling objects.
2) Hard hats shall fit snugly, and shall be adjustable.
3) There shall be sufficient clearance between the shell of the hard hat and the suspension.

4) The hard hat shell shall be kept clean and shall be inspected for any defects such as cracks, dents, or worn spots.
5) Hard hats shall not be left sitting in direct sunlight or in extreme heat areas as damage may occur to the shell.
6) Hard hats shall not be altered in anyway.
7) Hard hat suspension systems shall be maintained and replaced as needed.

Hand Protection

1) Hand protection shall be worn where applicable.
2) Hand protection shall fit well enough to allow proper dexterity for the job being performed.
3) Hand protection that has been contaminated by chemicals, oils or greases should be either decontaminated or disposed of.
4) Hand protection shall be kept free from damage or tears.
5) Hand protection shall be worn when handling materials that maybe abrasive, or may have burrs.
6) Employees must wear the appropriate rubber gloves for protection against chemical hazards.
7) Insulated gloves should be worn when working around heat or steam.

Lifting

1) Always check the weight of the load before you attempt to lift. If the load seems too heavy, get help. DO NOT LIFT ANYTHING YOU FEEL IS TOO HEAVY.
2) Position yourself as close to the load as possible. The further you hold the load from body, the heavier it will be on your spine.
3) Assume a wide base of support, with legs shoulder width apart and one foot slightly ahead of the other. A wide base of support will ensure a better balance and keep your knees from getting in the way.
4) Keep the normal curves in your spine. Keep your head up!
5) Keep your stomach muscles firm. This will prevent you from overarching your back while lifting.
6) Use smooth, controlled movements, do not twist, move feet first. Rapid or jerking motions can place increase demands on your back.

You may access additional sample safety procedures at the Workforce Safety and Insurance Website http://www.workforcesafety.com/safety/safeoperatingprocedures.asp.

Risk Management Workers Compensation Compliance Question #3

*Has your agency/facility developed a **list of essential job functions** for each job category?*

***Essential Job Functions** - Develop a list of essential job functions for each job category. These lists help you properly place workers in jobs and assign injured workers to transitional duties.*

Essential Job Functions

Information About the Completion of the

Job Duty Analysis Questionnaire and Job Analysis of Work Demands

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination in employment against a qualified individual with a disability.

To be protected from job discrimination by the ADA, an individual must meet the definition of an individual with a disability and be qualified to perform the essential functions of the job with or without reasonable accommodation.

Keep in mind the following:

1. The individual must satisfy the employer's requirements for the job, such as education, work experience, skills or licenses.
2. The individual must be able to perform the essential functions of the job with or without reasonable accommodation. Essential functions are the fundamental job duties/tasks that the individual must be able to perform with or without the aid of a reasonable accommodation. Essential functions should be viewed as those duties, tasks, or elements that must be performed to accomplish the job, even if the manner in which those functions are performed, or the equipment used in performing them, is different for an employee with a disability from that for an employee who is not disabled.

To comply with the Americans with Disabilities Act, the following should be performed:

1. Update each Position Information Questionnaire (PIQ) or job description, if not current.
2. Complete the Job Duty Analysis Questionnaire (SFN 54325) from the information on the PIQ, job description, or any other source indicated on the form.
3. Complete the Job Analysis of Work Demands (SFN 54326).

The analysis forms should be:

1. retained by each agency/division with their documented PIQ or job description information. Do not forward them to HRMS. Supervisors and/or managers may opt to retain copies as working documents.
2. reviewed periodically to assess changes in the job. A good time to review them is when an employee's annual performance evaluation is completed, thus all documents pertaining to the individual's job are reviewed and updated at once. These forms do not need to be updated simply because of staff changes.

Upon completion of the analysis, the employer will be able to determine the essential functions of a position.

If the position exists to perform the function, if the duty/task is viewed as important to your agency's operation, if the duty/task is performed with frequency, if there isn't sufficient staff to reassign the marginal duty/task, and if the duty/task cannot be redesigned or performed in another way, the duty/task would be considered an **essential** function of the position.

The **marginal** or non-essential job functions are those that could be redesigned or reassigned to other employees, if necessary.

JOB DUTY ANALYSIS QUESTIONNAIRE
ND HUMAN RESOURCE MANAGEMENT SERVICES
DIVISION OF OFFICE OF MANAGEMENT AND BUDGET

SFN 54325 (4/05)

Position Number/Classification	Agency/Division _____ **Division**
Employee's Signature	Date
Supervisor's Signature	Date

Instructions:

- Gather all existing duties/tasks of the job from the various sources and check each source that was considered in the box below.
- An analysis should be completed for each position. Documentation for jobs with multiple positions, unless the position duties/tasks are essentially different, will likely be able to be duplicated for all the positions in the class. In the case of multiple position jobs, be sure to identify any unique differences of a specific position.
- This questionnaire should be completed jointly by the supervisor and employee. However, the supervisor will complete the "Essential/Marginal" block.
- Make as many copies of the next page as needed for each duty/task on the PIQ.
- Place an 'X' in each box for every 'yes' answer. If necessary, provide additional comments in the remarks section to document the rationale for a particular response.
- Include tasks that are done occasionally, seasonally, or annually (i.e., annual reports, weekly computer file back-ups, duties associated with inclement weather, etc.). Some duties that are only done occasionally may still be essential.
- Jobs are to be described in terms of what has to be done and not in terms of mental or physical attributes. The job analysis should be focused on outcomes or results, not processes.

Source of Information for Analysis

☐ PIQ
Date:

☐ Job Announcement
Date:

☐ Performance Standards

☐ Supervisors

☐ Incumbents

☐ Job Description
Date:

☐ Critical Job Elements
Date:

☐ Job Analysis (performed for various reasons: e.g. classification/salary comparisons)
Date:

☐ General agency expectations or standards of behavior (e.g. regular attendance, confidentiality)

Other:

JOB DUTY ANALYSIS QUESTIONNAIRE
ND HUMAN RESOURCE MANAGEMENT SERVICES
DIVISION OF OFFICE OF MANAGEMENT AND BUDGET
SFN 54325 (4/05)

Place an 'X' in each box for every 'yes' answer.

Analysis	**Tasks**										
Job Duty #: 1	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Does the position exist to perform this task? In other words, if the task was removed, would the position change?											
Is this task viewed as important to the agency's operation, whereby the mission could not be accomplished or significant consequences result if the task was not performed?											
Can this task only be performed by one person, instead of distributed to other people in the office on a regular basis?											
Is 10% or more of this position's time devoted to performing this task (i.e., 10% of a 40-hr. work week = 4 hrs.)?											
Must the person have expertise to perform this task (i.e., special training, education, and/or license/certificate)?											
Would a person be discharged if he/she couldn't perform this task?											
ESSENTIAL/MARGINAL If you placed an 'X' behind the question for any of the tasks identified, mark an 'E' in the box for that task. For any task without an 'X', place an 'M' in the box.											
Remarks: (Attach additional sheets if necessary)											
Job Duty #: 2	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Does the position exist to perform this task? In other words, if the task was removed, would the position change?											
Is this task viewed as important to the agency's operation, whereby the mission could not be accomplished or significant consequences result if the task was not performed?											
Can this task only be performed by one person, instead of distributed to other people in the office on a regular basis?											
Is 10% or more of this position's time devoted to performing this task (i.e., 10% of a 40-hr. work week = 4 hrs.)?											
Must the person have expertise to perform this task (i.e., special training, education, and/or license/certificate)?											
Would a person be discharged if he/she couldn't perform this task?											

