

Safety for
Nursing Homes



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www.montanastatefund.com

Safety For Nursing Homes

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This document represents information regarding safety activities and hiring practices and is not intended to meet the requirements for all situations. Montana State Fund cannot guarantee that this information will address all conditions that may be present in your workplace nor do we guarantee that you are in compliance with any local, state or federal law, rule or regulation.

Introduction

At Montana State Fund, we're always here to assist you when you have a claim. But did you know that we're also dedicated to fostering a culture of safety and preventing injuries in the first place?

Our goal is to help you and your employees establish or maintain a program that raises safety awareness to a higher level, expands your knowledge of the workers' compensation process, and reduces overall workers' compensation costs.

But an injury at your facility doesn't just affect your premium rates. It also affects your employees and facility residents. For instance, an employee injury can lead to eventual understaffing or, worse yet, the permanent loss of a valued employee.

It's our hope that this manual will assist you with your safety efforts. If there is any further assistance we can provide, please contact us at 800-332-6102.

Thank you for making safety a priority in your workplace.

Injuries in the Nursing Home Industry

How dangerous can a nursing home be? According to 2000 data from the Bureau of Labor Statistics and OSHA, the average nursing home injury and illness rate is 14.2 per 100 full-time employees. Comparable rates include coal miners (6.2), construction workers (10.8), and truck drivers (13.8).

The most common injuries among nursing home staff:*

1. Back injuries from lifting and transferring patients
2. Cuts and abrasions
3. Slips and falls
4. Lift/push housekeeping injuries
5. Aggression-related injuries
6. Repetitive motion injuries

**Data for the first six months of 2003, provided by Life Services Network Association, a provider of workers' compensation insurance for the nonprofit long-term care members of its network. Claims reported to Montana State Fund reflect this data.*



Pre-employment Examinations

Not everyone is physically able to perform jobs in a nursing home facility. This is partly why a well-managed pre-placement physical examination program is important; it can help reduce the number and severity of work-related injuries. If you choose to give medical exams to incoming employees, the Americans with Disabilities Act states these requirements: 1. you must conduct the exams as a separate, second step of the selection process, after a contingent offer of employment has been extended; and 2. you must require them of all incoming employees, or of all incoming employees within a given position.

Establishing a Pre-employment Medical Exam

Setting up a formal pre-employment medical exam is easier than you might think. First, talk with your local medical provider. This will allow you to negotiate a set price for each exam, as well as provide your employees' job descriptions for the physician—a useful resource in the event of an injury. Inform the medical provider that any recommendations or conclusions related to hiring or placement of an individual should focus on only two concerns:

1. The ability of this person to perform the job with or without any accommodation
2. The ability of the person to perform the job without posing a direct or indirect threat to the health or safety of this person or other persons.

Remember to keep all post-offer/pre-placement medical examinations in files separate from the personnel file. These files need to be treated as confidential.

New Employee Safety Orientation

Statistics show that 31 percent of all injuries occur in the first year of employment. About 41 percent of those injuries take place during the first three months. In short, changing your new employee safety standards can make a big difference. It starts with a solid safety orientation program, one that can substantially reduce injuries among these new high-risk workers.

Ideally, a safety orientation should take place before the employee begins work. At times it may be necessary for the orientation to occur over several days. Remember, new employees (and any employees, for that matter) should never be asked to perform a job duty which they have not been trained to do. Even an employee with industry experience needs time to adjust to the practices and policies of a new organization.

**SAFETY
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NEW EMPLOYEE SAFETY CHECKLIST

Please see checklist on page 23.



Return to Work

Montana State Fund's Return to Work (RTW) program is one of the most effective, proactive tools an employer can use to contain the cost of workers' compensation claims. Studies show when injured employees remain off work for six months only 50 percent will return to work, while only 10 percent return when off work for more than a year.

What is a Return to Work Program?

In essence, the Return to Work program is a plan your company can implement to manage your employees' safe and timely return to work after a workplace injury. It facilitates the earliest possible return of an injured employee to perform meaningful, productive work within the safe parameters of his or her physical recovery and capabilities. The program's main objectives are to manage the workplace injury and, if necessary, temporarily modify the employee's position or job description to accommodate the physical restrictions identified by the medical provider.

