



SAFETY ADMINISTRATOR MEETINGS
SEPTEMBER 20, 21, 26, 28, 2017

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Greenville County Schools Commitment to (Employee) Safety

GCS is dedicated to providing a safe and healthy work environment for all district personnel by reducing the frequency and severity of accidental injuries through education and implementation of safety programs and procedures.

Our Goal is to have every employee return home in the same physical condition as when he/she began the day.

Procedural Changes

Food Service Rover Injury Reporting

1. When a FANS Rover gets hurt, do the paperwork as with other injuries
2. If Rover requires medical attention, follow procedures for sending employee to Designated Medical Facility, Forward WC documentation to FANS Administration
3. If the Rover does NOT need medical attention, WC documentation will be forwarded to FANS Administration
4. Inform Rover to send doctor's note to FANS Administration.
5. FANS Administration will file WC Claim (online) and complete OSHA log.

Procedural Changes

1. SafeSchools Reporting ■
2. Online Claim Reporting

Client Services

- [Report a Claim](#)
- [RMIS Tool](#)
PMA Cinch
- [Find a Network Provider](#)
Medical & Pharmacy
- [Risk Control Services](#)
PMA Webservice
- [Injured Worker Center](#)

Delivering Tangible Value

One Client at a Time

Business Insurance

With over 100 years of experience, PMA Insurance Group is one of the nation's most experienced providers of workers' compensation and other property & casualty insurance products.

TPA and Risk Services

PMA is a leading provider of Third-Party Administration (TPA) and Risk Services in the United States, offering a unique, holistic approach to managing clients' total cost of risk.

PMA Insights

Thought leadership focused on helping you understand and navigate today's business challenges, delivered through articles, case studies, white papers and more.

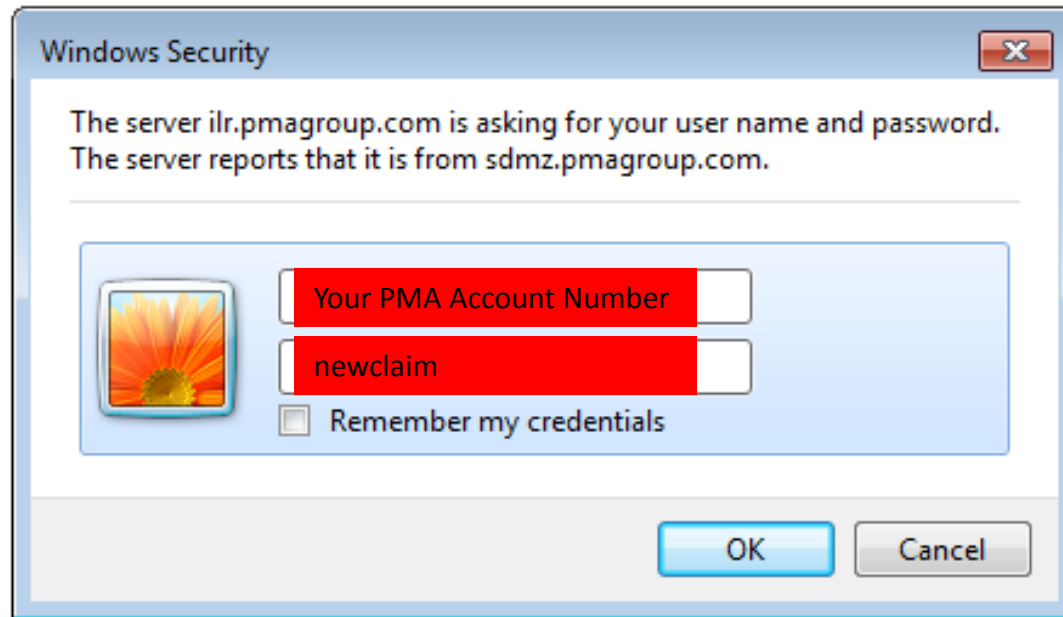
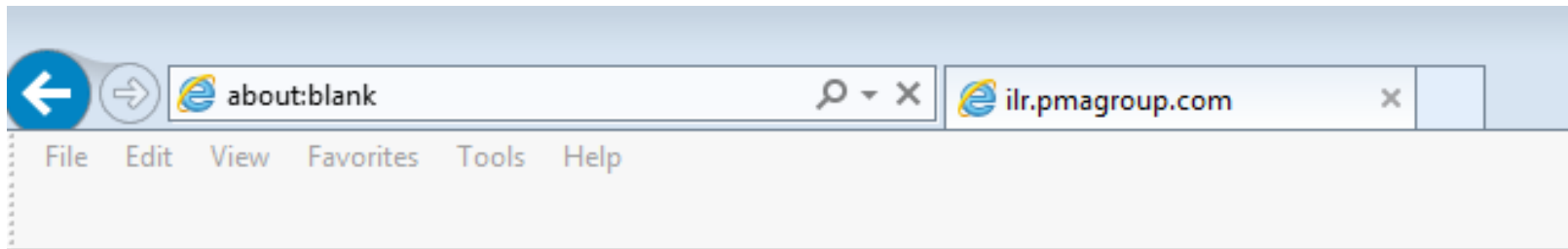
Choose REPORT A CLAIM