ESSENTIAL / MARGINAL If you placed a 'X' behind the question for any of the tasks identified, mark an 'E' in the box for that task. For any task without a 'X', place an 'M' in the box.											
Remarks: (Attach additional sheets if necessary)											

JOB DUTY ANALYSIS QUESTIONNAIRE
ND HUMAN RESOURCE MANAGEMENT SERVICES
DIVISION OF OFFICE OF MANAGEMENT AND BUDGET
SFN 54325 (4/05)

Place an 'X' in each box for every 'yes' answer.

Analysis	**Tasks**										
Job Duty #: 2	**L**	**M**									
Does the position exist to perform this task? In other words, if the task was removed, would the position change?											
Is this task viewed as important to the agency's operation, whereby the mission could not be accomplished or significant consequences result if the task was not performed?											
Can this task only be performed by one person, instead of distributed to other people in the office on a regular basis?											
Is 10% or more of this position's time devoted to performing this task (i.e., 10% of a 40-hr. work week = 4 hrs.)?											
Must the person have expertise to perform this task (i.e., special training, education, and/or license/certificate)?											
Would a person be discharged if he/she couldn't perform this task?											
ESSENTIAL / MARGINAL If you placed an 'X' behind the question for any of the tasks identified, mark an 'E' in the box for that task. For any task without an 'X', place an 'M' in the box.											
Remarks: (Attach additional sheets if necessary)											
Job Duty #: 3	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Does the position exist to perform this task? In other words, if the task was removed, would the position change?											
Is this task viewed as important to the agency's operation, whereby the mission could not be accomplished or significant consequences result if the task was not performed?											
Can this task only be performed by one person, instead of distributed to other people in the office on a regular basis?											
Is 10% or more of this position's time devoted to performing this task (i.e., 10% of a 40-hr. work week = 4 hrs.)?											
Must the person have expertise to perform this task (i.e., special training, education, and/or license/certificate)?											
Would a person be discharged if he/she couldn't perform this task?											

ESSENTIAL / MARGINAL If you placed a 'X' behind the question for any of the tasks identified, mark an 'E' in the box for that task. For any task without a 'X', place an 'M' in the box.											
Remarks: (Attach additional sheets if necessary)											

JOB DUTY ANALYSIS QUESTIONNAIRE
ND HUMAN RESOURCE MANAGEMENT SERVICES
DIVISION OF OFFICE OF MANAGEMENT AND BUDGET
SFN 54325 (4/05)

Place an 'X' in each box for every 'yes' answer.

Analysis	**Tasks**										
Job Duty #: 4	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Does the position exist to perform this task? In other words, if the task was removed, would the position change?											
Is this task viewed as important to the agency's operation, whereby the mission could not be accomplished or significant consequences result if the task was not performed?											
Can this task only be performed by one person, instead of distributed to other people in the office on a regular basis?											
Is 10% or more of this position's time devoted to performing this task (i.e., 10% of a 40-hr. work week = 4 hrs.)?											
Must the person have expertise to perform this task (i.e., special training, education, and/or license/certificate)?											
Would a person be discharged if he/she couldn't perform this task?											
ESSENTIAL / MARGINAL If you placed a 'X' behind the question for any of the tasks identified, mark an 'E' in the box for that task. For any task without a 'X', place an 'M' in the box.											
Job Duty #: 5											
Does the position exist to perform this task? In other words, if the task was removed, would the position change?											
Is this task viewed as important to the agency's operation, whereby the mission could not be accomplished or significant consequences result if the task was not performed?											
Can this task only be performed by one person, instead of distributed to other people in the office on a regular basis?											
Is 10% or more of this position's time devoted to performing this task (i.e., 10% of a 40-hr. work week = 4 hrs.)?											
Must the person have expertise to perform this task (i.e., special training, education, and/or license/certificate)?											
Would a person be discharged if he/she couldn't perform this task?											
ESSENTIAL / MARGINAL											

If you placed an 'X' behind the question for any of the tasks identified, mark an 'E' in the box for that task. For any task without an 'X', place an 'M' in the box.											
Remarks: (Attach additional sheets if necessary)											

JOB ANALYSIS OF WORK DEMANDS

ND HUMAN RESOURCE MANAGEMENT SERVICES
DIVISION OF OFFICE OF MANAGEMENT AND BUDGET
SFN 54326 (4/05)

Employee Name	Position Number
Job Title	Division

Instructions:

- This document is intended to supplement the Position Information Questionnaire (PIQ) (SFN 2572) and the Job Duty Analysis Questionnaire in an effort to analyze the physical and mental work demands of a job and the environmental conditions in which it is performed.
- Physical demands sometimes describe the customary method of achieving an essential function. Physical demands may, in some instances, be accomplished using other methods.
- An analysis should be completed for each position. Documentation for jobs with multiple positions, unless the position duties/tasks are essentially different, will likely be able to be duplicated for all the positions in the class. In the case of multiple position jobs, be sure to identify any unique differences of a specific position.
- When completing the form, look at the job from a typical/average work day perspective.
- This form must be completed with both incumbent and supervisor input. Ideally, the incumbent will complete the form, the supervisor will review it, and the document will be finalized after discussion has occurred between both individuals.

WORK POSTURE REQUIREMENTS

In a typical work day, indicate the frequency of a task by placing a D, M, or W in the percentage time column. Then identify which PIQ task number(s) require this activity.	***Time:*** ***Frequency:*** ***R*** *– Rarely* ***D*** *- Daily* **O** – Occasionally **M** - Monthly **F** – Frequently **W** - Weekly ***C*** *– Continuously*				**PIQ Task (Number/Letter)**
PHYSICAL DEMANDS	**Percentage Time Designation**				
	R **< 1%**	**O** **1-33%**	**F** **34-66%**	**C** **67-100%**	
Balancing					
Bending					
Climbing (step stool)					
Crawling					
Crouching					
Driving					
Hearing					

Jogging					
Kneeling					
Ladders (ascend/descend)					
Reaching					
Reaching above shoulder					
Reaching below shoulder					
Seeing					
Sitting					
Stairs (ascend/descend)					
Standing					
Stooping					
Twisting					
Walking					

LIFTING/CARRYING/MOVING REQUIREMENTS

Use the following letters to indicate frequency:
(R) Rarely < 1% (O) Occasionally 1-33% (F) Frequently 34-66% (C) Continuously 67-100%
(D) Daily (M) Monthly (W) Weekly
Example: If an item is lifted 35% daily, the item would be recorded in the "lifted frequency" column as FD.
Note: "lifted" includes pushing and pulling effort while stationary; "carried" includes pushing and pulling effort while walking.