The Return to Work Program:

- Establishes structure for managing injuries
- Fosters communication between you, your workers, the claims examiner and medical providers
- Speeds recovery and helps maintain an injured employee's self-esteem
- Helps employees safely return to work sooner through incident management and transitional work programs
- Manages the impact of injuries on your workers' compensation premiums
- Retains good employees
- Discourages fraudulent claims

Implementing RTW in Your Workplace

A successful RTW program begins with designating a member of your staff as an RTW Specialist. The specialist is a resource for identifying job modifications and physical requirements for each job in the company, answering employee questions and concerns, assisting employees through the RTW process, and working with a Montana State Fund claims examiner.

Involve your employees in the planning of your RTW program. Provide training for supervisors so they understand their roles. Ensure the RTW process is part of your company's policy manual and post your program policies for all employees to review. By informing employees up front and including the program in policy information, you legitimize the program and show that you care about employees' health and safety.

The Economics of RTW

Consider this scenario: A health care worker hurts her back while lifting a patient. Without a Return to Work program, she stays off the job for six months greatly increasing the cost of the claim. With a properly implemented RTW program, she comes back in several days with a modified worker description.

Several days off the job, with an RTW program: \$5,150

Six months off the job, without an RTW program: \$29,250

Other Benefits of an RTW Program

Building a "Return to Work Culture" is an investment in employee loyalty. It shows employers care about their employees and want them back on their team. Most workers want to get back to work and maintain their lifestyle. In fact, an injured employee on workers' compensation receives 66 percent of his/her normal pay. What's more, an injured employee typically recovers quicker and uses less medical care when they are participating in an RTW program. This helps the healing process.

RTW also effectively manages injuries, controlling costs and insurance rates. Research suggests that there's a 60-day window to get workers back on the job. After that, a significant number never return. And while that employee is at home, you're paying direct and indirect costs without receiving any productivity in return. An RTW program gives you an opportunity to generate some productivity during the healing period.



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RTW ACTIVE MANAGEMENT CHECKLIST

Did a work-related injury occur during off-hours?
Please see checklist on page 25.



**SAFETY
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NOW:**

FOR MORE ON A RETURN TO WORK PROGRAM
visit www.returntoworkmt.com

Written Job Descriptions

Identifying the different labor levels within your organization is important, and a written job description for each position is a good place to start. Job descriptions will help you and your employees understand the physical demands of the job, as well as identify whether a job can be modified in the event an employee sustains an injury. (See resources at the back of this manual for a job description form.)

To accelerate an RTW plan, give your injured employee a copy of the work capacity form to present to their physician. Knowing the employee's restrictions will allow you to identify what positions you have available to the employee. (See resources at the back of this manual for a work capacity form.)

**SAFETY
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NOW:**

JOB DESCRIPTION

Please see sample on page 31.



Report an Injury Immediately

The sooner we know about a work-related injury, the sooner the claims examiner can contact you, your injured employee and witnesses. Quick reporting allows us to involve the medical providers immediately. The longer an injury goes unreported, the greater the chances of increased costs on a claim. Reporting an injury immediately has also proven to keep the cost of claims down, which in turn results in lower premiums.

Cost Increase if Injury Claim is Reported Late

Wait 0 to 6 days: 0% increase

Wait 10 to 21 days: 21% increase

Wait 30 days: 55% increase or more

First Report and Incident Investigation Forms

Be proactive, by submitting your First Report of Injury Form in a timely manner, and by using an Incident Investigation Form after a report of an accident. (Also, don't forget to provide your injured employees with a Work Capacity Form, which they'll fill out for the medical provider.) These are all positive steps toward successful claims management. See the back of this manual for these and other forms.



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NOW:**

INCIDENT INVESTIGATION FORM

Please see sample on page 27.

WORK CAPACITY FORM

Please see sample on page 29.