The screenshot shows the PMA Companies website interface. At the top, the PMA Companies logo is on the left, and the Old Republic Insurance Group logo is on the right. Below the logo is a navigation menu with items: BUSINESS INSURANCE, TPA & RISK SERVICES, WHY PMA, BROKER / AGENT, RESOURCE CENTER, and ABOUT US. A search bar is located to the right of the menu. The main content area is titled 'Home > Report a Claim'. On the left, there is a 'CLIENT SERVICES' sidebar with links: Report a Claim, RMIS Tool (PMA Cinch), Find a Network Provider (Medical & Pharmacy), Risk Control Services (PMA Webservice), and Injured Worker Center. Below this is a 'PMA COMPANIES' section with links to PMA Insurance Group, PMA Management Corp., and PMA Management Corp. of New England. The main content area features a large image of two people looking at a laptop, with a '100 Years of Experience' badge on the right. The 'Report a Claim' section includes a paragraph about reporting claims promptly, a 'REPORT A CLAIM' button (highlighted with a red arrow), and a 'New Claim Reporting Features' section with three numbered items: 1. New Reporting Screens, 2. Claim Reporting Attachment, and 3. Loss Reporting from Mobile Devices. A 'Property Claims Next Steps' section is also visible on the right.



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Type User Name and Password



Select Line of Business



PMA COMPANIES

PMA Loss Reporting

Select Line of Business:

PMA COMPANIES

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Workers' Compensation Only – Select Accident State



PMA COMPANIES

PMA Loss Reporting

Select Line of Business:

State:

Screens in Accordion Format – Click Heading to Expand



PMA Loss Reporting

* Fields in Blue are required

Workers' Compensation

Submit **Cancel**

Employee Information

* Location:	<input type="text"/>
* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>
Suffix:	Select One
* Address:	<input type="text"/>
* City:	<input type="text"/>
* State:	Select One
* Zip:	<input type="text"/>
* Birth Date:	<input type="text"/>
* SSN:	<input type="text"/>
* Occupation/Job Title:	<input type="text"/>

Other Information

Sex:	**Select One**
Telephone:	() - -
Hire Date:	<input type="text"/>
Marital Status:	Select One
Employment Status:	Select One
Number of Dependents:	Select One

Occurrence Information

Contact Information

Claim Submission

Workers' Compensation – Enter Occurrence Information

Occurrence Information

* Date of Injury/Illness: * State: Alabama

* Accident Cause: Select One

* Injury Type: Select One

* Body Part: Select One

Side Of Body: Select One

* Accident Description:

Maximum 500 Characters. Characters remaining: 500

Injury Information

Time Employee Began Work: Time of Occurrence:

* Date Employer Notified: Last Date Worked:

Date Expected to Return to Work: Date Returned to Work:

Full Pay For Date of Injury? Payment Frequency: Select One

Hours Worked Per Day: Select One Days Worked Per Week: Select One

If Fatal, Date of Death:

* Is the Injured Worker Losing Time?

* Is the Injured Worker On Modified Duty?

Date Disability Began:

Date Modified Duty Began:

Loss Location Address

Where did Injury/Illness occur?

Make Loss Location as

* Address:

* City:

* State: Select One * Zip:

Primary Physical Work Location

Make Primary Physical Work Location the same as Loss Location

* Address:

* City:

* State: Select One Zip:

Physical Work Location Unknown

Did Injury or Illness Occur on Employer's Premises? Select One

Were Safeguards or Safety Equipment Provided? Select One Were They Used? Select One

Does Employer Question the Claim? Select One Was Employee Injured During Employment? Select One

Were Drugs or Alcohol Involved? Select One Is Employee Represented By Attorney? Select One



Workers' Compensation – Provider and Contact Names

Contact Information

Physician/Health Care Provider Name and Address
Name: Telephone: () -
Address:
City: State: Zip:

Hospital/Provider Information
Name: Telephone: () -
Address:
City: State: Zip:

Other Information
Date Prepared:

Preparer's Information
* First Name: * Last Name:
* Telephone:

Employer Contact Information
First Name: Last Name: Telephone: () -

Witness Contact Information
First Name: Last Name: Telephone: () -



Enter Additional Comments

Claim Submission

Comments (Enter miscellaneous claim details in the comments box below)

Your comments here

Maximum 900 Characters. Characters remaining: 900

Record Only - no medical treatment and no lost time

Claim Information Email

Click on the checkbox below to receive an email copy of the claim information just entered.

