



Berkshire Hathaway
HOMESTATE COMPANIES

Workers Compensation Division®



Cumulative Trauma (CT) Prevention

Guide to Reducing CT Claims in California

Prepared for you by BHHC Loss Control

BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY • BHHC SPECIAL RISKS INSURANCE COMPANY • CONTINENTAL DIVIDE INSURANCE COMPANY • CYPRESS INSURANCE COMPANY • OAK RIVER INSURANCE COMPANY • REDWOOD FIRE AND CASUALTY INSURANCE COMPANY

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A Practical Guide to Preventing California Cumulative Trauma (CT) Claims

#1 CT claims are the top cost driver in California workers compensation	82% Of CT Claims are litigated compared to 20% of other injury claims	2x Higher average litigation cost (ALAE) on litigated CT claims vs non-litigate CT claims
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Sources: WCIRB, *Emerging Patterns of Cumulative Trauma Claims* (June 2026); CA Commission on Health and Safety and Workers' Compensation (CHSWC) Meeting Minutes, Sept. 15, 2023, citing CWCI research.

What is in this guide?

This guide gives you a step-by-step plan to reduce cumulative trauma (CT) claims at your California worksites. Each section explains a key topic, gives you a checklist of actions to take, and identifies the BHHC tools that can help.

Section	What You Will Learn
Introduction and the CT problem	Why CT claims are different and what drives costs
Leadership and Organizational Vision	How executive commitment shapes outcomes
Know your Exposures	Using Caution Zone and Hazard Zone tools
Communication and Awareness	Building a speak-up culture
Employee Engagement and Training	Training supervisors and workers
Early Reporting and Claims Management	Prompt reporting, MPN, and documentation
Return to Work	Modified duty and the Return-and-Recover Program
Reporting and Measuring Results	Metrics, surveys, and continuous improvement
BHHC Resource Directory	Complete list of tools, contacts, and forms

Introduction: Cumulative trauma and why it matters

What is cumulative trauma?

Cumulative trauma (CT) injuries develop over time from repetitive motions or sustained postures rather than a single incident and may involve physical, mental, or combined harm; because symptoms and claims often emerge weeks or months after the exposure occurs, determining compensability can be more complex and may increase the likelihood of litigation.

Note: *CT claims rarely appear out of nowhere. They develop slowly over time and are largely preventable with the right systems, culture, and management practices in place.*

Who is most at risk?

CT injuries can happen in almost any workplace. But some industries see far more of them. The sectors below have the highest CT claim rates in California.

- Healthcare and social services
- Construction and skilled trades
- Manufacturing and production
- Landscaping and manual services
- Clerical and computer-intensive roles
- Hospitality and food service

The Cost of CT claims

Certain industries experience significantly higher rates of cumulative trauma injuries than others.

These issues account for the highest CT claim rates in California:

- Reporting the injury late
- A supervisor who dismisses or ignores early complaints
- Missing records about the job's physical demands
- No plan for modified or light duty work
- Mental health claims added on top of the physical injury

How to Use this Guide

This guide is organized into nine sections, each covering one part of a complete CT prevention plan. You will find a short explanation of the topic, a checklist of actions to take right away, and a list of BHHC tools that can help.

Checklist: Getting Started

- ☐ Share this guide with your executive team, HR director, and safety manager
- ☐ Find out the job types in your organization that carry the most CT risk
- ☐ Look for CT patterns by reviewing your last three years of workers compensation claims
- ☐ Hold a meeting with supervisors to introduce the CT prevention effort
- ☐ Assign a CT prevention champion who will coordinate the work

Support and Contact Information

BHHC Loss Control

Contact Loss Control for a CT risk assessment

Customer Care Center

CustomerCare@bhhc.com, (888) 495-8949, 6 AM to 6 PM Pacific

Report a claim (24 hours)

bhhc.com, NewClaim@bhhc.com, (800) 661-6029

Leadership and Organizational Vision

Leadership is the Foundation

Cumulative trauma prevention does not work as a program alone. It works when leaders at the top of the organization commit to making safety a real priority. Research shows that the single best predictor of workplace injury rates is how seriously leadership takes safety. It is not the industry, the job type, or the location.

In California, leadership alignment matters in three key ways. First, it determines whether money and staff are put into prevention and ergonomics. Second, it shapes how supervisors respond when workers report pain or discomfort. Third, it sets the tone for whether workers feel safe enough to speak up before a concern becomes a claim.