Following Up: the Details

Remember to educate your employees about where to locate a First Report Injury Form. Clearly establish and identify a contact person to report to after an accident. Ensure your employees are familiar with all posted workers' compensation insurance notices, and that they understand the requirement to report all injuries within 30 days of its occurrence. Posting the Required Notice of Insurance Coverage poster is required by law (and it's also a good place to start when advising your employees of employer/employee responsibilities when reporting accidents). *NOTE: Employees must notify a supervisor, not a coworker; making sure all employees understand this requirement can save valuable time.*



**SAFETY
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NOW:**

FIRST REPORT OF INJURY FORM

Available at www.montanastatefund.com.

The Bottom Line

How does safety affect your insurance premiums? In a word: significantly.

Premiums are based on the payroll amount, multiplied by the job-specific rates for the type of business insured, along with other factors that include the employer's injury history, commitment to safety, and involvement in an injury case when an accident does occur.

Therefore, managers and supervisors are key players in promoting safety to keep premium costs down. To accomplish this, they must 1. Educate employees about Return to Work; 2. Manage the costs that are associated with accidents and work-related illnesses; and 3. Manage workflow and productivity while an employee is temporarily disabled.

Manual Rates – The Right Starting Price

Manual rates are tailored to fit the average Policyholder's type of business or classification.

Experience Modification Rating – Custom Fitting the Price

Experience rating recognizes that within a particular classification of employers paying the same manual rate, there can be significant variances in their safety program and loss control efforts. The experience-rating plan measures and adjusts for those differences.

Experience Modification Rating...

- ... uses the employer's past experience (specifically losses) to project future losses.
- ... compares the employer's losses to the average risk in a particular classification of business.
- ... gives employers some influence on their final premium.
- ... provides incentives for safety programs.
- ... promotes occupational health and safety.

Schedule rating adjusts the premium based on information about the employer's management and risk characteristics. (The schedule rating may be a debit or a credit.)

Management and Risk Characteristics that Affect Premiums

- Prior years' loss trending
- Formal safety program
- Post-accident investigation
- Return to Work program
- Early accident reporting
- Management commitment

Setting Up Your Safety Program

Why Have a Safety Program?

Running a business involves a certain amount of risk. You take chances to remain competitive. But, some risks are not worth the gamble. One such risk relates to the safety and health of your employees. Exposing those who work for you to hazards is a high stakes game with real losses. You invest money to protect the safety of your business, for example, fire suppression systems, and burglar alarms. Why not invest at least as much time, money and devotion to your employees?

Accidents Cost Money.

Workplace accidents and injuries have a financial impact that is gaining the attention of businesses, corporations, safety professionals, and the state. According to research, for each dollar you spend on the direct costs of a worker's injury, you'll spend an equal or greater amount to cover the indirect costs.

The indirect costs of a workplace injury:

- Lost productive time
- Time investigating accident
- Medical treatment
- Hiring and training replacement
- Legal costs
- Replacement/repair of equipment
- Damage to company image
- Increased workers' compensation rates
- Loss of good, reliable employees
- Loss of productive attitude and morale
- Increased absenteeism

How to Control Your Losses.

Reducing the costs associated with workplace injuries and illnesses is easier than you might think. Implement an effective safety program. When you make safety a priority and actively promote safety to your employees, you can actively change employee behavior and reduce the number of workplace accidents.

Setting It Up: Responsibility and Accountability

Supervisors can be the key personnel for effective safety management in an organization. Supervisors of all levels should be responsible and held accountable for the employee safety performance of their locations, department, or other supervisory unit.

Accountability is more than mere responsibility; it means that both supervisors and employees must have safety performance expectations clearly stated in their respective job descriptions. Performance must then be measured against those standards, possibly under a "standards of performance appraisal" format, with resultant positive or negative ramifications.

Why so formal? This approach evaluates the supervisor's safety performance under the same methods by which companies have traditionally evaluated production, quality, or other performance areas. A system of accountability communicates the message that employee safety supervision is a part of overall supervisory duty, just like any other performance criterion.

