



Occupational Safety, Health and Workers' Compensation

Supervisor Training



Section 1: Introduction

Course Administration



- Instructor introductions
- Fire exits and alarms
- Policy on refreshments in classroom
- Starting and ending times
- Breaks
- Course materials
- Questions

Course Overview

- 
- o Lecture
 - o Provide basic information
 - o Connect knowledge with real life applications

Objectives

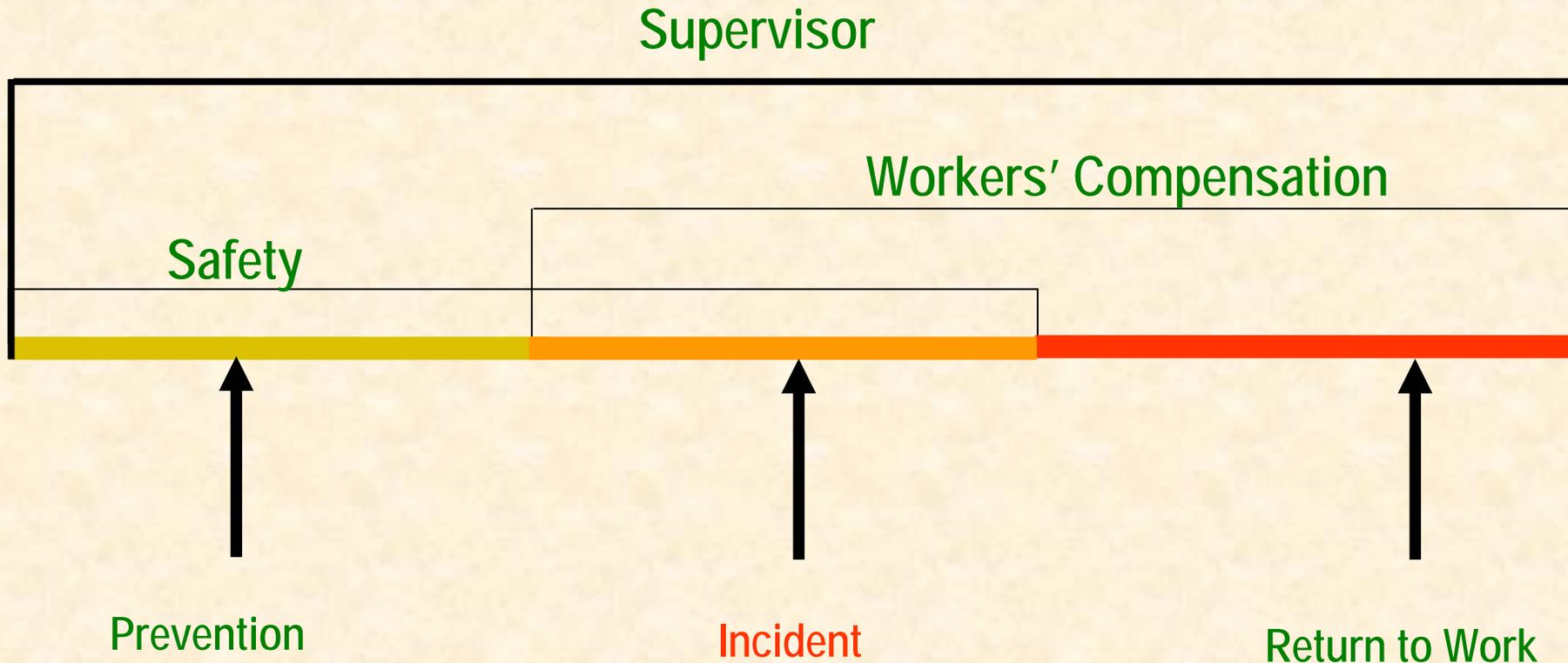


- At the end of this briefing attendees will be able to:
 - Describe supervisor responsibilities for safety, health and workers' compensation
 - Identify required forms and reports related to safety, health and workers' compensation
 - Relate supervisory responsibilities to their workplace