Items	**PIQ Task Number(s)**	**Approx, Weight & Distance**	*Lifted*	**Carried**	**Moved**
			☐ Chest ☐ Floor ☐ Knee ☐ Overhead ☐ Waist	☐ Chest ☐ Floor ☐ Knee ☐ Overhead ☐ Waist	☐ Cart ☐ Change Belt ☐ Fork Lift ☐ Hand ☐ Truck ☐ Other:
			Frequency:	Frequency:	Frequency:
			☐ Chest ☐ Floor ☐ Knee ☐ Overhead ☐ Waist	☐ Chest ☐ Floor ☐ Knee ☐ Overhead ☐ Waist	☐ Cart ☐ Change Belt ☐ Fork Lift ☐ Hand ☐ Truck ☐ Other:
			Frequency:	Frequency:	Frequency:
			☐ Chest ☐ Floor ☐ Knee ☐ Overhead ☐ Waist	☐ Chest ☐ Floor ☐ Knee ☐ Overhead ☐ Waist	☐ Cart ☐ Change Belt ☐ Fork Lift ☐ Hand ☐ Truck ☐ Other:

			Frequency:	Frequency:	Frequency:
			☐ Chest ☐ Floor ☐ Knee ☐ Overhead ☐ Waist	☐ Chest ☐ Floor ☐ Knee ☐ Overhead ☐ Waist	☐ Cart ☐ Change Belt ☐ Fork Lift ☐ Hand ☐ Truck ☐ Other:
			Frequency:	Frequency:	Frequency:

Items carried on person:
☐ Beeper
☐ Tool Belt
☐ Two-Way Radio
☐ Other (list)

ENVIRONMENTAL CONDITIONS

In a typical work day, indicate the frequency of a task by placing a D, M, or W in the percentage time column. Then identify which PIQ task number(s) require this activity.	***Time:*** ***Frequency:*** ***R*** – *Rarely* ***D*** - *Daily* **O** – Occasionally **M** - Monthly **F** – Frequently **W** - Weekly ***C*** – *Continuously*				**PIQ Task (Number/Letter)**
	R **< 1%**	**O** **1-33%**	**F** **34-66%**	**C** **67-100%**	
Exposure to electrical hazards					
Works in cramped quarters					
Exposure to dust/smoke					
Exposure to fumes/odors/grease/oil					
Works in hot/cold temperatures					
Travel required					
On call					
Works inside					
Works outside					
Exposure to noise					
Exposure to chemicals					
Stand on concrete					
Vibration					
Exposure to toxic materials					
Works at unprotected heights					
Shift work					
Walk on uneven or slippery surface					
Works in wet conditions					
Works with others					
Works alone					
Works with moving machinery					
Other (identify)					
MENTAL DEMANDS					
Problem solving					
Analytical Ability					

Communication – oral					
Communication – written					
Money handling					
Organization					
Interpersonal skills					
Calculating					
Concentration					
Perception					
Creativity					
Working with interruptions					
Other (list)					
DEXTERITY REQUIREMENTS					
Eye/Hand coordination					
Feet (foot pedals)					
Fingering (picking, pinching, sewing, using a calculator)					
Handling (holding, grasping)					
Wrist motion (repetitive flexion/rotation)					

OTHER JOB FACTORS	
How many hours are worked per day?	*What is the work time?*
How many days are worked per week?	*What days are worked?*
Is overtime required? ☐ *Yes* ☐ *No* *If yes, how many hours per day?* *Days per week or hours per week?*	
Does this position have access to confidential files and information? ☐ *Yes* ☐ *No*	
Does the employee have to answer customer complaints? ☐ Yes ☐ No	
What percentage of the employee's time is spent meeting deadlines set by others?	
How much responsibility does the employee have for the overall performance of his/her particular department? ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 0-25%	

I have read this questionnaire and find it to be complete and an accurate reflection of the position.

Employee	Date
Supervisor	Date

Risk Management Workers Compensation Compliance Question #4

*Has your agency/facility established a **training program** educating employees on:*

1) *general safety rules,*
2) *safe operating procedures,*
3) *ergonomics, and*
4) *claims management principles?*

Training program *- Establish a written training program through which all employees learn about general safety rules, safe operating procedures, ergonomic hazards, and claims management principles.*

Training Program

New Employee Orientation Program

Employees new to a department shall be trained in the general safety rules, the safe operating rules, ergonomic hazards of their job, the Claims Management Program and provided a copy of the program manual. New employees should not be permitted to perform any task until both the employee and supervisor agree that the employee is capable of performing the task safely.

Annual Training

All employees shall receive training on at least an annual basis for:

*** General Safety Rules

*** Safe Operating Procedures

*** Ergonomic Hazards

*** Claims Management Program

Employees shall receive additional training if work procedures are added or changed and/or when new equipment is introduced in the workplace.

Documentation of all training must be done and should include the date of training, topics covered, name of the person providing the training, and the participants' acknowledgment of attendance.

General Safety Rules

The Office of Management and Budget and its related entities' General Safety Rules are considered minimum safety standards for usual work conditions and shall be adhered to by all who enter the specific job location. The following written General Safety Rules shall be posted in a conspicuous manner at fixed work sites and where possible in remote mobile locations.

All personnel shall adhere to the following:

1) Participate in new employee training.
2) Participate in continuing education, which is conducted on a departmental level.
3) All employees will receive annual training in the following areas:
   a) Safe Operating Procedures
   b) Ergonomic Hazards
   c) Claims Management Procedures
4) Know and follow all safety regulations pertaining to your job.
5) Wear your appropriate personal protective equipment in accordance with the job operation that you are performing.
6) Notify your supervisor if you feel you do not have adequate safety protection in any work activity.
7) Report all accidents, injuries, unsafe acts, and unsafe conditions in the workplace immediately to your supervisor.
8) Report faulty electrical equipment. Faulty electrical equipment will be removed from service until the equipment has been repaired or replaced.
9) Follow proper lifting techniques and body mechanics. Never attempt to lift or push an object that is too heavy. Seek assistance and use mechanical aides when needed.
10) Refrain from horseplay or other acts that have an adverse bearing on the safety or well-being of an employee or coworker. Such activity is prohibited.
11) Wear your safety belt when driving any company-owned vehicle.
12) Practice general safe housekeeping in your individual work areas and maintain a neat and orderly work area safe from accidents and injury, being in compliance with building and fire codes.

Make It a Habit to Work Safely!

Safe Operating Procedures

All items are minimum standards for usual conditions. Your supervisor will answer any safety questions you may have.

Work Habits:

1) It is mandatory that you know and follow all safety regulations pertaining to your job.
2) Let your supervisor know if you feel you do not have adequate safety protection in any work activity.
3) Before starting any task, make sure you know exactly what is to be done and how to do it safely. Be sure you work properly to protect yourself and others.
4) Make sure all tools and equipment are in proper working order. Do not fix anything yourself unless you are authorized to do so. Report unsafe equipment to your supervisor immediately. Don’t take chances.
5) Absolutely no horseplay is ever permitted.

Work Areas:

Work areas must be kept clean and in order at all times.

1) Materials and supplies must be stored carefully. This will eliminate there falling on someone or resulting in a tripping hazard.

2) All chemicals and solvents must be kept in safety containers and properly labeled.
3) Flammable and highly combustible materials must be in metal safety containers with metal lids.
4) All rags must be kept in metal containers with metal lids.
5) Trash receptacles will be emptied on a daily basis.
6) Excess water on the floor or other spills should be removed as soon as possible.

