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Purpose

Counseling At Risk Employees (CARE) is designed to engage employees in accident prevention using accident statistics, root cause analysis, and a Participant Action Plan intended to eliminate future accidents. The objective of the CARE program is to reduce employee accidents through interactive dialogue, retraining, coaching, and recognition of potential safety hazards. CARE implementation will reduce the number of accidents, escalating costs, employee injuries/illnesses and lost productivity. The CARE program, including the interactive process with the employee, will be used solely for the purpose of improving employee safety. The program will not be used to take administrative action against the employee.

The CARE program provides a formalized process flow to add safety discussions to existing performance discussions, observation discussions and accident investigations.

Program Participation

CARE team meetings will be conducted quarterly for:

- Employees with two years or less of service
- Employees with deficiencies reported on street or office observations; and
- Employees with recent accidents and/or a history of one or more accidents (avoidable or not) within the past two years

Strategies for performing job duties safely and avoiding accident exposures will be discussed with employees participating in the CARE program. Employees assigned to CARE will be referred to as Participants throughout this document.

The CARE team will consist of the installation head or designee and the employee’s direct supervisor. An additional optional member may be an active local safety captain from the same or local facility as needed. Facilities may have multiple teams.

CARE Team members are:

- The installation head, who promotes employee safety and provides management support
- The immediate supervisor, who guides and manages the Participant throughout the counseling process
- The Participant, who meets the selection criteria for CARE counseling
- Optional – An active member of the local safety committee or other union designee from the same bargaining unit as the Participant, who serves as an advisor and coach to the Participant throughout the counseling process
Do’s and Don’ts

- Do listen to the Participant
- Do discuss the causes of past accidents
- Do make the Participant feel at ease
- Do ask for input from the Participant
- Do identify root causes of the accident
- Do discuss preventive measures
- Do discuss Job Safety Analysis (JSA) or create a new JSA
- Do discuss the benefits of working safely
- Do encourage and document Participant suggestions to improve safety
- Don’t be confrontational
- Don’t discuss corrective action
- Don’t assess blame
- Don’t discuss personal/sensitive Participant information
- Don’t miss an opportunity to correct a hazard (reported or observed)

Procedures

A. Employees with two years or less of service

The CARE team will meet with any employee with two years or less of service to explain the CARE Program. Webcoins will be used to determine who will be scheduled for the next quarterly CARE meeting. The primary goal of this part of the program is to ensure the Participant remains accident free and knows how to identify and report safety related concerns. The CARE team will monitor this group of employees for a period of two years. If the Participant is under a probation/evaluation period, the initial probation/evaluation form will indicate participation in CARE under comments.

CARE team meetings should be documented by maintaining a running list of Participants, the date the participant(s) met, and concerns or suggestions they made during the meeting.

B. Employees with deficiencies reported during street or office observations

PS Form 4584, Observation of Driving Practices, PS Form 4588, Observation of Work Practices (Delivery Services), PS Form 4589, Observation of Work Practices (General) and other observation forms are used to identify safe and unsafe work practices and at-risk behaviors. The installation head/designee will review street and office observation forms for unsafe work practices. If an employee’s observation is marked as “needs improvement”, the employee will be scheduled for the next quarterly CARE meeting.
During CARE meetings under this section, the following will be discussed:

- The unsafe act(s) noted on the observation form(s)
- Safe work practices using a Job Safety Analysis (JSA) as a guide
- Resources needed to ensure each Participant understands how to perform their job in a safe manner
- Purpose of office and/or street observations with regard to safety and the expectation that weekly observations will be conducted by the supervisor to observe Participant’s safe work performance
- CARE team members (at least two) conducting no less than three observations during the quarter
- End of the quarter observations and assessment of the CARE Participant’s progress

CARE team meetings should be documented. At a minimum, the Care team will maintain a list of Participants counseled, the date the Participant(s) met, the unsafe act(s) identified from the observation form(s), all observations conducted during the program, and the assessments of the new observations.

C. Employees with recent accidents and/or a history of one or more accidents (avoidable or not) during the current and previous fiscal years

The installation head will use the HR Safety Dashboard for a list of all employee accidents. During the initial CARE meeting the installation head/designee will complete the Counseling Questionnaire.

The Counseling Questionnaire will be completed during the initial meeting with the Participant, the installation head, immediate supervisor, and, when appropriate, a member of the local safety committee or other union designee. The questionnaire identifies the counseling member’s reason for being selected to participate and provides objective(s) of the CARE program. In addition, the Counseling Questionnaire will provide a script of questions the team will use to establish a dialogue with the Participant. The purpose of the questionnaire is to create an understanding of the accident, define the root cause(s), and determine how to prevent future accidents. During this dialogue, the team can discuss past accidents, hazards of the job, and unsafe work practices.