Course Evaluation

- 
- Used to:
 - Provide feedback to OOSH
 - Set goals
 - Improve course materials
 - Identify supervisors' needs
 - Your assistance is key to a better course

Safety and Workers' Compensation





Section 2: Occupational Safety and Health for Supervisors

Need for Legislation

- 
- In 1970, Congress considered these annual figures on workplace injuries and illnesses:
 - Job-related accidents accounted for more than 14,000 worker deaths
 - Nearly 2-1/2 million workers were disabled
 - Estimated new cases of occupational diseases totaled 300,000

OSH Act of 1970



PURPOSE:

" . . . to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources."

OSH Act Objectives Slide 1 of 2

- Encourage **employers and employees** to reduce workplace hazards
- Implement new or improve existing **programs**
- Provide OSH **research**
- Establish OSH **training** programs



OSH Act Objectives *Slide 2 of 2*

- Establish and maintain *reporting and recordkeeping system* for occupational injuries and illnesses
- Develop and enforce mandatory *OSH standards*
- Provide for development and approval of *state* OSH programs



The Act Coverage

- 
- The 50 states, District of Columbia, Puerto Rico, and all territories under Federal Government jurisdiction
 - Any "person" engaged in a business affecting commerce who has employees
 - Excludes the US government (except U.S. Postal Service), any State, or political subdivision of a State

Federal Employees

- 
- Section 19 of the OSH Act: Federal Agencies
 - Federal agency heads must operate comprehensive occupational S&H programs to ensure compliance with OSHA standards
 - OSHA cannot impose monetary penalties against another federal agency (but periodically considered!)
 - Compliance issues at local level are raised to higher organizational levels until resolved, similar to the private sector process

OSHA Standards

- 
- OSHA promulgates legally enforceable standards
 - States with OSHA-approved programs set standards at least as effective as federal standards
 - Where OSHA has not promulgated specific standards, employers are responsible for following the Act's General Duty Clause

General Duty Clause



OSH Act Section 5 (a) 1:

Each employer "shall furnish . . . a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

Executive Order 12196

- 
- Restates that OSH Act applies to Federal Employees
 - Restates responsibilities of Agency heads
 - Provides for agency OSH committees
 - Describes Duties of Secretary of Labor
 - Required development of 29 CFR 1960

OSHA Regulations

- 
- 29 CFR 1960: Basic Elements for Federal Employee Occupational Safety and Health
 - Administration and responsibilities
 - Designated Agency Safety and Health Officer
 - Compliance with OSHA standards
 - OSH inspections and abatements
 - OSH committees
 - OSH training, including supervisory personnel
 - Recordkeeping and reporting requirements
 - Evaluation of programs

Workplace Evaluations

- Every work place must be inspected annually
- A baseline survey should be done once every five years
- Job Hazard Analyses are conducted on the jobs done in a workplace
- Ergonomic Assessments are done on jobs that involve automation, but can be done on all jobs

Supervisor Responsibilities Slide 1 of 6

■ Incident Prevention

- Monitor workplaces frequently to identify unsafe or unhealthful conditions
- Take prompt action to correct hazardous conditions
 - Take immediate interim action to safeguard employees
- Conduct job hazard analyses
- Conduct ergonomic assessments
- Encourage employees to report unsafe or unhealthful conditions
- Seek suggestions from employees for improve workplace conditions

Supervisor Responsibilities Slide 2 of 6

- Provide employees with special training prior to permitting work involving:
 - Machine tools
 - Chemicals
 - Powered machinery
 - Electrical systems
 - Confined spaces
 - Forklifts
 - Elevated locations
 - Other regulated hazardous work