Smoking:

Smoking is permitted in specified "Smoking Areas" only. These are clearly marked throughout the building. Smoking is prohibited in all other areas.

1) In "Smoking Areas" you must use the provided and approved ashtrays.
2) No smoking is ever allowed in elevators, production areas, warehouses, loading docks, and while walking through corridors and stairways.
3) Smoking in unauthorized areas is a serious offense. Since most fires are caused by careless smoking, you must strictly adhere to the smoking regulations to protect the safety of yourself, others and the company.

Clothing:

1) You must wear appropriate clothing and shoes for your work activities. If special garments are assigned, these must be worn. No shorts are permitted.
2) Safety shoes must be worn where designated by job description.
3) Do not wear loose or dangling jewelry, key chains, or other metals when working on or near operating machines.

Ergonomics Program

All new and existing employees shall be trained in ergonomic hazards to enable them to participate in their own protection. An active Risk Management Program should have in place a work area analysis to properly determine problem areas and procedures written to correct or control hazards through engineering, safe, work practices, or administrative controls.

What is Ergonomics?

Ergonomics is the science of workplace design that tries to make the job fit the person rather than the person fitting the job. It reduces physical strain by redesigning tools and equipment, reorganizing workstations, changing lightening, and other proven methods. At it simplest, and often most effective, ergonomics reduces strain by cutting back on the stress and number of repetitive motions done on the job.

What should a Sound Ergonomic Program Include?

Each Division's ergonomic programs should include:

- having access to an ergonomist or consultant
- a training element – all staff – annually
- monitoring to improve the ergonomics program
- undergoing a ergonomics audit at least annually

- feedback from employees to make the workplace more ergonomically sound

Note*: A Division may have similar and some dissimilar operations, therefore each division should make an assessment as needed, to accommodate individual's needs. Some are concentrated in office environments while others may involve more mechanical type of functions such as lifting, pushing, climbing etc.*

Following are a few options for preventing repetitive motion injuries causing pain and aggravation.

Early Identification

The earlier you identify a repetitive motion, the more like you are to be able to do something about it. Pay attention to any warning signs such as soreness. Be especially alert to symptoms like numbness, tingling, and apparent loss of strength of muscles. When these symptoms appear, it is time to evaluate the job and look for way to limit repetitive motions. If the problem persists or recurs, medical attention may be needed.

Limit repetitive motions

The best form of prevention is to limit the time any one spends doing the same motion over and over, whether it's packing, using a keyboard, using a hand or power tool. Your options may include:

- Job rotation. Straining on any part of the body is reduced when you switch periodically to different tasks involving different movements. There is a big plus when each person can do more than on job, since one person's absence won' bring operations to a halt.
- Breaks. Make sure that no one does a repetitive motion task for more than a couple of hours. This is especially important when overtime exists. Those extra hours a day at the same task can be punishing.
- Pacing. A repetitive motion performed at a breakneck pace means more motion and more problems. Although you want to get the job done quickly as possible, you don't want it done so fast that it puts a person out of commission.

Tools and Equipment

Hand tools are designed to fit everyone, which means that they may not fit everyone well. Try to redesign jobs so that workers get breaks from using awkward tools. Sometimes the way equipment is arranged can cause a problem. For example, a person may have to keep stretching to reach a needed part or to put it in a box or container. Some may have to hunch over regularly. If so, cast a critical eye on the way things are arranged. A smaller or higher or otherwise reconfigured work surface can make a big difference. Perhaps a worker should be sitting instead of standing. Sometimes an armrest may take pressure off the wrist during repetitive motions.

Exercise

Exercise is an important part of a prevention program. First, fit people are less likely to experience physical problems and more likely to recover quickly when they do. Stretching before beginning work goes a long way to be prepared to begin work tasks. It is a good idea to include not only stretches, but also shaking out the writs and fingers during breaks. Specific finger

stretching exercises should be done by persons doing repetitive motions tasks involving their fingers.

Awareness

As with any other job hazard, you can reduce the risks of repetitive motions injuries by being aware of the risks and preventative measures. A problem that is not diagnosed and handled early may prevent you from going back to the tasks that caused the injury.

Following is a workstation checklist that may be applied to make a quick assessment of an office workstation:

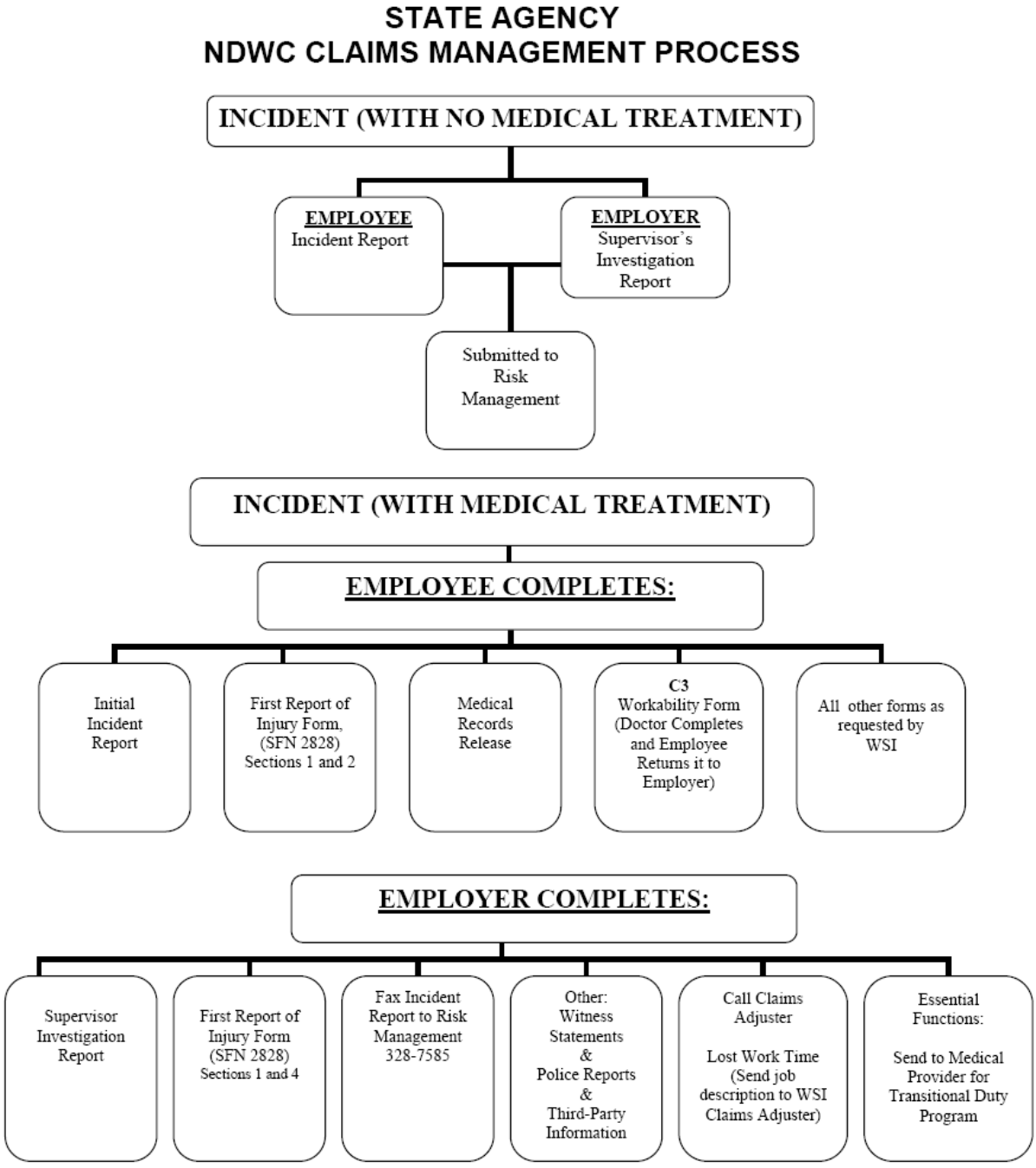
Chair Adjustment:	75–90 degree angle at the elbow, hip, and knee. Footrest, depending on the workstation. Backrest supporting curve of lower back. Appropriate chair casters.
Terminal Height/Distance:	Upper 1/3 of monitor at eye level. Adjust if wearing glasses. Screen 14 – 30 inches from face. Top of screen should be 3 to 5 inches below horizontal eye level.
Forearm Angle:	Hand in neutral position. Wrists should be straight.
Desk Arrangement:	Items commonly used within arm's reach. Keep neat and orderly.
Phone Techniques:	Holding phone, not cocking head to one side. Power grip not pinch grip.
File Cabinet Use:	Avoid twisting, do not stand on chair.
Standing Jobs:	Lifting and standing – no static positions greater than 15". Occasionally shift your weight – place one foot on a footrest.
Environment:	Lighting – avoid screen glare, office surroundings, etc. Rotate work chores.
Ergonomic Fitness:	Use stretching exercise for 5 minutes very 20 – 30 minutes