Counseling Questionnaire

Date: ____________________________  Installation Name: ____________________________

Counseling Member Names:

Installation Head* ____________________________

Supervisor: ____________________________

Date: November 2015 - Final
Local Safety Captain (optional) ____________________________________________________________

Participant (employee): ____________________________

Reason for Selection:

Employee has been selected for the CARE Program for one of the following criteria (select the correct response):

  ___ Deficiencies reported on street or office observations
  ___ Recent accidents and/or a history of one or more accidents (avoidable or not)

Script read to CARE team by installation head or designee:

Objective: The objective of the CARE program is to reduce employee accidents through interactive dialogue, retraining, mentoring, and recognition of potential safety hazards.

CARE offers support and resources to ensure you have the knowledge and/or tools necessary to perform your job safely. This program is not to gather information for any type of corrective action. CARE includes discussions with employees in an effort to help you perform your work safely. During the initial meeting, you and the CARE team may develop a Participant Action Plan. Suggested resources along with your responses provided to the team on the Counseling Questionnaire, will be used for the Participant Action Plan. Ideas and suggestions to improve employee safety may be shared with our office with no reference to you. It is everyone’s job to work safely, recognize hazards, and correct deficiencies so that we all can return home in the same condition that we came to work. You, (employee name) may elect to talk to other employees about this CARE meeting. However, the CARE team members will not discuss the CARE meeting with any employees.

We will now go over the documents that the CARE members used to determine your need for counselling.

List of documents reviewed:

__________________________________________________________________________

__________________________________________________________________________

*If the Installation head is unable to participate in the discussions, he/she will need to seek approval from the District Manager to assign a designee.

QUESTIONS FOR: (Employees with accidents)
(Should a question not apply please write in NA)

1. Let’s discuss your accident record. Would you give us insight on your accident(s)? For instance, from your perspective, what was the cause of the accident(s)?

NOTES:
2. Briefly describe your most recent accident and the events leading up to the accident.

NOTES:

3. What could have prevented your most recent accident (people, equipment, methods, machinery, or material)?

NOTES:

4. What are the risks of your job that you believe are most likely to result in an injury?

NOTES:

QUESTIONS FOR: (Employees with and without accidents)

5. Do you feel you have been trained sufficiently to perform your job safely?
   RESPONSE: YES__________   NO__________

NOTES:

6. Are you satisfied with the orientation training (for a motor vehicle accident)?

NOTES:
7. Is the Postal Service doing a good job of promoting safety?
   NOTES:

8. Are there any existing forms or procedures that you need clarification?
   NOTES:

9. Are there any unsafe conditions that you have reported on PS Form 1767 that have not been addressed?
   NOTES:

10. Does the installation head/designee or supervisor have other information to offer concerning accident prevention or safety?
    NOTES:

Additional Comments: ________________________________________________________________

Based on feedback from the CARE counseling meeting, the installation head/designee or supervisor may develop and implement a Participant Action Plan identifying objective(s) to reduce accidents and target unsafe work behaviors. Participant progress will be monitored and documented. The action plan will list key activities that must be completed, who is responsible for each activity, and target dates to track the Participant’s progress.

A typical Participant Action Plan may include but is not limited to one or more of the following actions:
• (Re) training on specific behaviors or job methods related to past accidents
• Coaching by the CARE team members
• Daily safety briefings and periodic Participant observations conducted by the CARE team
• Counseling and/or training for supervisors
• Participant observations by the supervisor and installation head/designee to document improvements for the targeted actions and outcome
• Proposed time frame for completion of the counseling process
• Creating a Job Safety Analysis (JSA) for a specific job task that can be shared with the office

The CARE process is finalized when the actions are completed, the overall objective(s) are met, and improvement is documented.

Participant Action Plan

District Name: ___________________________ Installation Name: ___________________________

Objective:
Identify an overall objective specific to accident reduction.

Actions to be taken:
Activities to work safely and reduce accidents may include training for participant, supervisor, and/or manager, identifying and correcting safety hazards, providing coaching to Participants and conducting more frequent observations; such as, Observation of Driving Practices, Observation of Driving Practice-Powered Industrial Trucks (PITs), Observation of Work Practices—Delivery Services, and/or Observation of Work Practices-General as appropriate.