Supervisor Responsibilities Slide 3 of 6

- 
- Inform employees of:
 - Hazards associated with their work prior to beginning work.
 - Any personal protective equipment, such as respirators, safety glasses, fall protection, head or foot protection, etc.
 - Emergency procedures
 - Any unique hazards in the workplace and how to identify them
 - How to report unsafe or unhealthful conditions
 - Actions to take in the event of a work-related injury

Supervisor Responsibilities Slide 4 of 6

■ Training Sources

- The Department and Bureau Safety and Health Offices offer safety and health training
- The Department Learning Management System contains a dozen good safety courses
- Contractors
- Professional Organizations

■ Maintain records of safety training provided,

- Dates of training
- Class rosters
- Lesson plans

Supervisor Responsibilities Slide 5 of 6

- 
- Ensure that employees perform work in a safe manner
 - Monitor employee behavior to ensure that work is being performed safely
 - Take prompt action to correct any unsafe or unhealthful actions or behavior

Supervisor Responsibilities Slide 6 of 6

- 
- Incident Management
 - Investigate workplace mishaps
 - Take prompt corrective actions to prevent recurrence
 - Complete recordkeeping requirements

OSH Recordkeeping

- 
- OSHA requires records of
 - Injuries and illnesses
 - Incident investigations
 - Safety training
 - Hazard identification and abatement
 - OSHA wants records to
 - Document incidents;
 - Provide information on workplace hazards to employees; safety committees, unions and employees' representatives;
 - Identify trends, both industry wide and facility specific;
 - Data for Safety research;

Report of Injury, Illness, Accident, or Fatality – Form CD 137 *Slide 1 of 2*

- Form is used to report an accident
- Should be completed within 24 hours
- The first-line supervisor or their manager completes the form
- The information may be transcribed from the applicable Workers' Compensation (CA) forms

must be used in a manner that protects the confidentiality of employees to the fullest extent possible while the information is being used for occupational safety and health purposes.

FORM CD-137
(Rev. 7/04)
DAG 200-3

U.S. DEPARTMENT OF COMMERCE

Case: _____ Control: _____
Date Received: _____
Type/Source: _____ / _____
Org. Code: _____

Report of Injury, Illness, Accident or Fatality

SAFETY & HEALTH MANAGEMENT INFORMATION

Section 1 Information About the Employee

Reason for Report: Injury Illness Accident Fatality

Name: _____ (Last, First, M.I.) Date of Birth: _____

Occupation: _____ Phone: _____

Sex: Male Female

Date/Time of Accident/Illness: _____ Time: _____ AM PM

Duty Station Address, including Line Office and Region: _____ Location of Incident: _____

Description of Incident: _____

Extent of Injury or Illness and Body Parts Affected: _____

Section 2

Was Medical Treatment provided? Yes No
If so, describe? (e.g., medication, treatment, procedures, etc.) _____

Was this a recordable injury or illness? Yes No
Did employee lose time away from work? Yes No

Did this incident result in employee being placed on restricted or light duty, or transfer to another job? If so, describe. Yes No

Supervisor's Name: _____ Investigation Date: _____

Findings: _____

Did this incident result in the death of one or more persons, or hospitalization of three or more persons? Yes No
If so, notify the Departmental Office of Occupational Safety and Health immediately at (202) 482-4935

Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? Yes No If yes, describe (Use reverse)

Was the incident a result of violation of established safety policies? Yes No If yes, explain (Use reverse)

Has the employee received training to perform this procedure safely? Yes No If no, explain (Use reverse)

Are changes necessary in the operations or procedures to prevent this type incident in the future? Yes No If yes, explain (Use reverse)

Amount of Property Damage: \$ _____

Section 3 Describe corrective action taken:

Date of Completion of corrective action: _____

Supervisor's Signature: _____ Date: _____
Title: _____ Phone: _____

Distribution: Employee, Employee Supervisor, Safety Representative.
Departmental Office of Occupational Safety and Health