Following are some things to look for:

Prolonged hunched or elevated shoulder while holding the phone
Elbows splayed out
Raised to tensed shoulders
Twisting the head to the side – too much
Elbow flexed for long periods using the telephone
Writs bent to the sides when using keys
Wrists bent for prolonged periods
Wrists or palms resting for long periods on hard or sharp keyboard or work surfaces

Hand held actively over the keyboard during keying pauses
Rapid, sustained, or prolonged keying
Forceful keying, key pounding
Prolonged mouse use
Significant amount of hand stapling, punching, lifting opening mail, or other forceful exertions, especially combined with awkward postures.
Reflected glare on screen
Too much contrast between screen and surroundings or document
Very bright ambient lighting
Monitor not adjusted properly
Different viewed objects at different distance from eyes
Monitor image dim, fuzzy flick, small, or otherwise difficult to read
Prolonged sitting, especially in one position
Lumbar back area not supported
Feet dangling, not well supported
Chair backrest not used for long periods
Frequent or prolonged leaning or reaching
Shin, low-contrast, or small print documents
Eyestrain complaints
Neck extended backwards, head tilted back, even slightly
Neck flexed (downward)

Claims Management



***Completed on line and filed electronically**

Risk Management Workers Compensation Compliance Question #5

Has your agency/facility implemented an effective claims management program including the

1) *designated medical provider,*
2) *participation in transitional duty as required, and*
3) *online filing of 90% of workers compensation claims?*

Claims Management Program – *Implement an effective claims management program including the designated medical provider, participation in transitional duty as required, online filing of 90% of workers compensation claims within 24 hours of a routine injury and immediately following a traumatic injury.*

Designated Medical Provider

OMB Designated Medical Provider Directive

We are participating in the Workplace Safety & Insurance (WSI) Risk Management Program. This allows the Risk Management Workers Compensation Program (RMWCP) to designate health care providers to treat your workplace injuries and illnesses. These providers can be individuals, clinics, hospitals, or any combination thereof. They can be medical doctors, chiropractors, osteopaths, dentists, optometrists, podiatrists, psychologists, or any combination of these providers. **WSI may not pay for medical treatment** to another provider unless you are referred to this provider by the Designated Medical Provider, or unless you notified us in writing prior to the injury that you wanted to be treated by a different medical provider. You must also name your different medical provider. **Emergency care is exempt from this designated provider requirement.**

The Designated medical Provider for Office of Management and Budget is Career Care MedCenter One.

Cut or tear on dotted line Return bottom portion
Name of employee (please print) _____

I have been informed of the Department's Designated Medical Provider and the provisions of the WSI and RMWCP requirements concerning treatment for workplace injury and illness.

Signature of Employee_____ Date_____

I wish to select the following provider as a designated provider to seek treatment from in the event of a workplace injury or illness.

_____
Name
_____

Address

Designated Medical Provider Letter

Dear Medical Provider,

The State of North Dakota has implemented a proactive Transitional Duty Program for our employees who are injured on the job. All State agencies are involved with this program and when possible will temporarily modify an employee's regular job requirements or provide alternative work while an employee is recovering from an injury. An inter-agency pool of temporary transitional duty jobs has been established that will accommodate most temporary physical restrictions if an agency cannot provide alternative work.

The length of this transitional duty is 90 calendar days unless the employee is performing most of their regular job functions. The employee will receive their regular wage during the performance of transitional duty which will be pro-rated if less full time work is performed. Part time positions are available if necessary and accommodations for medical appointments will be made.

A job description of the employee's regular position will be provided for your review. Please note which duties need to be eliminated or transitional and the specific medical reason for this. If you believe that this employee will have permanent restrictions or will not be able to return to their regular job within 90 days, please provide documentation to support this.

We share the common goal of seeing this employee fully recovered and returned to regular work as soon as possible. We plan to focus on abilities, not disabilities, in providing temporary transitional duty and respectfully request your support and communication in this regard.

PLEASE COMPLETE THE C-3 FORM at the time of the each appointment. Our employees are required to deliver this form to their supervisor after every appointment so that suitable job tasks can be identified or modified as needed. An alternate form is acceptable if it provides similar information.

If you have any questions, please feel free to contact us as noted below.

Thank you.

Contact Person: _____

Telephone: _____

Transitional Duty Program

Purpose. Transitional duty (return-to-work) programs serve as "tools" for motivated employees who want to continue working during the course of their recovery from an occupational injury or disease. Transitional duty helps the employee stay in the work environment which, in turn, has proven to speed recovery and reduces workers compensation costs.

Transitional duty may also serve as a cost control technique for employees who are not motivated to be at work during their recovery or for those situations where there is suspicion regarding the severity of the injury. A transitional duty program encourages physicians to medically release the employee for work when appropriate.

> **State Policy -** *The State of North Dakota has established a Transitional Duty Program that will enhance recovery, comply with the Americans with Disabilities Act, help minimize workers compensation costs, and provide a service to employees who are injured or contract an occupational disease in the scope of their 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 them from performing their normal job tasks. In the event of a permanent disability that prevents an employee from performing the essential functions of their 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 they are qualified to perform and that matches their physical limitations.*

Note: N.D.C.C. § 65-05-08(7) provides that if an employee refuses to return to work or if the transitional duty does not work out for reasons not related to their medical condition (attendance, cooperation, etc.) the employee's compensation payments may be discontinued.