Refer to CARE, Counseling At Risk Employees for guidance.

Target Completion Date:
Insert anticipated target date to complete each activity.

Responsible Team Member:
Insert the name of the CARE team member(s) responsible for reviewing the action.

Date Completed:
Insert date action is completed.

Participant Name: ___________________________

Start Date: ___________________________
Completion Date: 

Objective (identify an objective focusing on accident reduction):

___________________________________________________________________________

___________________________________________________________________________

Action to be Taken | Target Completion Date | Responsible Team Member | Date Completed
--- | --- | --- | ---

| | | | |
| | | | |
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| | | | |
| | | | |

Outcome:

In the space provided below please summarize what the members want to achieve with the Participant Action Plan outlined above:

Each member of the CARE team will sign and date. Participant Action Plans will be available for review by the District Safety office.

Sign & Date: 

Sign & Date: 

Sign & Date: 

Sign & Date: 

The Participant Action Plan process is finalized when the actions are complete, the overall objective(s) are met, and improvement is documented.
Measuring National Results

The installation head will implement and monitor the CARE Program, track the number of Participants, craft type enrolled, and the results of accident reduction based on date of implementation. District Safety will forward results to the Area Point of Contact (POC).

The Area Safety office will ensure eligible District employees have the opportunity to participate in the CARE program, develop a Participant Action Plan with measurable objectives, and receive guidance and strategies to avoid accidents. The Participant Action Plan will be maintained locally until the targeted outcome is achieved; documents will be shredded when Participant successfully completes CARE.

Area Safety Managers will send one report to HQ Safety quarterly. This report will contain the following:

- List of Best Practices that resulted in success
- Total number of Participants attending CARE quarterly compared to total number of quarterly accidents
- Total number of accidents by Des Act quarterly

Success of the CARE Program

A successful CARE program creates a culture of safety. Employee and management participation is vital for a successful CARE program. The CARE process empowers Participants to recognize their own unsafe behaviors, practices, and situations that may result in personal injury, illness or property damage. CARE will be successful when a Participant can assess risks and demonstrate an overall awareness of safe work behaviors. Consistent safe work practices will reduce injuries, illnesses, property damage, cut costs, increase productivity, and contribute to the overall well-being of our employees.

The success of CARE is measured through continual observations, monitoring the expected actions/objectives, and offering feedback to the Participant on progress/improvement. Positive reinforcement and frequent attention to acceptable on-the-job skills will reinforce safe work practices and increase Participant accountability. The key is to ensure the Participant recognizes and takes steps to prevent potential unsafe situations to prevent future accidents. Management is committed to working with employees to achieve a safer work place for every employee. Working together to enhance safety messaging and establishing accident reduction goals to reduce accidents will reinforce the importance of safety in our daily routines.

Examples of Success

- A Participant with two years or less of service recognizes unsafe work practices, job related distractions, potential hazards and remains accident free during the transitional period; the CARE program is completed.
• A Participant observed doing an unsafe work practice during an observation; six months later, after participating in CARE counseling, the participant is working safely without deficiencies; the CARE program is completed.
• A Participant with an industrial or motor vehicle accident recognizes risks associated with the job, follows the JSA to safely perform job requirements resulting in no additional accidents, completes the Participant Action Plan successfully; the CARE program is completed.

Appendix – Resources and Tools

D. Available resources to aid in counseling meetings:

• Employee Accident History
• PS Form 4584, Observation of Driving Practices
• PS Form 4584-P, Observation of Powered Industrial Trucks
• PS Form 4588, Observation of Work Practices – Delivery Service
• PS Form 4589, Observation of Work Practices – General
• PS Form 1767, Report of Hazard, Unsafe Condition or Practice
• PS Form 4565, Vehicle Repair Tag
• Learning Management System Safety Training History
• PS Form 1750, Employee Evaluation and/or Probationary Report
• Accident Reduction Plan-Countermeasures
• Motor Vehicle Accident Reduction Plan
• Job Safety Analysis (JSA)
• ELM Chapter 8
• National Safety Council: Safety at Work; Safety on the Road

E. Useful Web Links

Safety Resources
http://safetytoolkit.usps.gov:12/

Safety Toolkit
http://safetytoolkit.usps.gov/Home/Home.aspx

Learning Management System (LMS) – sign in page, after signing into LMS proceed to Learning Portal to view all training available
https://blue.usps.gov/wps/myportal/LMS

National Safety Council
http://www.nsc.org/pages/home.aspx?gclid=CO2Jz6KxmcUCFZCLaQod1YMAsw