Non-supervisory employees should also be held accountable for their safety performance (though this evaluation typically focuses on individual performance rather than that of a unit). Job descriptions should state requirements such as following safety rules and procedures, attending and participating in safety meetings or trainings, reporting unsafe circumstances to the supervisor. Descriptions should also state specific individual safety duties such as equipment maintenance. Supervisors should evaluate the safety performance of their employees in performance appraisals—just as *they* have their safety performance evaluated as part of *their* appraisals. Be aware that employees should never be discouraged from filing legitimate workers' compensation claims, nor should they be penalized or punished for filing a claim.

The Montana Safety Culture Act (MSCA)

The Safety Culture Act enacted by the 1993 Montana State Legislature encourages workers and employers to come together to create and implement a workplace safety philosophy. It is the intent of the act to raise workplace safety to a preeminent position in the minds of all Montana's workers and employers.

Therefore, it is the responsibility and duty of employers to participate in the development and implementation of safety programs that will meet the specific needs of their workplace, working toward establishing a safety culture that will help create a safe work environment for all future generations of Montanans.

Six MSCA Requirements, and Recommendations for Following Them

Listed below are the six requirements all employers must meet, and the additional three requirements employers with more than five employees must meet, to comply with the MSCA. The requirements are numbered and in bold print. Following the requirements, in all but a few cases, are recommendations from the Department of Labor and Industry offered as guidelines for implementation of the MSCA.

Recognizing the diversity of Montana's economy, the MSCA intends to allow some flexibility of interpretation and application, so you and your workers' compensation insurer can establish a safety program appropriate to your business and employees' needs and circumstances. You are encouraged to contact your insurer for assistance in establishing your safety program.

MSCA REQUIREMENTS: EVERY EMPLOYER SHALL ESTABLISH, IMPLEMENT AND MAINTAIN AN EDUCATIONAL-BASED TRAINING PROGRAM, WHICH SHALL, AT A MINIMUM, MEET THE FOLLOWING REQUIREMENTS:

Requirement #1. Training program shall provide each new employee with a general safety orientation containing information common to all employees and appropriate to the business operations, before they begin their regular job duties.

Recommendation: The orientation should contain both oral and written instruction and include, but not be limited to, information on:

- accident & hazard reporting procedures
- emergency procedures
- fire safety
- first aid
- personal protective equipment
- work site hazards

Requirement #2. Training program shall provide job or task-specific safety training appropriate for employees before they perform that job or task without direct supervision.

Recommendation: The training should:

- Include specific safety rules, procedures and hazards
- Identify the employer's and employee's responsibilities regarding safety in the workplace
- Be conducted by personnel knowledgeable of the task being trained
- Be conducted when program is established, when employees job assignments change, when new substances are introduced to the workplace, and when a new hazard is identified

Requirement #3. Training program shall offer continuing regular refresher safety training.

Recommendation: The training should:

- Be held as is appropriate, but at least annually
- Contain material to maintain and expand knowledge and awareness of safety issues in the workplace

Requirement #4. Training program shall provide a system for the employer and their employees to develop an awareness and appreciation of safety through tools such as newsletters, periodic safety meetings, posters, and safety incentive programs.

Requirement #5. Training program shall provide periodic self-inspection for hazard assessment when the safety program is implemented, new work sites are established, and thereafter as is appropriate to the business operations, but at least annually. This self-inspection must:

- Identify hazards and unsafe work practices or conditions
- Identify corrective actions needed; and
- Document corrective action taken

Requirement #6. Training program shall include documentation of performance of activities listed in (1) through (5) above. This documentation must be kept by the employer for three years.

Recommendation: Documentation should include:

- Date, time, location and description of training, inspections, and corrective actions
- List of participants, i.e., inspectors, trainers, participants

Additional Requirements of Employers with More Than Five Employees

Employers with more than five employees must meet all the requirements listed on the previous pages as well as the additional requirements listed on page 15. In making the determination of employment levels, the employer shall count all regular, temporary, leased and seasonal workers under the employer's direction and control. The following requirements apply when there are more than five employees, and continue in effect until the number of employees is less than six for three consecutive months.

ALL EMPLOYERS HAVING MORE THAN FIVE EMPLOYEES ARE TO HAVE A COMPREHENSIVE AND EFFECTIVE SAFETY PROGRAM THAT MUST INCLUDE THE FOLLOWING:

Requirement #1. Safety program must include policies and procedures that assign specific safety responsibilities and safety performance accountability.

