**Fiscal Year (FY) 2023 EO 109 (10)**

**Workplace Safety and Employee Health Template**

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Agency Name

\_\_\_\_\_\_\_\_

Agency Number

**Prepared by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title

**By signing this document, I certify that my agency is in compliance with or has developed a plan and timeline for full compliance with Executive Order 109 (10). If prepared centrally, a copy of this report has been distributed to each of my agency’s facilities or field locations for compliance with agency goals and strategies to reduce injuries and illnesses.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agency Head Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Head Name and Title *(please print)*

Executive Order 109 (10) mandates the following activities. Please check the appropriate box to indicate the status of your agency’s compliance with each element of the Executive Order. If you are not able to affirm compliance with any element(s), please refer to the appropriate section of the attached report and complete **only** the section(s) relating to area(s) where improvement is needed. Please use Section XI for assistance requests or to list additional accomplishments. **If you are in compliance with number one through nine below, you need only sign the report and return the first two pages along with a copy of your agency’s current return-to-work policy.**

1. Implement initiatives to reduce work-related injuries and improve services to injured workers.

[ ]  In compliance

[ ]  Improvement needed. Section I completed and attached.

1. Establish return-to-work opportunities appropriate for the individual employee and the agency.

[ ]  In compliance

[ ]  Improvement needed. Section II completed and attached.

1. Ensure that job expectations are clearly defined in the employee work profile to include physical requirements.

[ ]  In compliance

[ ]  Improvement needed. Section III completed and attached.

1. Submit the First Report of Injury to the State Employee Workers’ Compensation Services within 10 days of the injury.

[ ]  In compliance (**Our agency did not report any claims more than ten days from the date of injury or there were no claims to report.)**

[ ]  Improvement needed. Section IV completed and attached.

1. Include in managers’ performance expectations, when appropriate, goals to encourage a safer work environment and reduction in work-related and non-work related employee lost time.

[ ]  In compliance

[ ]  Improvement needed. Section V completed and attached.

1. Evaluate and maintain the agency’s return-to-work policy for both work-related and non-work related periods of disability. (Please attach your policy if it has been updated and approved.)

[ ]  In compliance

[ ]  Improvement needed. Section VI completed and attached.

1. Identify trends and the impact on the agency: Evaluate work-related injuries and illnesses that occurred in FY23 in order to reestablish goals and strategies to prevent or reduce them, to enhance workplace safety and for transitional duty.

[ ]  In compliance

[ ]  Improvement needed. Section VII completed and attached.

1. Identify trends and the impact on the agency. Evaluate the work-related and non-work related injuries and illnesses that occurred in FY23 where employees were unable to return to work in transitional and/or permanent capacity.

[ ]  In compliance

[ ]  Improvement needed. Section VIII completed and attached.

1. Establish strategies and practices to reduce lost time and to support the safe resumption of work for state employees.

[ ]  In compliance

[ ]  Improvement needed. Sections IX and X completed and attached.

**EO 109 (10) Workplace Safety and Employee Health Report 2023 Template**

# **Implement initiatives to reduce work-related injuries and improve services to injured workers**

# Complete this section, describing how you plan to develop internal policies, procedures, strategies, etc. to help reduce work-related injuries and improve services to your injured workers.

II. **Establish return-to-work opportunities appropriate for the individual employee and the agency**

Complete this section, describing how you plan to establish return-to-work opportunities appropriate for the individual employee and the agency. Please review your Workers’ Compensation RTW Event Report and Workers’ Compensation Lost Time Days Report for FY23 to assist with this section. These reports were sent to authorized HR role users via Outlook. The Workers’ Compensation Lost Time Days Report can assist your agency with establishing trends on your employees’ lost time and increase return-to-work opportunities within your agency.

**III. Ensure that job expectations are clearly defined in the employee work profile to include physical requirements.**

Please describe the actions needed to bring your agency into compliance with this element of the Executive Order and the timeframe in which you expect to complete this item.

###### IV. Submit the First Report of Injury to the State Employee Workers’ Compensation Services within 10 days of the injury.