Note: *Companies where executives are visibly involved in safety programs have up to 50% lower workers compensation costs per employee compared to companies that leave safety only to HR or company safety professionals.*

The Safety Culture Charter

BHHC has created a Safety Culture Charter Template that your organization can use as a formal commitment to CT prevention. The charter's intent is to identify organizational values, who is responsible for what, what programs you will run, and how you will measure results.

A charter that is posted publicly and shared with all employees sends a clear signal that safety is not just a rule to follow. It is a real commitment. A charter can create accountability that lasts beyond any single manager or program.

The Safety Culture Charter covers six commitment areas:

- **Leadership and governance** - executive ownership, safety walkthroughs, and cross-functional oversight
- **Cumulative trauma prevention** - a formal ergonomics program, engineering controls, and early warning tracking
- **Workers compensation management** - early action, modified duty, and root cause review
- **Training and education** - role-specific training, supervisor skills, and multilingual delivery
- **Employee engagement and reporting culture** - a speak-up environment, joint safety committees, and recognition
- **Continuous improvement** - annual goals, peer comparisons, and transparent reporting

Core Beliefs that Drive the Right Culture

Organizations with the best CT outcomes share a set of beliefs and principles that guide everyday decisions at every level.

Injuries are preventable

CT injuries do not just happen. They result from exposures that can be found, measured, and controlled.

Safety and productivity go together

A worker who is not in pain does better work. Ergonomic improvements regularly increase output and reduce errors.

Early reporting helps everyone

The fastest way to keep claim costs low is to catch problems early. Remove barriers that prevent a worker from speaking up.

Workers compensation is a safety net

Managing your program well shows your organization's integrity. It is not just about cutting costs.

Data drives improvement

Measure what matters. Organizations that track early warning signs consistently outperform those that only track injury counts.

Recovery matters

Injured workers deserve a clear, dignified path back to work, not just medical care.

Executive Roles and Responsibilities

Role	Key CT Prevention Responsibilities
CEO or President	Champion safety culture, set CT reduction goals, and include workers compensation metrics in leadership reviews
COO	Allocate budget for ergonomics and training, and oversee safety compliance across operations
CHRO or HR Director	Lead return-to-work coordination, manage claims administration, and remove barriers to reporting
Safety or Risk Manager	Run the ergonomics program, conduct assessments, and analyze claim data
Supervisors and Managers	Respond quickly to discomfort reports, document what they observe, and support modified duty
Employees	Report symptoms early, follow safe work practices, and participate in training and safety committees

Checklist: Leadership and Vision

- ☐ Get CEO or executive sponsor signature on the BHC Safety Culture Charter Template
- ☐ Name one executive as the owner of CT prevention performance
- ☐ Include CT claim frequency and cost in quarterly leadership reviews
- ☐ Schedule executive safety walkthroughs at high-exposure worksites at least twice per year
- ☐ Create a cross-functional Safety Steering Committee with executive representation
- ☐ Set a dedicated budget for ergonomics, training, and modified duty accommodations
- ☐ Inform all employees about your CT prevention commitment, both in writing and in person
- ☐ Make sure all managers understand their specific role in CT prevention and early response

Support and Contact Information Leadership Tools

Safety Culture Charter Template

Customizable Word document for executive commitment, located on the CT Resource Hub in the BHC Safety Center

BHC Loss Control Consultation

Onsite assessments and leadership briefings available through your consultant

Customer Care Center

CustomerCare@bhbc.com, (888) 495-8949, 6 AM to 6 PM Pacific

Know Your Exposures

Ergonomic Assessment Framework

Before you can prevent CT injuries, you need to know where they are most likely to occur. BHHC provides two structured tools: the Caution Zone Job (CZJ) Checklist and the Hazard Zone Job (HZJ) Checklist. These tools help you find and rank the riskiest tasks in your organization.

These are not one-time tools. They are the foundation of a continuous cycle: screen all jobs, focus on the highest risks, put controls in place, and reassess. Over time, you can tighten the thresholds and catch risks earlier.

Note: *An exposure must be a regular part of the job, occurring more than one day per week and more than one week per year, to qualify under the Caution Zone criteria.*

Step 1: Caution Zone Screening

The Caution Zone Job Checklist screens jobs for risk factors linked to musculoskeletal injury. Any job that meets one or more of the criteria below should be flagged for a Hazard Zone review. The Caution Zone covers six types of exposure.