Send Email Copy

Email Address(es) - Multiple addresses can be entered separated by a comma

Your email address(es) here

Submit Cancel



Click “Submit”

Claim Submission

Comments (Enter miscellaneous claim details in the comments box below)


Maximum 900 Characters. Characters remaining: 900

Record Only - no medical treatment and no lost time

Claim Information Email
Click on the checkbox below to receive an email copy of the claim information just entered.


Send Email Copy

Email Address(es) - Multiple addresses can be entered separated by a comma.



Submit **Cancel**

Errors and Missing Fields in Red



PMA Loss Reporting

* Fields in Blue are required

Workers' Compensation

Submit

Cancel

Employee Information

* Location:	<input type="text"/>	❗ Required Field
* First Name:	<input type="text"/>	❗ Required Field
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text"/>	❗ Required Field
Suffix:	Select One	
* Address:	<input type="text"/>	❗ Required Field
* City:	<input type="text"/>	❗ Required Field
* State:	Select One	❗ Required Field
* Zip:	<input type="text"/>	❗ Invalid Format
* Birth Date:	<input type="text"/>	❗ Required Field
* SSN:	<input type="text"/>	❗ Invalid Format
* Occupation/Job Title:	<input type="text"/>	❗ Required Field

Other Information

Sex:	**Select One**
Telephone:	(____) ____-____
Hire Date:	<input type="text"/>
Marital Status:	Select One
Employment Status:	Select One
Number of Dependents:	Select One

Occurrence Information

Contact Information

Claim Submission

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Receive A Claim Number



PMA Loss Reporting

* Fields in Blue are required

Workers' Compensation

Submit **Cancel**

The claim information you entered has been recorded and saved.

- Employee Information
- Occurrence Information
- Contact Information
- Claim Submission
- Claim Number

Claim Number : **W002033877**

Add Attachments

Allowed file extensions: .bmp,.gif,.jpg,.tiff,.tif,.html,.txt,.doc,.xml,.rtf,.docx,.pdf,.xls,.xlsx,.ppt,.mpg,.aiff,.wav,.mov,.asf,.avi

Select multiple files... **Browse...**

Attached Files

Attach File(s) **New Claim**



Attach Files

Claim Number

Claim Number : **W002033877**


Add Attachments

Allowed file extensions: .bmp,.gif,.jpg,.tiff,.tif,.html,.txt,.doc,.xml,.rtf,.docx,.pdf,.xls,.xlsx,.ppt,.mpg,.aiff,.wav,.mov,.asf,.avi

Select multiple files...

DSCN4067.JPG [Remove](#)

Emergency Response Plan.pdf [Remove](#)



Attached Files

Confirm File Attachments

Add Attachments

Files have been uploaded successfully.

Allowed file extensions: .bmp,.gif,.jpg,.tiff,.tif,.html,.txt,.doc,.xml,.rtf,.docx,.pdf,.xls,.xlsx,.ppt,.mpg,.aiff,.wav,.mov,.asf,.avi

Select multiple files...

Browse...

Attached Files

DSCN4067.JPG	4722 KB
Emergency Response Plan.pdf	446 KB

Attach File(s)

New Claim



OSHA Log

- Calendar Year not School Year
- OSHA Form 300 (Log)
- OSHA Form 300A (Summary) must be posted February 1st 2018 – April 30th 2018
- OSHA Form 301
- However, OSHA allows “an equivalent” document in lieu of the OSHA Form 301 (if available)

Why does Work Place Safety Matter?

Just one accident can affect your school/location educational mission.

Injures can affect an employee's quality of life.



What Happens after an Employee is Injured?



Workers' Compensation

When an employee is injured, federal and state laws require that (if requested) medical treatment be provided at no cost to the employee.

Workers' Compensation, as it is known, is a “no fault” accident insurance for employees injured in the course of employment with their employer.