Recommendation: The policies and procedures should:

- Include a statement of top management commitment to the safety program
- Encourage and motivate employee involvement in the program
- Define safety responsibilities for managers, safety personnel, supervisors and employees
- Be reflected in job descriptions and performance evaluations
- Be communicated and accessible to all employees

Requirement #2. Safety program must include procedures for reporting, investigating, and taking corrective action on all work-related incidents, accidents, injuries, illnesses and known unsafe work conditions or practices.

Recommendation: Procedures should be non-punitive and include, but need not be limited to:

- Provisions for timely and effective reporting
- Recommendations and follow-up corrective action
- Documentation
- Signature requirements for reports, investigations and corrective actions
- Periodic evaluation of the procedure's effectiveness

Requirement #3. Safety program shall have a safety committee in place which complies with the requirements listed in this brochure under the title Safety Committee Requirements.

Safety Committee Requirements

It is the intent of the department that employer and employees meet together for the purpose of creating a safety culture in Montana workplaces and reducing on-the-job injuries and illnesses, in the hope that by improving occupational safety, workers' compensation insurance rates for all industries in Montana will be reduced. Therefore, all employers with more than five employees are required to have a safety committee. The requirement is followed by department recommendations.

Requirement. Every safety committee shall be composed of employee and employer representatives and hold regularly scheduled meetings, at least once every four months.

Recommendation: The safety committee should:

- Be of sufficient size and number to provide for effective representation of the workforce
- Have more than one safety committee for employers with multiple sites
- Include in its employee membership volunteers or members elected by their peers
- Include safety committee activities that assist the employer in fact finding

Recommendation: The department recommends that the committee document its activities and act as a fact-finding body and report to the employer regarding:

- Assessing and controlling hazards
- Assessing safety training and awareness topics
- Communication with employees regarding safety committee activities
- Developing safety rules, policies and procedures
- Educating employees on safety related topics
- Evaluating the safety program on a regular basis
- Inspecting the workplace
- Keeping job specific training current
- Motivating employees to create a safety culture in the workplace
- Reviewing incidents of workplace accidents, injuries and illnesses



SAFETY PROGRAM CHECKLIST

Please see sample on page 33.

Compliance

Workers' compensation insurers and Montana State Fund will assist the employers they insure in establishing safety programs that meet the requirements of the law. Your workers' compensation insurance contract or agreement will require the implementation of a safety program. If you fail to comply and refuse to participate in or follow through on recommendations resulting from safety consultation services offered by your workers' compensation insurer, you could see your workers' compensation premium increase. Contact your insurer for specific information about the consequences for noncompliance.

Remember, an effective safety program is your key to:

- Lowering Costs
- Improving Productivity
- Improving Employee Morale

Montana State Fund Online Safety Resources

Montana State Fund's website (www.montanastatefund.com) is filled with pertinent safety resources, helpful guides and useful information. Below are just a few resources we make available to you. For additional information call your Team's Customer Service Specialist.

Safety links

- Ergonomic Safety
- Government (Federal & State) Safety
- Industrial Hygiene

Safety publications

We know our policyholders look to us for high-quality, accessible safety publications. That's why we've collected these unique publications for you to view or download anytime.

- Business Culture Series: Wellness Programs
- Business Culture Series: Accident Investigation
- Business Culture Series: Accountability Measures
- Business Culture Series: Employee Recognition Practices
- Business Culture Series: Employee Safety Education
- Business Culture Series: Analyzing Accident Investigation and Incident Trends
- Business Culture Series: Early Return to Work
- Business Culture Series: Written Safety Plans
- Safety for Small Business Manual

Safety workshops

Montana State Fund also provides free, informative safety workshops, held quarterly around the state. Workshops are perfect for employers, managers, supervisors, safety committee members and other employees instrumental in communicating safety, production or quality in the workplace. All trainings take place from 8:30 a.m. to noon. **To register now, visit www.montanastatefund.com and click Online Event Registration.**

Online Safety Trainings

Our Safety Trainer is an easy-to-use, Internet-based safety and compliance training system. This electronic learning tool allows you to train your employees and track their progress in far less time and at a lower cost than most traditional training methods. The safety courses offer consistent, individualized training, which enhances workers' compensation risk management practices and improves OSHA compliance. As your partner in safety, we encourage you to go to www.msfsafetytrainer.com and take full advantage of these invaluable courses.