Exposure type	Flag the job if the worker does this:
Awkward posture	Hands above head or elbows above shoulders more than two hours per day; neck or back bent more than 30 degrees without support more than two hours per day; squatting or kneeling more than two hours per day
High hand force	Pinching two or more pounds per hand or four or more pounds of pinch force more than two hours per day; gripping 10 or more pounds per hand more than two hours per day
Highly repetitive motion	Same motion with little variation every few seconds more than two hours per day; intensive keyboard use more than four hours per day
Repeated impact	Using the hand or knee as a hammer more than 10 times per hour for more than two hours per day
Heavy or awkward lifting	Lifting more than 70 pounds once per day; lifting more than 55 pounds more than 10 times per day; lifting more than 25 pounds above the shoulder or at arm's length more than 25 times per day
Hand and arm vibration	High-vibration tools such as jackhammers or chain saws for more than 30 minutes per day; moderate-vibration tools such as grinders or sanders for more than two hours per day

Step 2: Hazard Zone Deep Dive

When a job is flagged in the Caution Zone, apply the Hazard Zone Job Checklist next. This tool looks at more intense exposures with higher thresholds. It helps you decide whether a job is likely to cause injury in its current state. Hazard Zone jobs need immediate action.

The Hazard Zone Checklist covers the same categories as the Caution Zone, but at higher levels. For example, it flags hands above shoulder for more than four hours instead of two. It also looks at combinations, such as wrist position paired with heavy force or repetition paired with awkward posture.

Caution Zone means use caution

Jobs that meet Caution Zone criteria have elevated risk. They may not always cause injury, but they should be reviewed and improved.

Hazard Zone means act now

Jobs that meet Hazard Zone criteria will very likely cause injury if nothing changes. Put controls in place before the next assessment cycle.

Step 3: The Six-Step Process

1. **Identify Caution Zone Jobs** - Use the CZJ Checklist to screen all jobs for awkward postures, hand force, repetitive motions, and lifting tasks.
2. **Prioritize Jobs for Assessment** - Rank flagged jobs by how often the exposure happens and how many injuries have occurred. Start with the highest-risk positions.
3. **Conduct Hazard Zone Analysis** - Apply the HZJ Checklist to all flagged jobs to determine whether exposures exceed the intervention thresholds.
4. **Develop Risk Reduction Strategies** - For Hazard Zone jobs, start with engineering controls such as workstation redesign or better tools. Then try administrative controls such as job rotation. Then add training on safe work practices.
5. **Implement and Monitor** - Roll out changes in phases, train employees, and track results such as CT claim counts and worker discomfort reports.
6. **Continuous improvement** - Schedule reassessments regularly. As your controls improve, tighten the exposure thresholds to catch risks earlier.

The CT Cultural Risk Survey

Physical exposures are only part of the picture. BHHC's CT Cultural Risk Survey looks at the organizational factors that drive claim frequency and cost in California. These include reporting delays, supervisor behavior, and post-termination risk. The survey scores your organization across six weighted areas.

- Ergonomics and work design: 25 points
- Reporting culture and timeliness: 20 points
- Dispute management: 20 points
- Post-termination and HR practices: 15 points
- Supervisor practices: 10 points
- Regional exposure, such as the LA Basin or Southern California: 10 points

Total scores range from zero to 100. Scores of 50 or higher mean High or Severe CT risk and should prompt, immediate action.

Checklist: Exposure Identification and Assessment

- ❑ List all job titles in your organization and gather a basic description of each job's tasks
- ❑ Apply the Caution Zone Job Checklist to every job and flag any that meet one or more criteria
- ❑ Rank flagged jobs by how often the exposure happens and how many injuries have occurred
- ❑ Apply the Hazard Zone Job Checklist to all Caution Zone jobs
- ❑ Write down your findings, including job title, exposure type, how long it lasts, and how many workers are affected
- ❑ Ask employees directly about which jobs feel physically hard or uncomfortable
- ❑ Complete the CT Cultural Risk Survey with your BHHHC Loss Control consultant
- ❑ Create an action plan for each Hazard Zone job with a named owner and a target completion date
- ❑ Schedule a reassessment every six months or whenever a job changes significantly

Ergonomic Assessment Tools

Caution Zone Job Assessment Form

Located on the CT Resource Hub in the BHHHC Safety Center

Hazard Zone Job Assessment Form

Located on the CT Resource Hub in the BHHHC Safety Center

Caution Zone and Hazard Zone Process Guide

Step-by-step instructions located on the CT Resource Hub in the BHHHC Safety Center

CT Cultural Risk Survey

Contact Loss Control at LossControl@bhhc.com for more information

On-site Ergonomic Assessment

Contact Loss Control at LossControl@bhhc.com for more information

Communication and Awareness

Why Communication is a CT Control

The most expensive CT claims are the ones no one knew about until they became serious. A soreness reported on day one is a first-aid visit. That same condition reported three months later, especially if it's after a termination, can become a complex, litigated claim with added mental health costs. The difference almost always comes down to whether workers felt safe enough to speak up.