Report of Injury, Illness, Accident or Fatality – Form CD 137 Slide 2 of 2



- Complete and sign form
- Submit original copy via mail or fax within 5 working days to the Bureau Safety Representative who:
 - Logs the information on the OSHA 300 Form
 - Sends a copy of the form within 2 working days to the Department's Office of Occupational Safety and Health
- For assistance call the Department Office of Occupational Safety and Health at (202) 482-4935

Incident Logs

- 
- Maintained on a calendar year basis
 - Must be maintained for 5 years at the establishment and be available for inspection by employees or their representatives
 - Union
 - Legal representation
 - Family members

Incident Logs

Identify the person		Describe the case				Classify the case										
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Using these categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:				
						Death	Days away from work	Remained at work		On job transfer or restriction (days)	Away from work (days)	(M)				
								Job transfer or	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
26																
Page totals						0	0	0	0	0	0	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Posting Requirements

Summary posted at each establishment no later than February 1, and kept in place until March 1

OSHA's Form 300A (Rev. 04/2010)

Summary of Work-Related Injuries and Illnesses

Year 20_____
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form 300A (Rev. 04/2010)

This establishment is covered by Part 1904 and completes this summary page every year and also updates it over an incident reporting period to include all cases for LOG to injury that have not previously been reported and occurred within the reporting period.

Using the log, count backwards to get the number of employees that were on the premises during the reporting period from every page of the log. If you had a change, add it.

Employers, State employees, and non-reporting units are not to leave the OSHA Form 300A or the Log. Responsibilities for the accuracy of the OSHA Form 300A at the reporting unit are on the log, a detailed description may be found under the accident portion of these logs.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restrictions	Total number of cases recordable cases
_____	_____	_____	_____
(A)	(B)	(C)	(D)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(E)	(F)

Injury and Illness Types			
Total number of ...			
(G)			
(1) Injuries	_____	(2) Poisonings	_____
(3) Skin diseases	_____	(4) Hearing loss	_____
(5) Respiratory conditions	_____	(6) All other illnesses	_____

Post this summary page from February 1 to April 1 on the year ending the year covered by the form.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering the data, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503-2902 and the Department of Justice, Office of Management and Budget, Paperwork Project Director (0424-0001).

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., Manufacturer of metal fasteners) _____

Standard Industrial Classification (SIC), if known (e.g., 3333) _____

NAICS _____

North American Industry Classification (NAICS), if known (e.g., 3333) _____

Employment Information (If you do not have this page, write "Not on file" or "Not available.")