STATE OF NORTH DAKOTA
TEMPORARY TRANSITIONAL-DUTY ASSIGNMENT

Employee's Name _____

Claim No. _____

Date of Injury _____

Date Returned to Work _____

Program End Date _____

This assignment is available *IMMEDIATELY* for a maximum of 90 calendar days.

Job and Pay Data

_____ Unchanged from regular work _____Changed from regular work

_____ Full-time _____ Part Time _____Shift/Days Off

Agency/Location: _____

Supervisor/(phone): _____

Duties Assigned/Physical requirements:

DUTIES: % TIME/SHIFT

_____

_____

_____

_____

These job duties do not have the following physical requirements:

_____

_____

_____

Supervisor Statement:

I have designed this assignment based on the treating physician's medical restrictions. If I or the employee have any questions regarding the medical appropriateness of this assignment, I will contact the doctor immediately.

_____

Supervisor Signature/Date

Employee:

I have read and understand this temporary assignment. I agree to work within the restrictions listed. If I have any questions or feel I am being asked to work beyond my capabilities, I will notify my supervisor immediately.

_____

Employee Signature/Date

Physician's Statement:

1. I agree this employment appears to be within the employee's capabilities.

_____

Physician's Signature/Date

2. I agree this employment, as amended by me (initial changes), appears to be within the worker's capabilities.

_____

Physicians Signature/Date

3. I disagree. This employment is not within the worker's capabilities because of the following objective medical reasons:

_____

Physicians Signature/Date

Return the completed signed form to: _____
Fax # _____
Questions: Call _____
at telephone number: _____ **or facsimile number:** _____

Transitional Duty Supervisor Checklist

STATE OF NORTH DAKOTA
TRANSITIONAL DUTY PROGRAM
Risk Management Contact and Supervisor Checklist

(All parts of this checklist must be completed with "date accomplished" or "not applicable" and once completed filed with the Risk Management Workers Compensation Manager (RMWCPM). If you have any questions, contact your agency's workers compensation contact or Risk Management.)

EMPLOYEE NAME: _____SSN: _____

INJURY DATE: _____

Reporting:

_____ **Incident Report** completed by Employee as soon as possible after incident/ accident, but not more than 24 hours.

_____ **Supervisor's Accident Investigation** completed (immediately if possible, not later than 24 hours).

_____ Obtain written witness statements if applicable.

_____ Sections 1 and 4 of First **Report of Injury Form (SFN 2828)** completed by supervisor (if employee seeks medical treatment) and sent to WSI and/or designated agency representative within 24 hours.

_____ Forward a copy of the C3 or similar form and Supervisor's Accident Investigation Report to the Agency Risk Management Workers Compensation Contact and the Risk Management Office.

Transitional Duty

_____ Inform the employee that you will design transitional duties based on the medical provider's limits, if possible, or locate an appropriate assignment from another agency. Remind the employee that the C3 or similar form must be returned within 24 hours if possible, but not later than 2 days of every medical provider visit.

If the employee is medically restricted from returning to full duty:

_____ Identify transitional duty utilizing the Physical Assessment Form (C3 or similar form).

_____ Call the RMWCM, if necessary, to discuss transitional duty options.

_____ Outline tasks in a temporary duty assignment description.

_____ Fax a copy of the proposed Temporary Transitional Duty assignment to the RMWCM.

_____ When approved by the medical provider, contact and inform the employee when he/she will be expected to report to work.

_____ Provide the employee with a copy of the temporary assignment description and obtain the employee's signature.

_____ Maintain the original in an appropriate file.

_____ Send a copy to the RMWCPM.

_____ Call the RMWCPS if you or the employee have **ANY** questions about medical restrictions or assignments ***before the*** employee starts work.

If the medical provider documents that the employee is to remain completely off work:

(Note: Medical providers must provide work restrictions. They should not provide a work use that simply states that the employee is to stay off work.)

_____ Determine if the employee is in a hospital, confined to bed rest or immediately recovering from a surgery.

If the employee does not report as assigned:

_____ Notify Risk Management and appropriate agency representatives.

_____ Try to call/contact employee that day to determine why they did not report for work.

_____ Send a certified letter to the employee instructing them to return to work; and that failure to do so will result in an absent without leave status, subject to progressive disciplinary procedures.

Temporary Transitional-Duty Assignment

Day One (first day employee reports as assigned)

_____ Review assigned tasks, physical restrictions based on physical assessment, work assignment and supervisor with the employee **prior** to beginning work.

_____ Remind the employee not to work beyond the established work restrictions. If you or employee has any questions regarding restrictions or tasks, call the medical provider.

Day 30 and Day 60 (consecutive calendar days from Day One):

_____ Update and upgrade task assignments as doctor relaxes employee's limitations.

_____ Review each new assignment with employee prior to beginning work.

_____ Send update of temporary transitional-duty assignment description to medical provider for approval if significant changes have been made.

_____ Ask the claims adjuster to contact the medical provider, if no progress is noted.

_____ Provide RMWCPM copies of any correspondence to the claims adjuster and the appropriate agency.

Day 75:

_____ Give the employee two-week notice if the employee is not completing at least 51% of regular job duties. Send a copy of the notice to Risk Management and appropriate agency representatives.

Day 90:

_____ Arrange call-in program with employee, specifying frequency of call-in, when to call in and to whom to report. Have employee complete Workers' Compensation Leave Options Form, if not already completed.

_____ If the employee is performing 51% of the job duties and is still making medical improvements, extend the transitional duty assignment in increments of 30 days as indicated. Always identify the next date of evaluation-do not leave it open-ended.

Notify Risk Management in writing when the transitional duty assignment has ended.

SPECIAL NOTE: Make a special effort to provide any assistance needed to the employee in obtaining information or assistance in the management of their claim. A caring and helpful attitude by the supervisor is very important in promoting recovery from an injury.

I have completed the actions as required on this checklist on the dates I have indicated.

_____

Signature Title Date

Risk Management Workers Compensation Compliance Question #6

Has your agency/facility sent a ***completed incident report to Risk Management within 24 hours of notice of injury*** *or submitted a monthly incident summary report (requires Risk Management approval)?*

> ***Incident Reporting*** *– Your agency/facility must send a completed incident report to Risk Management with 24 hours of notice of injury or submit a monthly incident summary report (requires Risk Management approval).*

Facilitating the Reporting of Workplace Incidents and Accidents

Risk Management Workers Compensation Contact. Each State entity is required to appoint a risk management workers compensation contact person to serve as a liaison between the injured state employee, the Risk Management Division, and WSI. All employees of your agency or facility should be made aware of the contact person's name and telephone number.

Employees must be directed to report ALL incidents and accidents as soon as possible to their supervisor (or his/her designee in the event of an absence). The supervisor is then responsible to work with the employee and risk management workers compensation contact person to complete the reporting procedures. A checklist titled *Risk Management Workers Compensation Program Supervisor Checklist* has been developed to assist the injured employee's supervisor in completing this process. See a sample of that form at page 9.7-2 of this Manual.

Incident Reporting

Incident Reporting. For all reported injuries, even if the injury does not appear to need medical treatment other than first aid,* complete a Risk Management Fund Incident Report Form (SFN 50508) or your entity incident report form and file it 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. With prior approval from Risk Management, agencies can submit monthly incident summary reports.