Communication works in two directions. Workers need to feel safe reporting discomfort. Supervisors need to respond in ways that encourage more reporting, not less. When communication breaks down on either side, you lose your earliest and most effective chance to intervene.

Note: *Many CT claims are reported after a performance problem, disciplinary action, or job change. Workplaces where employees feel respected and valued have significantly fewer post-termination and attorney-driven claims.*

What Good Communication Looks Like

Effective CT communication is not a poster campaign, though visual reminders do help. It is a set of behaviors and structures that make speaking up easy, expected, and reinforced at every level of the organization.

For Employees

- Know how to report discomfort before it becomes serious pain
- Understand the reporting process and know there will be no retaliation
- Have access to an anonymous channel if needed
- See visible follow-up when they raise concerns
- Watch leadership model safe behavior and talk about safety openly

For Supervisors

- Take every complaint seriously and never minimize symptoms
- Do not diagnose or dismiss physical concerns
- Write down what was reported and when
- Escalate to HR or the Risk Management team promptly
- Follow up with the employee to confirm the concern was addressed

Communication Channels and Tools

Good safety communication needs more than one channel. One bulletin board or one annual safety meeting is not enough. Here are the structures that work best.

- Notices posted in all common work areas explaining how to report an injury or discomfort
- An anonymous reporting option, such as a hotline, online form, or suggestion box, for workers who may not be comfortable going to their supervisor
- Regular team safety huddles or toolbox talks that are short, frequent, and interactive
- Supervisor one-on-ones that routinely ask about physical demands and discomfort
- New employee orientation that clearly explains the reporting process
- Safety communications translated into all languages spoken by your workforce

The Role of Respect in Reducing Litigation

California data consistently shows that the likelihood of an attorney getting involved in a CT claim is strongly tied to how the employee was treated before and during the claim. It is not just about how serious the injury is. Employees who feel dismissed, disrespected, or punished for reporting are far more likely to seek legal help.

Building a culture of respect, where workers feel valued, heard, and treated fairly, is not just an HR initiative. It is one of the most powerful cost controls available to California employers. The BHHC CT Cultural Risk Survey specifically measures supervisor communication quality and employee satisfaction as risk factors.

Checklist: Communication and Awareness

- ☐ Post clear injury and discomfort reporting instructions at all work areas
- ☐ Set up an anonymous reporting channel such as a hotline, digital form, or drop box
- ☐ Translate all safety communications into languages spoken by your workforce
- ☐ Hold team safety huddles or toolbox talks at least monthly
- ☐ Train all supervisors on how to respond when workers report an injury or discomfort
- ☐ Create a written non-retaliation policy and share it with all employees
- ☐ Write down every reported symptom, discomfort, or near-miss, even if no formal claim is filed
- ☐ Review supervisor communication scores in the CT Cultural Risk Survey and address any weak areas
- ☐ Create a process to follow up with employees after they report a concern

Communication Tools

CT Cultural Risk Survey

Contact Loss Control at LossControl@bhhc.com for more information

Safety Culture Charter Template

Customizable Word document for executive commitment, located on the CT Resource Hub in the BHHC Safety Center

BHHC Webinar Series

Log in to the BHHC Safety Center to register for upcoming webinars hosted by BHHC Loss Control

Employee Engagement and Training

Training as a Preventive Control

Training alone does not prevent CT injuries. What it does is build awareness, skills, and habits that make prevention possible. A worker who understands ergonomic risk factors is more likely to report early discomfort. A supervisor who knows what to watch for will catch problems before they become claims. An HR manager who understands California CT law will respond in ways that protect both the employee and the organization.

Effective CT training is not a one-time event. It starts at new hire orientation. It continues with regular refreshers. Supervisors reinforce it in daily conversations. It gets updated whenever jobs change or injury patterns shift.

Note: *Supervisors are the first and best control point for CT prevention. How a supervisor responds when an employee reports discomfort determines whether a minor complaint becomes a costly, litigated claim.*

Employee Training: Core Topics

All employees in CT-exposed roles should receive training on the following topics.

- What cumulative trauma is and how it develops over time
- The specific risk factors in their job: posture, force, repetition, duration, and vibration
- How to recognize early signs, including tingling, numbness, fatigue, and ongoing soreness
- How to report symptoms, including who to tell, when, and what to expect
- Ergonomic principles for their specific tasks, including neutral postures, tool selection, and workstation setup
- The importance of micro-breaks, stretching, and switching tasks
- Workers' rights under California workers compensation law

Supervisor Training: The Critical Layer

Supervisor training is different from employee training and deserves special attention. Supervisors need to understand not just ergonomic risk factors but also how their own responses shape the outcome of every CT situation they encounter.

