

Chairman's Corner

by Debra L. Dettmer, CPCU



■ **Debra L. Dettmer, CPCU**, is director of risk management claims and loss prevention for FCCServices, a consulting firm for captives, risk management, and insurance needs. She has been with FCCServices for almost 23 years. She is responsible for the claims administration of 14 different insurance lines for the Farm Credit System's captive insurance company as well as developing loss prevention models and guidelines for this customer. Dettmer obtained her CPCU designation in 1987, and is a past president of the CPCU Society's Colorado Chapter. She also teaches CPCU classes on occasion.

In 2005, the Loss Control Section Committee realized it would be losing many of its members due to term limitations (each committee member is eligible to serve three, three-year terms).

At that time, we were the first committee to put a succession plan in place—**Jane M. Wahl, CPCU, CLU**, would be chairman, and I would be vice chairman with the intention to succeed Jane at the end of her three-year term.

Lo and behold, the Society leadership realized what valuable committee members we had and promoted **Eli E. Shupe Jr., CPCU**, (former chairman) and Wahl as CPCU Society governors. The good news is that we had a succession plan in place; the bad news is that in a three-year period, our committee was reduced from approximately 13 members to three!

I immediately began a recruiting campaign and with a lot of help from **John Kelly, CPCU**, and CPCU Society President **Betsey L. Brewer, CPCU**, I am proud to announce we have seven new committee members! **Charles H. Morgan, J.D., CPCU, CLU, CSP, ARM**, **AIG Consultants**, and **Bruce R. Hull, CPCU, CLU**, **State Farm Group**, are past members that re-enrolled with our committee (although Morgan continued to write our newsletter, he had joined the Risk Management Section Committee when he was forced to resign from our committee due to term limits). We're thrilled to have these members back.

New members are **Jan M. Dimond, CPCU, CLU, ChFC**, and **Jill McCook, CPCU**, with **State Farm**, **Julie L. Sealey, CPCU, AIG Consultants**, **Maurice E. Southwell, CPCU, CLU, ChFC, ISO**, and **Ambika T. Williams, CPCU, Deloitte**. Our alumni members are **Christopher D. Conti, CPCU, RiskWise**, **Eli D. Stern, CPCU, CNA Insurance**, and myself. Seven of our 10 members made it to the section

committee meeting in Nashville—the energy from new ideas flowing in our meeting could have powered the show at the Grand Ole Opry!

We are developing two sessions for the Annual Meeting and Seminars in Hawaii in 2007—one on fleet safety, and co-sponsoring with the IT Section a tabletop exercise for pandemic planning. Charlie Morgan has agreed to continue to edit the newsletter—Chris Conti helps provide articles, and Julie Sealey has agreed to be an assistant editor. Eli Shupe and his wife have volunteered to update our web site. Both of these areas are always looking for input—articles for each area, and information you'd like to see on the web site. We are also always looking for new committee members. I would encourage you to become active as I have found it has enriched my career and personal development, not to mention you get to work and play with the cream of the crop in your industry!

Please keep track of any activity you do throughout the year—as a speaker, trainer, or writer. If you use your CPCU designation in your bio, slides, or introduction, the committee gets credit toward the Circle of Excellence Recognition Program. E-mail me with your activity at bobdebdtett@qwest.net. ■

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Escheria coli O157:H7

by Charles H. Morgan, J.D., CPCU, CLU, CSP, ARM



■ **Charles H. Morgan, J.D., CPCU, CLU, CSP, ARM**, is a product line consultant supporting the AIG Environmental Division in Berkeley Heights, NJ.

According to the Center for Disease Control, *E. coli* O157:H7 is only “one of hundreds of strains of the bacterium *Escheria coli*.” Most of these strains are not only harmless, but are in fact beneficial, dwelling in the GI tract of humans in large numbers, and thereby assisting in the digestive process. This particular strain, however, produces a powerful toxin that can lead to serious illness and death, and thus this article will describe the hazards associated with this source of contamination, and how to protect oneself from possible sources of infection. The designation of letters and numbers from this particular strain derive from specific markers found on its surface, which distinguish it from other types of *E. coli*.