Video/DVD Lending Library

Our extensive safety video/DVD library can assist our customers with their safety needs. Obtaining videos/DVDs is easy; simply follow these instructions:

- Fill out both a Library Service Agreement (annually) and the Video Request Form, and return them to Montana State Fund via fax (406-444-5963) or by mail. Both forms are found in this manual.

or

- Call your Team's Customer Service Specialist with your request and indicate the date you would like the video/DVD to be at your facility.

Video Lending Requirements

- **Reservations:** Reservations may be made up to 60 days in advance, no less than three days prior to your original due date and must be authorized by the National Resource Safety Center (NRSC) through Montana State Fund.
- **Shipment:** Regular video/DVD shipments are sent via second-day air, using an express delivery service.
- **Use and Return:** You will be allowed two weeks to use the video from the date you receive it and it must be returned to the NRSC on or before the 14th day of use. You will be billed for any late charges or damages to the videos/DVDs (late fees are currently \$15 per day). You will be responsible for any rush order fees, extension fees and other fees not associated with the basic two-week rental. Videos/DVDs must be returned at the policyholder's cost via an express delivery service that will provide proof of delivery upon request. The delivery shall provide full insurance for the value of the shipment.



Video Lending Library Service Agreement

Interested in a Safety Training video/DVD? Try our video/DVD lending service through the National Resource Safety Center. The National Resource Safety Center (NRSC) maintains a library with over 10,000 videos/DVDs. Selected videos/DVDs are provided courtesy of:

Montana State Fund
Phone: 1-800-332-6102
Fax: 406-444-5963

All videos/DVDs are provided at no rental charge, subject to the terms below. Please read these terms carefully.

Liability: Borrower (end user) of the video/DVD programs is liable for lost or damaged videos/DVDs while videos/DVDs are in borrowers possession or control.

Late Fees: Any video that is not returned to NRSC's library office by 5:00 p.m. PST on or before its due date will be considered late and subject to \$15.00 per day /per video/DVD charge up to a maximum of twice the replacement cost of the video/DVD. Refer to the packing slip for return by date.

Returning videos: All videos/DVDs must be returned via a service that can provide a means of tracing shipments with proof of delivery. Additionally, all videos/DVDs should be insured for \$400 .00 each to ensure that the replacement cost is covered in the event they are lost in the return shipping.

All videos/DVDs are provided for 14 days beginning when the videos/DVDs are delivered to the user's location and ending the date they are received back in the NRSC library at:

NRSC
3621 South Harbor Blvd., Suite 250
Santa Ana, CA 92704

Extended Use: Videos/DVDs that you wish to borrow longer than the free 14 day period may be extended by checking with the library to confirm availability. An extended use fee will be charged for all videos/DVDs after the 14-day period. If you would like have videos/DVDs for extended use, this must be arranged with NRSC in writing and approved by NRSC in writing at least three days prior to original due date.

The following company would like to participate in the video/DVD lending library service, provided by NRSC. By signing below you agree you have read and agree to all terms outlined above.

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Authorized Signature: _____ Title _____

(end user)

Montana State Fund Representative: _____ Date _____



Video Request Form

To view a listing of available videos/DVDs visit the National Resources Safety Center website at <http://www.nrsc.com/> and click the members tab near the center of the page. You can then choose from the topics listed to view available video/DVD titles.

For each video/DVD you would like to borrow, please provide the following information:

Video #: _____ Title: _____ Viewing Date: _____

Video #: _____ Title: _____ Viewing Date: _____

Video #: _____ Title: _____ Viewing Date: _____

In case the above videos/DVDs are not available, please provide alternative videos/DVDs below:

Video #: _____ Title: _____ Viewing Date: _____

Video #: _____ Title: _____ Viewing Date: _____

Video #: _____ Title: _____ Viewing Date: _____

Please provide information where you would like the videos/DVDs to go to if different from company information on page 1.