Recognizing early warning signs

- Recurring first-aid visits or informal complaints
- Declining productivity or attendance
- Workers adjusting their movements to avoid pain
- Disengagement or signs of frustration

Proper response

- Take every complaint seriously and never minimize it
- Do not diagnose, dismiss, or delay
- Write down the conversation right away
- Refer the worker to HR or Risk Management and to medical care promptly
- Stay supportive and neutral in all communications

Micro-Interventions: Daily Supervisor Actions

BHHC's CT Cultural Risk Survey counts micro-interventions as a measurable way to reduce risk. These are small, daily actions supervisors take that together determine whether CT risk grows or shrinks. Examples include the following.

- Asking workers informally how their body feels
- Watching posture during high-exposure tasks and offering low-key feedback
- Reminding teams to take stretch breaks or switch tasks before discomfort develops
- Praising early reporting and safe work practices in front of the team
- Bringing early-stage discomfort reports to HR before they escalate

Training Design Best Practices

- Deliver training in all languages spoken by your workforce
- Use hands-on, job-specific demonstrations rather than generic slides
- Train at hire and then annually at a minimum, and add refreshers after job changes or injury trends
- Track training completion rates as an early warning indicator
- Involve employees in identifying risk factors because they often know the hazards better than managers do
- Partner with WOSHTEP, the Worker Occupational Safety and Health Training and Education Program, for certified curriculum and train-the-trainer support

Checklist: Employee Engagement and Training

- ☐ Create a CT-specific training curriculum for all employees in exposed roles
- ☐ Create a separate supervisor training module on early warning recognition and proper response
- ☐ Deliver initial training to all current employees and include CT training in new hire orientation
- ☐ Schedule annual refresher training and tie it to your injury trend data
- ☐ Track and report training completion rates with a target of 100%
- ☐ Create a joint labor-management safety committee with authority to review hazards
- ☐ Launch a recognition program for employees who report early and supervisors who respond well
- ☐ Survey employees annually about safety culture and ergonomic concerns, and act on the results
- ☐ Explore WOSHTEP resources for curriculum support and Workers Compensation Liaison training

Training and Engagement Tools

BHHC Safety Webinar Series Managing Cumulative Trauma

Log in to the BHHC Safety Center to watch past recordings or register for upcoming webinars hosted by BHHC Loss Control

WOSHTEP

California state program, visit dir.ca.gov/chswc

CT Cultural Risk Survey

Contact Loss Control at LossControl@bhbc.com for more information

Safety Culture Charter Template Customizable Word document for executive commitment located on the CT Resource Hub in the BHHC Safety Center

Early Reporting and Claims Management

24 hours Authorize medical treatment within this window of learning about an injury	5 days BHHC recommends filing the claim within this timeframe	3x Delayed reporting multiplies claim costs this much on average
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Timing Changes Everything

Employers insured with BHHC for workers compensation must authorize initial medical treatment within 24 hours of learning about an occupational injury or illness. Failing to do so can result in losing medical control, which significantly increases claim costs and the likelihood of treatment outside the Medical Provider Network (MPN).

BHHC recommends that a formal claim report be submitted within five days after the employer learns about the injury. Filing early is not an admission of fault, it's a compliance requirement and a foundational step in managing the claim.

Note: Late reporting and weak supervisor response are two of the five primary CT cost drivers. Both are within your direct control, and both are addressed by the systems in this section.

What Good Early Reporting Looks Like

Early reporting is not just about speed, it's also about quality. A prompt, well-documented report creates a foundation that protects both the employee and the employer throughout the life of the claim.

Good, early reporting captures the following information:

- The specific symptoms reported, including location, type, how long they have lasted, and how severe they are
- The actual tasks the worker performs, not just a generic job title
- How long and how often the worker is exposed to the tasks associated with the complaint
- The body postures involved in the work
- Any prior accommodations, restrictions, or related complaints on record
- The date and manner in which the employee first reported the concern

Documentation that Protects You

CT claims depend heavily on documentation, not just medical opinion. Organizations with strong documentation consistently get better outcomes in disputed claims.