E. coli O157:H7 was first recognized as a cause of illness in 1982 during an outbreak of severe bloody diarrhea among patrons of the hamburger chain Jack-in-the-Box restaurant located in the northwest United States. As with the more recent outbreaks traced to California spinach and produce used at the Taco Bell chain in the northeast, these incidents resulted in major public relations nightmares and severe adverse economic consequences to the firms in question. While these issues are no doubt important, this article will focus more on the potential sources of infection rather than the ramifications for the affected entity after such an outbreak.

While most outbreaks of infection from *E. coli* O157:H7 result from eating undercooked, contaminated ground beef, people have also become ill from eating contaminated bean sprouts or such fresh leafy vegetables as lettuce and spinach. Other sources of infection include person-to-person contact in the home and at such facilities as child care centers. In addition, sources of infection have also been recorded from drinking raw milk or sewage-contaminated water, or even from swimming in water containing the bacteria.

Author’s note: This timely article—given the recent outbreaks of infection from *E. coli* O157:H7—discusses the hazards associated with this source of contamination, and the recommended procedures for avoiding infection in the first place. Most of the information is from a CDC fact sheet from December 6, 2006, on this important topic.

By far, the leading cause of infection, however, is from eating undercooked ground beef. The problem is that even when contaminated, the affected meat looks and smells normal, and that the number of organisms required to cause illness is very small. This situation is further compounded by the various routes or sources of contamination of the ground beef. That is, the organism can live in the intestines of healthy cattle without detection, and during the slaughtering operation the bacteria can be introduced to previously unaffected animals. In addition, the organisms can be accidentally mixed into the meat when it is being ground.

Those infected generally fall ill in two to eight days with the average being three to four days following the exposure. The symptoms are primarily bloody diarrhea and abdominal cramps, although some infected individuals may be asymptomatic. Usually there is little or no fever present, and the infection normally abates in five to 10 days. This course of illness describes a typical healthy adult, whereas the very young and elderly may be more adversely affected. That is, these susceptible individuals may suffer



a complication called hemolytic uremic syndrome (HUS) in which red blood cells are destroyed and the kidneys fail. This is a life-threatening condition requiring hospitalization in an intensive care unit. A small number of those affected with HUS may have lifelong consequences such as blindness, paralysis, chronic kidney failure, and partial removal of the bowel. The death rate from this condition is on the order of 3 to 5 percent.

In light of the potential severity of infection from *E. coli* O157:H7, vigilance is of paramount importance, and the CDC recommends the following precautions in order to prevent such illness:

1. Cook all ground beef and hamburger thoroughly. Because ground beef can turn brown before disease-causing bacteria are killed, use a digital instant-read meat thermometer to ensure thorough cooking. Ground beef should be cooked until a thermometer inserted into several parts of the patty, including the thickest part, reads at least 160° F. Persons who cook ground beef without using a thermometer can decrease their risk of illness by not eating ground beef patties that are still pink in the middle.
2. If you are served an undercooked hamburger or other ground beef product in a restaurant, send it back for further cooking. You may want to ask for a new bun and a clean plate, too.
3. Avoid spreading harmful bacteria in your kitchen. Keep raw meat separate from ready-to-eat foods. Wash hands, counters, and utensils with hot soapy water after they touch raw meat. Never place cooked hamburgers or ground beef on the unwashed plate that held raw patties. Wash meat thermometers in between tests of patties that require further cooking.