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

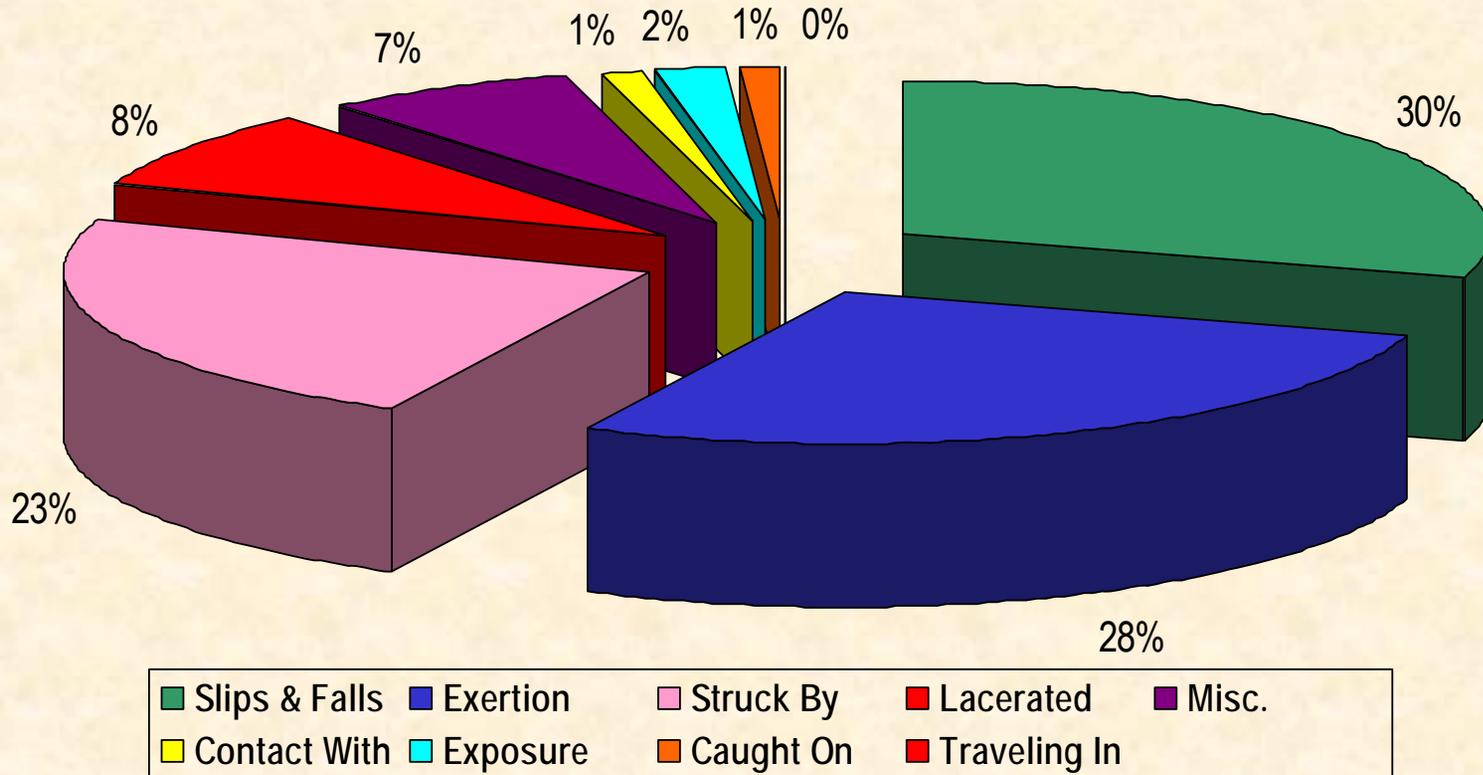
Knowingly falsifying this document may result in a fine.

I certify that I have read and this document and that to the best of my knowledge the contents are true, accurate, and complete.

Signature _____ Title _____

Date _____ Title _____

DOC Safety Data





Section 3: Workers' Compensation Program

Federal Employees' Compensation Act Slide 1 of 2

- 
- The Federal Employees' Compensation Act (FECA) is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor (DOL).
 - It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease.

Federal Employees' Compensation Act Slide 2 of 2

- Provides benefits to dependents if a work-related injury or illness cause employee's death
- OWCP claims are funded through agency charge backs
- OWCP adjudicates claims
- Individual case files are protected under the Privacy Act
- No one may require an employee to waive his/her right to claim compensation under the FECA

Workers' Compensation Contractor

- 
- Provides information about the Workers' Compensation Program
 - Assists injured workers and advises of their responsibilities and benefits
 - Processes paperwork to OWCP
 - Operates as a liaison between Department of Commerce and Department of Labor
 - Provides technical advice to supervisors

Two Basic Types of Claims



Traumatic Injury

- An injury that occurs during one work shift

Occupational Disease

- A condition that develops over more than one work shift

Single Criterion: Length of time of exposure

****Preventive care is not authorized****

Traumatic Injury Claim

- An injury that occurs during one work shift
- CA-1
- CA-16 - issued by supervisor or OOSH
- COP eligibility if requirements met
- CA-7 for wage loss after COP period

Occupational Disease Claim

- A condition that developed over a period of time - more than one work shift
- CA-2
- No form CA-16 issued
- No COP entitlement
- CA-7 for wage loss at first date of LWOP

Requirements

- 
- Federal Employee
 - Timely Filing
 - Fact of Injury
 - Performance of Duty
 - Causal Relationship

Federal Employee

Claimant must be a Federal or Civil Service Employee when the injury or illness occurred.