Follow the GCS WC Process

1. Employee reports injury to supervisor
2. Follow GCS WC procedures
3. Employee sent to designated medical facility for appropriate treatment
4. Claim is filed by the Safety Administrator
5. Accident Investigation*



Employee status after Medical Treatment



Return to Full Duty

- Employee to Full duty

Effect on GCS

- Missed Work hours (min. 1 hour)
- Medical Bill(s)

Restricted/Modified/Light Duty

- Employee to return to work but with limitations
 - Notify Human Resources

Effect on GCS

- If restrictions can be accommodated
 - Limited work load
 - Co-workers will need to pick up the slack
 - Doctor's Bill(s)

“Out of work”

- If HR determines LD work cannot *be accommodated*.
- If Doctor places employee off work.
 - Notify HR

Effect on GCS

- Placed on Leave Status and off payroll
- *Medical Treatment paid by WC Insurance Staff reduction for an extended period of time*
- Rely on substitutes or current staff to complete task
- Medical Bill(s), Lost time benefits

So Why Does Safety Matter?

- Workplace injuries cause a significant impact to employees and GCS
- Injured workers can face long-term health effects that affects a person's quality of life
- Every year, GCS spend millions of dollars on costs associated with workplace injuries.

Injury Modification Comparison

<u>Job Group</u>	<u>Experience Mod*</u>
Maintenance	1.25
Building Services	1.16
Schools	1.04
Transportation	1.00
Food and Nutrition Services	0.92

* Mod factors allow the various job categories of Greenville County Schools to be compared to an insured product. The Experience Mod represents a “credit” or “debit” that is applied to the Workers’ Compensation premium. A Mod of 1.0 is considered to be the industry average, while a Mod factor more than 1.0 is a Debit mod, which means the losses were worse than expected and a surcharge would be applied to the premium. An Experience Mod under 1.0 is a Credit Mod, meaning the losses were better than expected, which would result in a premium discount.

It's Time to Create a (Safety) Climate Change



Change the Attitude (If it ain't broken ...)

Management Focus

- Safety should be top priority
- Emphasis on Safe Work Practices
 - Job Process
 - Safety Equipment

Be Proactive toward your approach to Safety

- If a survey were taken, asking what single factor has the greatest impact on safety, the results would reflect a number of opinions.
- No matter what safety program GCS may institute an individual's perception of what constitutes “safety”, is the most important!

Safety Culture Maturity Level Survey

1. Limited Safety Culture

OSHA is a small town in Wisconsin.

2. Compliance Level

Reactive, Job Safety is the law

3. Motto driven

Slogan driven – safety first, “Be Safe, Not Sorry”

4. Participative

Safety is a partnership

← 4.30

5. Instinctive

World Class – it’s done because it is the right thing to do

Employee Safety Survey

Category	GCS Database	NSC Database
Employee Participation	4.41	3.92
Supervisor Participation	4.46	3.63
Management Participation	4.25	3.60
Safety Support Climate	4.34	3.51
Organizational Climate	4.32	3.41
Safety Support Activities	4.01	3.41
Average	4.30	3.58
Sample Size	801	

How do we solve ...



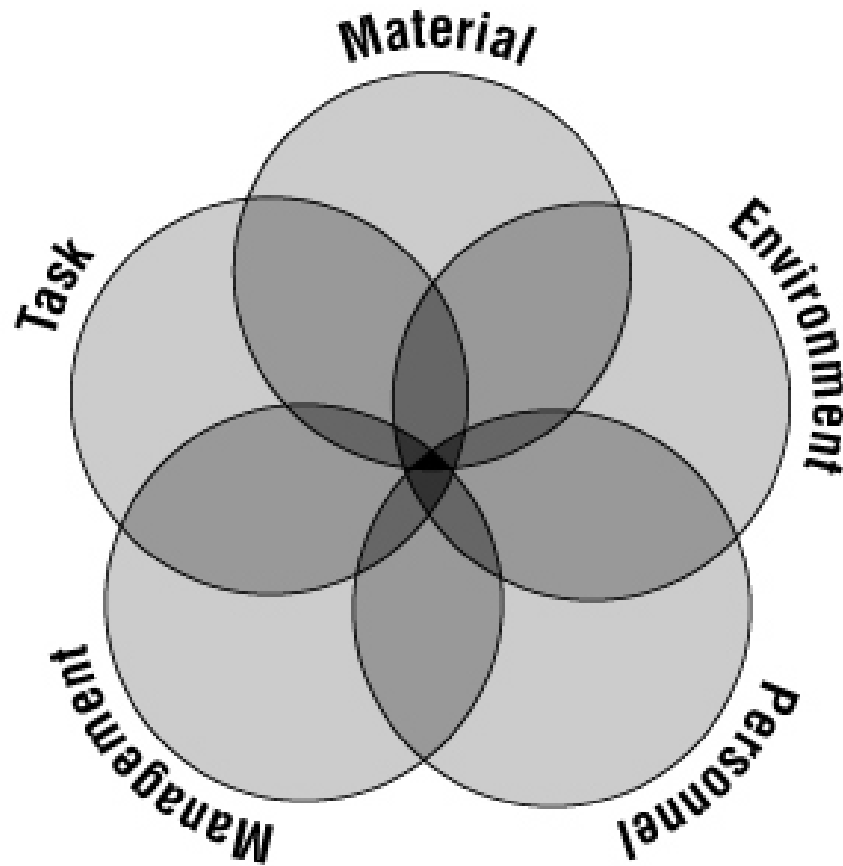
Problems are not stop signs, they
are guidelines. (Robert Schuller)