> **Reportable injuries are defined as injuries requiring medical treatment beyond first aid. First aid injuries mean any one time treatment and subsequent observation of minor bruises, scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such treatment and observation are considered first aid even when provided by registered professional personnel.*

Traumatic Injury Reporting. If an employee suffers an injury that is traumatic and will result in hospitalization, or temporary total disability, the supervisor or contact person must immediately file First Report of Injury form (SFN 2828) (preferably electronically) to report and initiate medical management of the claim. In addition, Risk Management must be notified by calling 328-7583. It is imperative that this reporting process be completed to ensure that immediate and appropriate care is provided to the injured employee.

The supervisor or agency contact is then required to follow up with the employee to ensure that the First Report of Injury is completed and filed on line.

Routine Injury Reporting. If an employee is injured on-site and intends to seek medical treatment, render assistance as necessary and make arrangements for transport. If the injury is an emergency, seek urgent care at the nearest facility.

Ensure employees are informed that if an injury occurs off site, that they are to: 1) seek treatment at clinics, after-hour clinics, and walk-in clinics where available unless a delay in treatment until the appropriate clinic opens will worsen the condition; and 2) to arrange to have a report of the incident called in to the supervisor or contact person explaining the circumstances of the injury, the need for treatment (emergency or other), and their destination.

> *NOTE: Employers should encourage employees to seek treatment from the employer's chosen Designated Medical Provider for all but emergency care or where travel time would delay care. The injured employee may elect to be treated by other than the employer's Designated Medical Provider if they have designated a separate Designated Medical Provider, in writing, prior to the injury.*

Offer to call the Designated Medical Provider to set up the appointment, if feasible.

Advise the employee that if he or she is seeking medical treatment that they are required to file the SFN 2828 Form and return a copy of the form to their supervisor or Risk Management Workers Compensation contact as soon as possible but no later than 24 hours after receiving treatment.

Online Services – First Report of Injury

Online Services First Report of Injury Link:
https://secure.apps.state.nd.us/wsi/ofroi/ofroiWeb/Welcome.do

Online Services
First Report of Injur
y

Welcome | General Information | Worker | Medical Provider | Employer | Other Information | Summary

FAQs PC Setup

Welcome to First Report of Injury

The online First Report of Injury service is a quick, easy, and confidential way for workers, employers, and medical providers to submit claim information in a step-by-step process. It also allows Workforce Safety & Insurance (WSI) to receive the claim information faster, which helps speed up claim processing.

After completing the online First Report of Injury process, you will receive claim number information and immediate, online confirmation that your claim was successfully submitted. We encourage you to print the form you submitted through this online process for your records.

When WSI receives the First Report of Injury information, two letters of notification will be sent to the worker and employer:

- Letter 1: Will be sent as confirmation when the claim was registered at WSI. It lists the name of the claims analyst and the claim number.
- Letter 2: Will be sent once a decision has been made on the claim (according to the North Dakota laws governing workers' compensation).

If you need support during the First Report of Injury process, please refer to the FROI instructions provided through WSI's online library or visit our FAQs page. If further assistance is needed, please visit our Contact Us page.

Please note that the online First Report of Injury is available 24 hours a day, seven days a week, and holidays. However, if you are unable to complete this filing process, you can file a claim telephonically by calling 1−800−777−5033 during regular business hours or you may leave a voice message and a customer service representative will return your call on the next business day to take your claim over the phone.

Instructions

- Complete only the sections that are appropriate for you, as indicated in the FAQs
- All sections are clearly labeled.
- Each section contains some required fields that are indicated by a red asterick (*).
- All required fields must be answered for each section that you complete before you proceed to the next section.
- Once you have completed each of the appropriate sections, click the "Next" button at the bottom of the page to continue.
- To start the First Report of Injury process, click the next button.

Next ›

Online Services
First Report of Injur
y

Welcome | **General Information** | Worker | Medical Provider | Employer | Other Information | Summary

FAQs **PC Setup**

This section must be completed by either the worker, medical provider, or employer.

* indicates a required field.

Worker Details

Worker's First Name *:

Worker's Middle Initial:

Worker's Last Name *:

Social Security Number *: *(no dashes)*

Birth Date *: *mm/dd/yyyy*

Sex: Female Male

Marital Status: Single Married

Worker's Mailing Address 1 *:

Worker's Mailing Address 2:

City *:

State/Province *:

Zip *: *99999-9999 or X9X 9X9*

Worker's Home/Cell Phone Number: *999-999-9999x999*

Injury Date *: mm/dd/yyyy

Time of Injury: hh:mm AM PM

Body Part Injured (Example: Left 2nd/middle finger, right shoulder, left ankle.) *:

Delete	Location	Body Part	Primary

What was the nature of the injury or illness? (Examples: chemical burn, broken bone(s), carpal tunnel syndrome.) *:

Tell us how the injury occurred and what the worker was doing before the incident (give details). (Example: "Worker was driving lift truck with pallet on boxes when the truck tipped, pinning driver's left leg under drive shaft." "Worker develped soreness in left wrist over time from daily computer key entry.") *:

Doctor Details

Name of Treating Doctor(s):

Clinic/Hospital:

Address 1:

Address 2:

City:

State/Province:

Zip: *99999-9999 or X9X 9X9*

Treating Doctor's Phone Number: *999-999-9999x999*

E. R. Visit: Yes No

Overnight Stay: Yes No

Employer Details

Employer's Name *:

Employer's Address 1 *:

Employer's Address 2:

City *:

State/Province *:

Zip *: *99999-9999 or X9X 9X9*

Employer's Phone Number: *999-999-9999x999*

Exact location of injury - (city, county, state, and zip) *:

Select where injury occurred, if applicable: Employer Premises Job Site

What is the worker's occupation? (job title or duties):

Time Worker Began Shift: *hh:mm* AM PM

When did worker last work in ND? *mm/dd/yyyy*

Date Hired: *mm/dd/yyyy*

Who is filling out this form (check all that apply) *: Worker Medical Provider Employer

‹ Previous Next ›

NORTH DAKOTA
Workforce Safety & Insurance
WSI *Putting safety to work*

FIRST REPORT OF INJURY

SFN 2828 (03/2005)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
TOLL FREE 1-800-777-5033
TOLL FREE FAX 1-888-786-8695
TDD (hearing impaired only) (701) 328-3786
www.WorkforceSafety.com

PLEASE PRINT OR TYPE USING BLACK OR BLUE INK AND RETURN TO WSI

SECTION 1 Completion of this section is required

Worker's Legal Name	Social Security Number	Injury Date __/__/__	Time of Injury ☐ AM ☐ PM	Birth Date __/__/__
Worker's Address			Sex ☐ F ☐ M	Marital Status ☐ Single ☐ Married
City	State	Zip	Worker's Phone Number	

Body Part Injured (*Example: Left 2nd/middle finger, right shoulder, left ankle.*)	What was the nature of the injury or illness? (*Example: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.*)

Tell us how the injury occurred and what the worker was doing before the incident (give details). (*Example: "Worker was driving lift truck with pallet of boxes when the truck tipped, pinning driver's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."*)