Timely Filing



Three-year limit for compensation

Facts of Injury

- 
- Workplace event identified
 - Diagnosed medical condition

In the Performance of Duty

- ❑ On Agency premises
 - Lunch and break times
 - When performing duties or engaging in an activity reasonably associated with employment
- ❑ Off Agency premises when performing official duty
- ❑ On travel status 24-hours/day coverage only if performing essential or incidental work activities

Not in the Performance of Duty

- 
- On the way to/from work
 - During lunch-off Agency premises
 - Off premises while not performing official duties
 - Statutory exclusions
 - Intoxication
 - Willful misconduct
 - Intent to harm self or others

Causal Relationship

- 
- Medical evidence required to identify relationship between workplace event and diagnosed medical condition
 - OPINIONS of employee, supervisor, or witnesses not considered
 - Burden of proof on employee

Types of Causal Relationships

- 
- Direct Causation - Injury or factors of employment result in condition claimed
 - Aggravation - Preexisting condition worsened, either temporarily or permanently, by a work related injury
 - Acceleration - A work related injury or disease may hasten the development of an underlying condition
 - Precipitation - A latent condition that would not have manifested itself on this occasion but for employment

Medical Requirements



- History of Injury
- Diagnosis
- Statement which supports reported injury caused the employee's condition
- Course of Treatment
- Test Results
- Prognosis

Benefits *Slide 1 of 5*

- Continuation of Pay
- Compensation
- Medical Treatment
- Rehabilitation/Long-Term Disability
- Schedule Award
- Death Benefits

Benefits *Slide 2 of 5*

□ Continuation of Pay (COP)

- Traumatic injuries only
- Not to exceed 45 calendar days
- File claim within 30 days of injury
- Supporting medical documentation
- Used consecutively or intermittently
- Portion of a day or whole days
- Time card code 67
- Must be used within 45 days of the date of injury
- Subject to usual deductions from pay, such as taxes, etc.

Benefits *Slide 3 of 5*

❑ Controverting Continuation of Pay (COP):

- Agency may controvert (not pay) COP ONLY if one of nine reasons listed on Form CA-1 applies
- Indicate the controversion on the CA-1 and attach narrative statement and specific evidence substantiating controversion
- Advise employee of controversion
- *COP can be terminated if there is no prima facie medical evidence received within 10 days*

Benefits Slide 4 of 5

Compensation

- Reimbursement for wage loss
 - 75% with dependents
 - 66 2/3% without dependents
- No time limits with supportive medical evidence
- LWOP from the Agency

Medical Benefits

- Choice of physician
- Limited chiropractic coverage
- Doctor bills - paid under fee schedule
- Prescription reimbursement
- Mileage to/from physician
- Physician ordered equipment

Benefits Slide 5 of 5

Rehabilitation

- Long-term disability rolls
- Job training/job placement

Schedule Award

- Permanent loss/loss of use
- Specified period of time

Death Benefits

- Work injury/exposure resulted in death
 - 50% paid to surviving spouse
 - 15% paid to each child
 - Total not to exceed 75% of base salary

Employee Responsibilities



- Establish elements of claims
- Report injury timely
- Provide all requested evidence
- Inform supervisor of progress toward recovery and when medically released to light duty
- Accept suitable offers of work within physical restrictions

Supervisor Responsibilities Slide 1 of 4

- Encourage safe work habits and conditions and enforce safety regulations
- Advise employees on rights and responsibilities
- Furnish appropriate forms and assist employee in completing forms
- Complete supervisor's section of forms timely
- Keep in contact with employee if unable to work
- Notify employee of need to submit medical evidence
- Provide light duty and advise employee of obligation to return to suitable light duty

Supervisor's Responsibilities Slide 2 of 4

☐ Challenging or Controverting Claims:

- Investigate circumstances and send report to CCSI
- Attach detailed statement describing circumstances behind the challenge
- Include specific evidence: Witness statements, accident investigations, timecards, etc.
- Pay COP (if applicable) pending OWCP decision
- The authority to determine any aspect of claim rests with OWCP.