1. Please review your WC Lag Time Report for FY23. **If you had any claims received by MCI after 10 days from the date of injury, analyze your agency’s trends on late claims reporting and describe how you plan to address late reporting going forward so that your agency is in compliance**. There is no need to provide individual claim detail in this section. The WC Lag Time Report was sent to authorized HR role users via Outlook.

|  |
| --- |
| Agency Action Plan for Addressing Late Reporting: |

B. Using your WC Lag Time Report for FY23 that you reviewed above, did your agency have any claims that were submitted over **30** days from the date of injury? If your agency had any claims reported over 10 days but less than 30 days, please leave this section blank. **If** there were claims submitted over **30** days from the date of injury,please provide detail on each claim. Please list the claim number and the total number of days it took your agency to submit the First Report of Injury from the date of injury to the State Employee Workers’ Compensation Services. Please analyze the reason this occurred and also provide information on how you have made process changes to ensure that this mandate is followed.

|  |  |  |
| --- | --- | --- |
| Claim Number | # of days from date of injury to received by TPA  | Analysis/Process Changes |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**V. Include in managers’ performance expectations, when appropriate, goals to encourage a safer work environment and reduction in work-related and non-work related employee lost time.**

Please describe the actions needed to bring your agency into compliance with this element of the Executive Order and the timeframe in which you expect to complete this item.

**VI. Evaluate and maintain the agency’s return-to-work policy for both work-related and non-work related periods of disability.**

# Please evaluate your agency’s return-to-work policy and if your final policy has changes, please attach to this report. Please also tell us how you will evaluate and maintain your policy in the future**.VII. Accident/ Loss Analysis**

# Complete this analysis for the past two fiscal years, FY22 and FY23. Enter your results from your FY 22 October EO 109 (10) report in the columns for that fiscal year. Enter results from this year's analysis in the columns for the current fiscal year.

1. **Categorize Losses:**

Using information from your Industrial Claims Report, please complete the following chart:

|  |  |  |
| --- | --- | --- |
|  | FY 22 WC data | **FY 23 WC data** |
| 1. Number of medical only cases\*  |  |  |
| 2. Number of lost time cases\* |  |  |
| 3. Number of record only cases\* |  |  |
| 4. **Total Number** of WC claims\* |  |  |

\* If you have no injuries please indicate zero in your analysis.

**B. Accident Categories:**

Attach your accident analysis for FY23. The chart on the next two pages may be used **OR** you may attach your own analysis. Those agencies with few or no reported accidents in the past fiscal year should attach an analysis of their most hazardous occupations or tasks and strategies to prevent injuries in their higher-risk groups. Using information from your Top Five Job Classifications and EO 109 (10) Master Reports, complete the following chart OR attach your own analysis:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Column 1** |  | **Column 2** |  | **Column 3** |  | **Column 4** |
|  | **List your Top 5 Injury Occupations**  |  | **For each Occupation List up to 3 top accident types**  |  | **Identify and list 3 common *behaviors or conditions* in your workplacethat explain "why" this type of mishap occurs** |  | **List the specific action steps you will execute in the upcoming year to change these behaviors or conditions** |
| **1** |   | 1 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 2 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 3 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| **2** |   | 1 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 2 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 3 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| **3** |   | 1 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 2 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 3 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Column 1 |   | Column 2 |   | Column 3 |   | Column 4 |
|  | **List your Top 5 Injury Occupations** |  | **For each Occupation List up to 3 top accident types** |  | **Identify and list 3 common *behaviors or conditions* in your workplace that explain "why" this type of mishap occurs** |  | **List the specific action steps you will execute in the upcoming year to change these behaviors or conditions** |
| **4** |   | 1 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 2 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 3 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| **5** |   | 1 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 2 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |
| 3 |   | 1 |   | 1 |   |
| 2 |   | 2 |   |
| 3 |   | 3 |   |

**VIII. Evaluate the work-related and non-work related injuries and illnesses that occurred in FY23 where employees were unable to return to work in a transitional and/or permanent capacity.**

Using your agency’s FY23 WC RTW Event Report, please provide a summary of any trends your agency has experienced with return-to-work refusals in FY23. Please provide comments on how you have removed barriers/obstacles within your return-to-work program for occupational and/or non-occupational injuries/illnesses.

**IX. Review of last year’s goals.**

Please use this space to list any goals from your October 1, 2022 report which have not yet been accomplished. Please tell us what prevented your goal from being realized and if you will continue to pursue the goal in FY24.

###### X. Future goals and strategies.

###### Reflecting on your analysis in Sections VII, VIII, and IX, please use this space to state your FY24 goals to establish strategies and practices to reduce work-related injuries and illnesses, to enhance workplace safety and for transitional duty. Your goals should be realistic, specific and measurable. Please include a brief description of your planned strategies to achieve each goal.

######  XI. Assistance/ General Comments

Please use this space to request assistance from Office of Workers’ Compensation, Virginia Retirement System, and/or Reed Group (Short-term and Long-term Disability). Please also share any additional accomplishments.