Make Changes to Habits

- Reminders (Daily)
- Enforcement – Required – Walk the Talk
- Corrective Action
- Positive Reinforcement
 - Praise for Safe Behavior
 - Catch your people doing something Right - Rewards

Accident Causation Model



Task

- Was a safe work procedure used?
- Had conditions changed to make the normal procedure unsafe?
- Were the appropriate tools and materials available?
 - Were they used?
 - Were safety devices working properly?

Material

- Was there an equipment failure?
 - What caused it to fail?
 - Was the machinery poorly designed?
- Was the material substandard in some way?
 - Should PPE have been used?
 - Was the PPE used?
 - Were users of PPE properly trained?

Environment

- What were the weather conditions?
- Was poor housekeeping the problem?
- Was there adequate light?

Personnel

- Were workers experienced in the work being assigned?
 - Were they adequately trained?
 - Can they physically do the work?

Management

- Were safety rules communicated to and understood by all employees?
 - Were written procedures and orientation available?
 - Are they being enforced?
- Was there adequate supervision?
 - Were hazards been previously identified?
 - Were unsafe conditions “previously” corrected?
- Were regular safety inspections carried out?

Effective Training

- Employees need to know how to safely do their job
- Use a step by step approach
- Trial & error is a poor method of learning

Accident Investigations

- Why conduct an Accident Investigation?
- Look for the Root Cause
 - To refine procedures
 - To prevent reoccurrence
 - Make Corrective Actions/Adjustments

Keys to Accident Prevention

- Believing that accidents can be prevented
- Finding out what really happened
- Making changes to procedures as needed



Knowing what really happened

- Physical causes – Tangible, material items failed in some way
- Human Causes – Someone did something wrong
- Organizational causes – System or policy failures used to make decisions or faulty procedures.

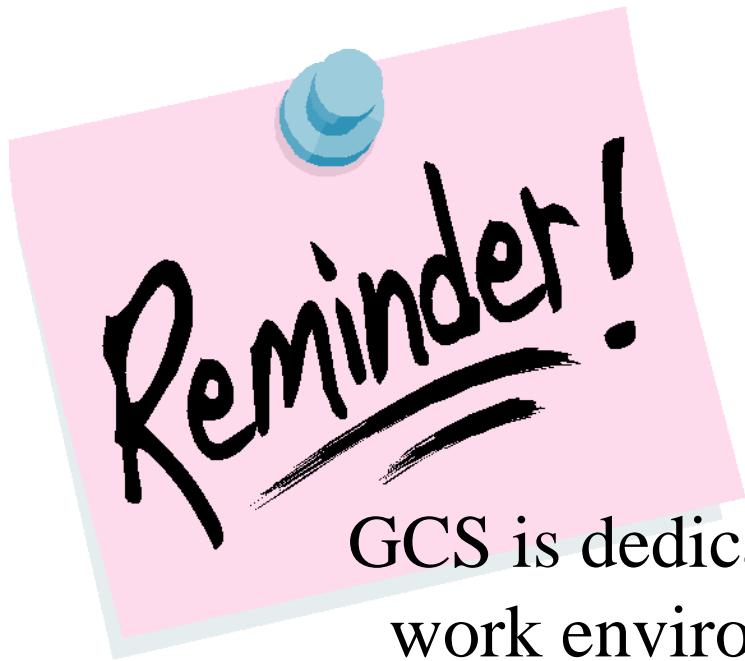
We can't fix a safety issue if we don't know about it.



ONE LAST POINT

- ...if you follow through on your duties and don't ignore Safety Issues / Problems
- ...if you take the time to properly train and monitor your workers
- ...if you document all Safety activities

Then we will begin fostering a new safety culture in the work place.



GCS is dedicated to providing a safe and healthy work environment for all district personnel by reducing the frequency and severity of accidental injuries through education and implementation of safety programs and procedures.