Keep the following documents current for every CT-exposed job:

- Accurate, up-to-date job descriptions that include physical demands and how often tasks are performed
- Task rotation schedules and work scheduling records
- Supervisor observation logs and notes from conversations with employees
- Any prior accommodations or work restrictions
- Training records showing that the employee completed ergonomics training
- Ergonomic assessment results for the relevant job

Using the Medical Provider Network

California policyholders insured by BHHC have access to the BHHC Medical Provider Network. BHHC's MPN includes selected Anthem Blue Cross of California physicians and facilities, as well as Kaiser On-The-Job locations. Directing care through the MPN is critical for controlling treatment costs, ensuring quality care, and keeping medical control throughout the life of the claim.

When a claim is reported, BHHC will send MPN notices directly to the injured employee. All treatment for a work-related injury or illness must remain within the MPN for the life of the claim. Employers should understand how the MPN works so they can explain it clearly to injured workers.

Finding an In-Network Provider:

1. Visit bhhc.com, hover over Menu, and select Injured Workers
2. Scroll to Resources and select the link for your state under 'Help With Finding a Network Provider'
3. Search by specialty, location, or provider name using the Search feature

Note: For help, call the Medical Access Assistant at (855) 924-4272 or email MPN@bhhc.com

Claims management best practices

- File the claim promptly. Do not wait for symptoms to worsen or for a formal diagnosis
- Provide complete, accurate job task information to the treating physician at the first visit
- Expect proactive communication from your BHHC claims examiner
- Conduct a root cause analysis on all lost-time CT claims to find the underlying exposure
- Remove all barriers to reporting. There should be no retaliation and no stigma
- Maintain strict confidentiality of all medical and workers compensation records

Checklist: Early Reporting and Claims Management

- ☐ Create a written policy requiring employees to report symptoms within 24 to 48 hours of onset
- ☐ Train all supervisors on the required 24-hour authorization and five-day filing window
- ☐ Create and post a simple one-page injury reporting guide at all worksites
- ☐ Make sure BHHC MPN information is posted and accessible to all employees
- ☐ Keep complete, current job descriptions with documented physical demands for all CT-exposed roles
- ☐ File all CT claims promptly using BHHC's 24-hour reporting options: bhhc.com, NewClaim@bhhc.com, or (800) 661-6029
- ☐ Give functional job information to the treating provider at the first medical visit
- ☐ Conduct a root cause analysis on every lost-time CT claim within 30 days of resolution

Early Reporting and Claims Tools

24-Hour Claim Reporting

bhhc.com, NewClaim@bhhc.com,
(800) 661-6029

Find a provider

bhhc.com, then Menu, then Injured Workers, then select your state under 'Help With Finding a Network Provider'

BHHC 24-Hour Claim Reporting Options flyer

Located on the CT Resource Hub in the BHHC Safety Center

California MPN Information

Medical Access Assistant
MPN@bhhc.com, (855) 924-4272

Customer Care Center

CustomerCare@bhhc.com, (888) 495-8949, 6 AM to 6 PM Pacific

BHHC Medical Networks and Panels flyer

Located on the CT Resource Hub in the BHHC Safety Center

Return to Work

99% Placement success rate through ReEmployAbility	58% Claims resolved through return-to-work programs	\$16 Saved for every \$1 spent on the Return and Recover Program
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Why Return to Work is a CT Control

Return to work is not just a claims management tool. It is a clinical and cultural action. Research consistently shows that workers who return to meaningful work earlier recover faster. They experience less mental distress and are less likely to become permanently disabled. The longer an injured worker stays off of work, the more expensive and complex the claim becomes.

For CT claims specifically, modified duty during recovery serves two purposes. It keeps the worker physically active and maintains their daily routine. It also reduces the length of time the worker is off, which is one of the biggest drivers of total claim cost. A strong return-to-work program is one of the clearest signs of a healthy safety culture.

Note: *Early modified duty significantly reduces both medical and indemnity costs. The average Return and Recover Program participant saves \$4,350 in indemnity costs and \$9,380 in medical costs per claim, based on NCCI 2024 data.*

The BHHC Return and Recover Program

BHHC offers policyholders access to the Return and Recover Program through its vendors Sheakley and Re-Employability. The program matches injured workers with nonprofit organizations that provide suitable light-duty assignments. This allows workers to return to productive activity while they recover, even when the employer cannot immediately offer a modified duty role internally.