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

[] RUSH! SHIP NEXT DAY AIR (EXTRA CHARGE – See "Shipping & Handling Fees" for pricing.)

Once you have completed the above information, please fax both pages to your team's customer service specialist at 406-444-5963.

Important Note: If you do not know your MSF team please call 1-800-332-6102 with your policy number and request your Team number.

New Employee Check List

- Review job description
- Review general safety rules
- Review safety disciplinary rules
- Discuss examples of unsafe conditions
- Discuss procedure for reporting and correcting unsafe work conditions
- Identify and review safety equipment and proper lifting techniques (ladders, step stools, lifting belt, safety glasses and gloves, etc.)
- Review location of all first aid materials
- Review the job environment and work space
- Explain what to do if the employee has an accident
- In the event of an accident, the person to contact is _____
- Review and discuss the First Report of Injury form/ 30-day reporting requirement
- Review and discuss company Return to Work program

My signature confirms I have reviewed and discussed these items with the new employee.

(signature of employer representative)

My signature confirms I have reviewed and discussed these items with my employer.

(signature of new employee)

[Remove this page to include in every employee's personnel file]



RTW Active Management Checklist

If a work-related injury or illness results in time off work, the RTW Specialist should use the following checklist.

Employee Name: _____ Date of Injury/Illness: _____

Employee's Home Phone #: _____

Initial Medical Treatment Provided by: _____ Phone#: _____

	ACTION COMPLETED DATE
Received completed supervisor's Initial Incident Investigation Form	_____
Submit employer's First Report of Injury Form to Montana State Fund	_____
Contact with employee within 24 hours to give explanation of workers' compensation process	_____
Contact doctor's office regarding RTW program and provide doctor with copy of original job description and temporary transitional job description	_____
Meet with supervisor to identify transitional job options	_____
Obtain copy of medical release for employee to perform temporary transitional duties	_____
Make formal job offer of temporary transitional position; if mailing, send via certified mail	_____
Meet with employee and supervisor to discuss temporary transitional job	_____
Contact MSF claims examiner and set up return to work date with employee	_____
Set date for return to work	_____
Employee returns to full duty, temporary transitional duty or termination date	_____

For claims information, please call 800-332-6102. Additional forms available at www.returntoworkmt.com.



Initial Incident Investigation

Date of injury: _____ Time of injury: _____ Date and time of investigation: _____

WHO was injured: _____

WHO else was involved in the incident: _____

WHO witnessed the incident: _____

WHAT was the employee doing when injured?

WHAT equipment, process or activity not described above may be related to the incident?

WHERE did the incident take place?

WHAT is the specific injury, including body part(s) and severity?

WHY did this injury occur to this person at this time? Describe immediate cause and all underlying (root) causes you can identify; continue to ask "why" for at least five levels of identified causes.

1.

2.

3.

4.

5.

HOW can similar incidents be prevented in the future? Include management, employee, equipment, and environmental considerations.

Name and title of investigator: _____ Signature: _____

Safety Committee Follow-up: What preventive measures were put in place to permanently avoid recurrence of similar incidents?



5 South Last Chance Gulch
 P.O. Box 4759
 Helena, MT 59604-4759
 Phone: 406-444-6500
 Fax: 406-444-5963
 www.montanastatefund.com

WORK CAPACITY

Name of Physician _____

Date of Exam _____

PATIENT INFORMATION

Patient's Name (Please Print) _____ Claim Number _____

Social Security Number _____ Date of Birth _____

PROVIDER MUST COMPLETE THIS SECTION OF THE FORM

Is the worker medically stationary (MMI)? Yes ___ No ___ Date _____ Anticipated Date of MMI _____

Impairment Rating: Yes ___ No ___ Rating _____ /or/ Anticipated Impairment Rating _____

DISPOSITION

Check only one

- Release with no restrictions (date) _____
- Patient may not work until (date) _____
- Restricted duty until (date) _____