Name of Treating Doctor(s)	Clinic/Hospital	E. R. Visit ☐ Yes ☐ No	Overnight Stay ☐ Yes ☐ No	Treating Doctor's Phone Number
Address	City	State	Zip	
Employer's Name	What is the worker's occupation? (job title or duties)			
Employer's Address	City	State	Zip	Employer's Phone Number
Exact address or location of injury - (city, county, state, and zip)	Time Worker Began Shift ☐ AM ☐ PM	When did worker last work in ND? __/__/__	Date Hired __/__/__	

SECTION 2 Worker Completion

Date employer notified and person you notified:		Have you had prior problems or injuries to that part of the body? ☐ Yes ☐ No
Witness(es) to the Injury	Address of Witness(es)	Will the incident cause you to miss five or more days of work? ☐ Yes ☐ No

I understand and agree that North Dakota law determines all my rights and obligations to and from WSI. I authorize any medical provider or facility, any insurance company, including workers' compensation relating to work injuries, any law enforcement or military agency, any government benefit agency including the Social Security Administration, and any educational agency or institution to release to WSI, its agents and attorneys, any and all information or records, including records pertaining to mental health, alcohol, or drug abuse, and HIV/AIDS/AIDS related illness. I authorize WSI to release any information or records about my claim to third parties or their insurers for the purpose of resolving claims against third parties.

Worker's Signature	Date Signed	In addition to myself, I authorize WSI to release information on my claim to: (please print) First Name / Last Name / Relationship

SECTION 3 Medical Provider Completion

Type of Injury (fracture, bruise, cut, etc.)		Date of First Treatment __/__/__
Will the incident cause the worker to miss five or more days of work? ☐ Yes ☐ No	Diagnosis condition based upon objective medical findings: Diagnosis code:	

Date worker may return to work: __/__/__ ☐ Without work restrictions ☐ With the following restrictions (list)

Please complete the Physical Lifting Demand Level below – see guide on reverse side.

☐ Sedentary 10 lbs	☐ Light 20 lbs	☐ Medium 50 lbs	☐ Heavy 70 lbs

Other instructions and/or limitations including prescribed medications or PT order:	Prognosis and anticipated length of medical treatment:	
The above restrictions are in effect until:	Re-evaluation date:	Time:
Physician's Signature		Date Signed

SECTION 4 Employer Completion

Employer Account Number	Worker's Rate Class	OSHA Exposure Code (See listing on reverse side)	OSHA Log Number	Will the incident cause employee to miss five or more days of work? ☐ Yes ☐ No
Is employee a corp. officer, owner or partner or family member? ☐ Yes ☐ No	**If you question this claim, state reason (continue on back) or attach additional information.**			
Date of Death (if applicable)				

Employer's Signature	Title	Date Signed

Fraud Warning for Filing False Claims

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with the Fund, including injured workers, employers, medical providers, and attorneys.

To report an instance of fraud, contact the ND Fraud and Safety Hotline at 1-800-777-5033.

Additional information:

For medical provider use:

Physical Demand Level	Occasional (0-3 Hours)	Frequent (3-6 Hours)	Constant (6-8 Hours)
Sedentary	10 lbs.	Negligible	Negligible
Light	20 lbs.	10 lbs. and/or Walk/Stand/Push/Pull of Arm/Leg controls	Negligible and/or Push/Pull of Arm/Leg controls while seated.
Medium	50 lbs.	20 lbs.	10 lbs.
Heavy	70 lbs.	50 lbs.	20 lbs.

For employer use:

OSHA Exposure Codes:

1. Contact with object and/or equipment
2. Fall to lower level
3. Fall on same level
4. Slip, trip, or loss of balance without fall
5. Overexertion
6. Overexertion lifting
7. Repetitive motion
8. Exposure to harmful substances
9. Transportation accident
10. Fire and/or explosion
11. Assault and/or violent act

Risk Management Workers Compensation Compliance Question #7

Has your agency/facility developed procedures for ***investigating all accidents and "near misses/incidents"****?*

> ***Accident Investigation and Near-Miss Program*** *- Develop procedures for investigating all accidents and "near misses/incidents".*

Accident Investigation and Near-Miss Program

ACCIDENT INVESTIGATION AND NEAR MISS PROCEDURES

1) The employee will complete the Risk Management Fund Incident Report Form (SFN 50508) and give it to their supervisor immediately for all accidents, injuries, and illnesses.
2) The supervisor will be responsible for investigating the incident and completing the *Sections 1-12 of* SFN 50508. The supervisor will attempt to determine the root cause(s) of the incident from the information gathered and take corrective action immediately, if necessary.
3) The SFN 50508 will be forwarded immediately to the Risk Management Coordinator, safety committee, or designated personnel for review. (Please be reminded of the 7 day reporting period).
4) If applicable, the safety committee will review all incident reports and determine appropriate corrective action to prevent recurrence.
   - The Risk Management Coordinator will determine if the incident was caused by insufficient policy or by not complying with existing policy and will also determine if training was adequate.
5) The SFN 50508 will be maintained by the Risk Management Coordinator and kept available for Risk Management review. Documentation of corrective actions will also be kept available for review.

NEAR MISS PROCEDURES:

Employers are also required to submit the Risk Management Fund Incident Report Form (SFN 50508 {3-2005}) to identify and report unsafe conditions and acts that have the potential to result in accidents, injuries, illnesses, or property damage if corrective action is not taken.

1) A SFN 50508 is to be completed by the employee when:

   - they are involved in or a witness to a close call resulting in no damage or personal injury, but where there was potential for both to occur;

   OR

   - when an employee has identified an unsafe condition or hazard.

The employee, when possible, should fill out what corrective action was taken.

Example: Hazard: Broken rung on ladder. Corrective Action Taken: Tagged ladder as “Broken – Do Not Use” and notified supervisor.

2) The SFN 50508 will be given to the supervisor or Risk Management Coordinator for investigation. They will attempt to determine the cause of the incident or hazard and take corrective action immediately, if necessary.
3. The SFN 50508 will be forwarded to the Risk Management Coordinator for review to determine if appropriate corrective action was taken to prevent recurrence.

Risk Management Workers Compensation Compliance Question #8

Is an annual inspection of your agency/facility workplace conducted?

Annual Inspection *– Conduct an annual inspection of your agency/facility workplace. This compliance activity and the RMF #7 activity will coincide.*

(RMF #7) Does your Loss Control Committee conduct at least annual inspections of ALL of your facilities using checklists similar to those found in subsection 4.3 of the Risk Management Manual?

Does the inspection/checklist process include documentation of when and what corrective action was taken for identified deficiencies?

1) Has your agency/facility implemented and communicated a policy regarding the use of
   a. flammables,
   b. microwaves,
   c. refrigerators,
   d. small appliances,
   e. heaters, etc. in the workplace
2) and does your annual inspection include confirmation of compliance with the policy?

Risk Management Workers Compensation Compliance Question – Seminar Bonus

Applies Only to Years Risk Management Hosts a Seminar
Did the agency/facility Workers Compensation contact or active member of the Loss Control Committee attend the Risk Management Seminar?

Attend the Annual Risk Management Seminar – *The entity workers compensation contact person or their designee is required to attend the annual Risk Management Seminar.*