Program Highlights:

- Injured workers can begin placements as soon as 24 hours after accepting the assignment
- Both traditional onsite and monitored home-based placements are available
- Sheakley's geofencing technology verifies that workers are clocking in and out at their assigned locations
- The program is available in eligible states; contact BHHC for your state's eligibility
- Contact ClientServices@bhhc.com to set up the Return and Recover program for your organization

Benefits for Employees

- Continued pay and a sense of contribution during recovery
- Physical activity and mental engagement maintained throughout the recovery period
- A smoother transition back to their regular position
- Reduced isolation and mental distress associated with extended time away from work

Benefits for Employers

- Lower indemnity costs because workers are on temporary disability for less time
- Lower medical costs because workers recover faster
- Reduced likelihood of attorney involvement
- Preserved employee relationships and less disruption to the workforce
- A clear demonstration of organizational commitment to worker well-being

Building Your Internal Modified Duty Program

A strong return-to-work program starts with planning before injuries occur. Organizations that have already identified light-duty options when a worker gets hurt are far more effective than those that scramble to create accommodations after the fact. A well-designed internal modified duty program includes the following elements.

- A written library of alternative duty assignments for each department
- Clear criteria for determining which injured workers qualify for modified duty
- A written process for sharing work restrictions with supervisors
- Regular communication with the treating physician about what modified duty is available
- A defined maximum length for modified duty, typically 90 days, with a transition plan
- Supervisor training on how to support a worker returning on modified duty

Checklist: Return to Work

- ☐ Contact BHHC at ClientServices@bhhc.com to enroll in the Return and Recover Program
- ☐ Create a written library of modified duty assignments for each department
- ☐ Write a return-to-work policy with defined roles, criteria, and time limits
- ☐ Train all supervisors on modified duty requirements and how to support returning workers
- ☐ Tell treating physicians about modified duty availability at the time of injury
- ☐ Track return-to-work rates as a key metric and target return within 30 days for CT claims
- ☐ Conduct return-to-work conversations with each returning worker to assess readiness and prevent re-injury
- ☐ Follow up with workers at 30, 60, and 90 days after return to confirm successful reintegration

Return to Work Tools

Return and Recover Program

ClientServices@bhhc.com

Customer Care Center

CustomerCare@bhhc.com, (888) 495-8949, 6 AM to 6 PM Pacific

Modified Duty Program

Contact Loss Control at LossControl@bhhc.com for more information

Return and Recover Program flyer

Located on the CT Resource Hub in the BHHC Safety Center

Reporting and Measuring Results

The Measurement Mindset

CT prevention programs that are not measured tend to drift. Without data, you cannot know whether your efforts are working, where your highest risks still are, or where to spend your next prevention dollar. Organizations that build measurement into their CT programs consistently outperform those that manage by instinct alone.

Effective measurement uses two types of indicators. Lagging indicators, such as claim counts, costs, and days away from work, restricted work, or job transfer (DART) rates, tell you what has already happened. Leading indicators, such as near-miss reports, assessment completion rates, training completion, and discomfort reports, show you where claims are headed. Together they give you the full picture.

Note: BHHHC's goal is to help policyholders reduce CT claim frequency with structured prevention programs. Measurement is key to reducing claim frequency.

Key Performance Indicators

Track and report the following metrics at least quarterly and include them in leadership reviews.

Metric	Type	Suggested Target
CT injury rate, per 100 full-time employees	Lagging	10% reduction year over year
DART rate	Lagging	Set your baseline, then reduce it
Workers' compensation cost per claim	Lagging	10% reduction year over year
Ergonomic assessment completion	Leading	100% of high-risk jobs annually
Early reporting rate, within 48 hours	Leading	90% or more of all injuries
Return-to-work rate, within 30 days	Leading and lagging	80% or more of CT claims
Training completion rate	Leading	100%
Employee safety perception score	Leading	Set baseline, then track improvement
CT Cultural Risk Survey score	Leading	Reduce tier year over year

The CT Cultural Risk Survey as a Baseline Tool

The BHHC CT Cultural Risk Survey provides a scored baseline across six organizational areas: ergonomics program quality, reporting culture, attorney-attraction factors, post-termination practices, supervisor behaviors, and regional exposure. Completing the survey each year gives you a structured way to track cultural improvement and identify the areas that need the most attention.

Organizations that start with a High or Severe score, between 50 and 100, should focus first on the two highest-weighted areas: ergonomics and work design at 25 points, and reporting culture at 20 points. Steady improvement in these two areas alone can move an organization from High to Moderate risk.

The Continuous Improvement Cycle

Measurement without action is just record-keeping. Build a continuous improvement cycle into your CT program.

Measure: Collect leading and lagging data monthly

Complete the CT Cultural Risk Survey annually.

Plan: Set specific, measurable improvement goals

Assign owners and target completion dates for each goal.

Review: Check whether your actions moved the metrics

Adjust your approach based on what you find.

Analyze: Find trends, high-risk jobs, and root causes

Identify underperforming departments and what is driving the numbers.