Supervisor's Responsibilities Slide 3 of 4

Containing OWCP Costs:

- Controvert/Challenge Questionable Claims
- OWCP accepts employee statement as factual unless agency provides refuting evidence
- Agency does not have post adjudicative appeal rights
- Include actual evidence rather than conjecture or opinion
- Track Injured Employees' Medical Status
- Maintain constant contact with employee
- Request frequent medical updates in writing from physician

Supervisor's Responsibilities Slide 4 of 4

Containing OWCP Costs

- Offer Light Duty
- Work with Office of Occupational Safety and Health and/or CCSI to provide an employee with an offer of light duty
- Offering light duty improves morale for both injured worker and remainder of workforce
- Each day employee remains out of work reduces likelihood he/she will ever return
- Cooperate with OWCP nurses, claims examiners, vocational rehabilitation specialists, and workers' compensation specialists

Claim Forms *Slide 1 of 2*



CA-1 Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

CA-2 Notice of Occupational Disease and Claim for Compensation

CA-7 Claim for Compensation

CA-16* Authorization for Examination and/or Treatment

Print forms from the following website:

<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

* CA-16 can only be issued by supervisors, OOSH, and CCSI.

Claim Forms Slide 2 of 2

- CA-20 Attending Physician's Report
- CA-915 Claimant Medical Reimbursement Form
- OWCP-957 Medical Travel Refund Request
- Print forms from the following website:
<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>



Section 4: Workers' Compensation Contractor

Workers' Compensation Contractor

- 
- Provides information about the Workers' Compensation Program
 - Assists injured workers and advises of their responsibilities and benefits
 - Processes paperwork to OWCP
 - Operates as a liaison between Department of Commerce and Department of Labor
 - Provides technical advice to supervisors

- 
- To file a new claim or for information regarding an existing claim contact:

CCSI, L.P.

1-800-743-2231

Fax: 1-888-467-1273



Section 5: Conclusion

Course Overview

- 
- ❖ Lecture
 - ❖ Provided basic information
 - ❖ Connected knowledge and real life applications

Objectives



- ❖ Attendees should be able to:
 - Describe supervisor responsibilities for safety, health and workers' compensation
 - Identify required forms and reports related to safety, health and workers' compensation
 - Relate supervisory responsibilities to their workplace

Course Evaluation

- 
- ❖ Used to:
 - Provide feedback to OOSH
 - Set goals
 - Improve course materials
 - Identify supervisors' needs
 - ❖ Your assistance is key to better course

Points of Contact *Slide 1 of 3*

For Occupational Safety and Health Questions:

Fred Fanning, Camille Carraway, April Prather Nichols, Rosaline Hill

Location: Office of Occupational Safety and Health, Herbert C. Hoover Building, Room 5111, Washington, DC

Voice: 1-202-482-4935

Fax: 1-202-501-1860

E-Mail: oosh@doc.gov

Web Site: http://www.ohrm.os.doc.gov/Safety_and_Health/index.html

Points of Contact Slide 2 of 3

For Workers' Compensation Questions:

Kathy Mattingly, Adrienne Ross, and Fred Fanning-COTR

Location: Office of Occupational Safety and Health, Herbert C. Hoover Building, Room 5111, Washington, DC

Voice: 1-202-482-4935

Fax: 1-202-501-1860

E-Mail: oosh@doc.gov

Web Site: http://www.ohrm.os.doc.gov/Safety_and_Health/PROD01_001037.html

Points of Contact Slide 3 of 3



For the Department contractor for Workers' Compensation Claims:

CCSI, L.P.

1-800-743-2231

Fax: 1-888-467-1273



Questions or Comments