PROVIDER MUST COMPLETE SECTION BELOW WHEN RESTRICTED DUTY IS IDENTIFIED

Because of the nature of injury, the worker is released with the following range of restriction to return to work:

----- Lift / Carry / Push / Pull -----

Frequency	N.A.	0-10 #s	10-25 #s	25-50 #s	>50 #s
Never					
Occasionally					
Frequently					

Activity	N.A.	Never	Occasionally	Repetitively
Bend				
Squat				
Climb				
Crawl				

Restriction	N.A.	Never	Permitted, but limited to:
Standing			<input type="checkbox"/> 2 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours
Sitting			<input type="checkbox"/> 2 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours
			<input type="checkbox"/> Alternate Sitting or Standing for _____ minutes for _____ hours per day.

REPETITIVE: Repetitive grasping / holding / manipulating with right / left / either hand limited to:

MOTION: Repetitive reaching above shoulder height with right / left / either arm limited to:

Comments:

FOLLOW-UP: Surgery _____ Date _____
 Referred to _____ Date _____

NEXT SCHEDULED APPOINTMENT DATE: _____

Provider's Signature _____

Date

Provider's Federal Tax ID # _____

Please Fax this Form to (406) 444-5963 or Mail to P.O. Box 4759, Helena, MT 59604-4759

MSF-WORKCAP (06/2007)



Job Description

Date: _____

Job Title _____ Contact Person _____

Work Hours _____ a.m./p.m. to _____ a.m./p.m. Days per week _____

Breaks _____ Overtime _____

Video of Job Activities Enclosed: Yes No

General Description of Job:

Essential Functions of Job:

Type of Machines, Tools, Special Equipment:

Vehicles or Moving Equipment Operated:

Percent of Time Spent:

Sitting: _____% Comments:

Standing: _____%

Walking: _____%

Percent of Time Spent: Inside _____% Outside _____%

Job description continues on page 32

While Working, the Employee Must:

Frequency

Comments

- | | | | |
|----|---|------------------------------|-----------------------------|
| A. | Twist | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. | Stoop/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. | Squat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. | Kneel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. | Crawl | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. | Climb | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. | Walk on uneven ground | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. | Foot movements
(foot pedals, controls, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. | Finger & hand dexterity
(grasping & holding) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J. | Push up to 10 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Push 11-24 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Push 25-50 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Push over 50 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K. | Pull up to 10 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pull 11-24 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pull 25-50 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pull over 50 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L. | Lift up to 10 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Lift 11-24 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Lift 25-50 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Lift over 50 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M. | Carry up to 10 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Carry 11-24 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Carry 25-50 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Carry over 50 lbs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N. | Reach over shoulder height | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Reach at shoulder height | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Reach below shoulder height | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Working Environment:

- | | | | |
|---------------------------|--------------|------------------------------|-----------------------------|
| This job may be modified: | Temporarily: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Permanently: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Safety Program Checklist

- General safety orientation for new employees, with information common to all employees and appropriate to the business operations, and provided prior to the start of regular job duties
- Job or task-specific training appropriate for employees before they perform that job or task without direct supervision
- Continuing and regular refresher training
- System for employer and employees to develop an awareness and appreciation of safety, using tools such as newsletters, periodic safety meetings, posters, and safety incentive programs
- Periodic self-inspection for hazard assessment when a safety program is implemented, when new work sites are established, and thereafter as is appropriate to the business operations, but at least annually
- Documentation of performance of activities listed in the above requirements which
1. includes date, time, location and description of training, inspections and corrective actions; 2. includes list of participants; and 3. is retained for three years

Additional Requirements for Employers with More Than Five Employees

- Policies and procedures that assign specific safety responsibility and safety performance accountability
- Procedures for reporting, investigating, and taking corrective action on all work-related incidents, accidents, injuries, illnesses, and known unsafe work conditions or practices
- Safety committee established which: 1. is composed of employees and employers and meets at least once every four months; 2. has employee members that are either elected or volunteers; and 3. has activities that assist in fact finding.

Notes

Notes



5 South Last Chance Gulch

P.O. Box 4759 • Helena, MT 59604-4759

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