Act: Put the plan into action

Implement ergonomic controls, training, process changes, or supervisor coaching.

Report: Share results with leadership and employees

Celebrate wins and acknowledge gaps openly.

Checklist: Reporting and measuring results

- ☐ Define your baseline CT metrics: claim count, cost per claim, DART rate, and average reporting lag
- ☐ Create a reporting dashboard shared with leadership at least quarterly
- ☐ Complete the CT Cultural Risk Survey with your BHHC Loss Control consultant to establish a baseline score
- ☐ Set annual improvement targets for both leading and lagging indicators
- ☐ Track early reporting rate: What percentage of claims are filed within 48 hours?
- ☐ Track ergonomic assessment completion rate: What percentage of high-risk jobs have been assessed?
- ☐ Survey employees annually on safety perception and include CT-specific questions
- ☐ Review and update your CT prevention program at least annually based on your metric results
- ☐ Benchmark your performance with the help of BHHC loss analysis

Measurement Tools

BHHC Loss Analysis Reports

Industry and job-role CT trend data available through the Policyholder Portal

Customer Care Center

CustomerCare@bhbc.com, (888) 495-8949, 6 AM to 6 PM Pacific

CT Cultural Risk Survey

Contact Loss Control at LossControl@bhbc.com for more information

Safety Culture Charter Template Customizable Word document for executive commitment located on the CT Resource Hub in the BHHC Safety Center

BHHC Resources Directory

Note: All resources listed here are available to BHHC policyholders. Contact your BHHC Loss Control consultant or Customer Care Center for personalized support and to access program materials.

Key contacts

Department or Purpose	Phone	Email or Website
24-hour claim reporting	(800) 661-6029	NewClaim@bhhc.com, bhhc.com
Customer Care Center, 6 a.m. to 6 p.m. Pacific	(888) 495-8949	CustomerCare@bhhc.com
California MPN inquiries	See contact below	MPN@bhhc.com
Medical Access Assistant, Find a Provider	(855) 924-4272	MPN@bhhc.com
AOS Provider Networks, non-California	Contact Customer Care	ProviderNetworks@bhhc.com
Return and Recover Program	Contact Client Services	ClientServices@bhhc.com
Loss Control Consultants	Contact Customer Care	LossControl@bhhc.com

BHHC Programs and Services

- **Loss Control Consultations** - Onsite ergonomic assessments, CT risk reviews, and action planning
- **Medical Provider Network, California MPN number 0145** - Anthem Blue Cross and Kaiser On-The-Job providers statewide
- **Return and Recover Program** - light-duty placements through Sheakley and Re-Employability
- **24-Hour Claim Reporting** - online, phone, and email options available around the clock
- **CT Cultural Risk Survey** - annual organizational risk scoring across six weighted areas
- **Webinar Series** - Managing Cumulative Trauma

Cumulative Trauma Resource Hub Documents on The BHHC Safety Center

Navigate to BHHCSafetyCenter.com to begin looking at the documents listed below. All documents can be found in the Resource Hub labeled 'Cumulative Trauma (CT)'.

Note: *If you have questions or need help reach out to BHHC Loss Control.*

Document	Purpose and How to Use It
Caution Zone Job Assessment Form	Screen all jobs for ergonomic risk factors. Flag any job that meets one or more criteria.
Hazard Zone Job Assessment Form	Detailed assessment for flagged jobs. Identifies jobs requiring immediate action.
Caution Zone and Hazard Zone Process Guide	Step-by-step instructions for using both checklists in a continuous improvement cycle.
Safety Culture Charter Template	Customizable executive commitment document. Obtain signatures and share widely.
CT Cultural Risk Survey	Score your organization's CT risk across six areas. Repeat annually to track improvement.
24-Hour Claim Reporting Options Flyer	Post at all worksites so supervisors and employees know how to report timely.
Medical Networks and Panels Reference	Guide to BHHC California MPN, Texas HCN, New Jersey MCO, and other state provider panels.
Return and Recover Program Overview	Introduction to the light-duty placement program. Contact ClientServices@bhhc.com to enroll.
Searching for an In-Network Provider	Step-by-step instructions for finding providers through bhhc.com or the Medical Access Assistant.

External Resources

- WOSHTEP, Worker Occupational Safety and Health Training and Education Program: dir.ca.gov/chswc
- California OSHA: dir.ca.gov/dosh
- WCIRB, Workers' Compensation Insurance Rating Bureau of California: wcirb.com
- Cal/OSHA Ergonomics Standard: California Code of Regulations, Title 8, Section 5110