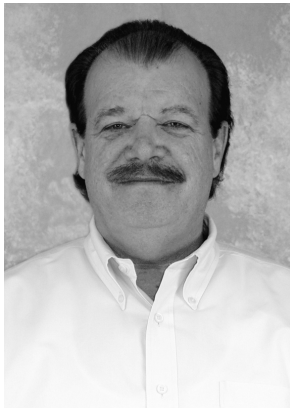
4. Drink only pasteurized milk, juice, or cider. Commercial juice with an extended shelf-life that is sold at room temperature (e.g., juice in cardboard boxes, vacuum sealed juice in glass containers) has been pasteurized, although this is generally not indicated on the label. Juice concentrates are also heated sufficiently to kill pathogens.
5. Wash fruits and vegetables under running water, especially those that will not be cooked. Be aware that bacteria are sticky, so even thorough washing may not remove all contamination. Remove the outer leaves of leafy vegetables. Children under five years of age, immunocompromised persons, and the elderly should avoid eating alfalfa sprouts until their safety can be assured. Persons at high risk of complications from food-borne illness may choose to consume cooked vegetables and peeled fruits.

6. Drink municipal water that has been treated with chlorine or another effective disinfectant.
7. Avoid swallowing lake or pool water while swimming. (For more information, see the CDC Healthy Swimming web site.)
8. Make sure that persons with diarrhea, especially children, wash their hands carefully with soap after bowel movements to reduce the risk of spreading infection, and that persons wash hands after changing soiled diapers. Anyone with a diarrheal illness should avoid swimming in public pools or lakes, sharing baths with others, or preparing foods for others. ■

Planning and Conducting an EHS Audit

It Is Possible to Add Value to Environmental, Health, and Safety (EHS) Audits

by Jack Fearing, CPEA



■ **Jack Fearing, CPEA**, is a senior consultant with Aon Risk Services in the Greater New York Region and based in Parsippany, NJ. He has more than 25 years of experience in occupational safety and health management and EHS auditing. His previous experience includes being the director of corporate EHS compliance audits for a major manufacturing company, and an EHS audit team leader for a leading multi-national pharmaceutical company. He has participated in more than 250 multi-media audits around the world. He is a graduate of the University of Massachusetts and Boston University. Fearing is a member of The Auditing Roundtable, a professional member of the American Society of Safety Engineer's (ASSE) New Jersey Chapter, and the assistant administrator of the ASSE International Practice Specialty. He can be contacted at (973) 463-6240 or jack_fearing@ars.aon.com.

The Aon Safetylogic online audit module provides a robust engine for a comprehensive tracking and reporting system designed specifically for consistent audit data input and analysis.

Editor's note: An abbreviated version of this article appeared in the October 2005 issue of *Today's Facility Manager*.

Planning and conducting environmental health and safety (EHS) audits for a company or client's full range of operations can be a daunting undertaking. These operations may include both domestic and international manufacturing plants, research and development labs, distribution centers, corporate aviation activities, and office complexes. Further, there may also be third-party, or "toller," manufacturers involved as well.

The planning strategy must incorporate a variety of considerations, including whether to formulate the process on compliance- or system-based issues. Other factors include emerging legislation, costs and availability of appropriate resources, identification of customers, frequency of audits, and confidentiality.

The definition of an audit varies from one organization to another. To start with, an audit is referred to by a number of different terms. They include appraisal, survey, assessment, evaluation, and inspection. Whatever you call it, when conducted properly, it is a systematic and comprehensive evaluation of a company's compliance programs. Not just the current status, but over a period of time such as the past two years, three years, etc. It can be accomplished equally as effectively by either internal (company) or external (consultant) auditors. When the new American National Standards Institute (ANSI) Z10 standard became effective last year, it contained the following definition of an audit:

A systematic process for obtaining information and data and evaluating it objectively to determine the extent to which defined criteria are fulfilled.

Audits can be designed to evaluate either compliance- or system-based programs. Simply stated, a compliance-based audit is driven by a specific government agency (OSHA or EPA, for example), company policies, facility written requirements, and/or local facility Standard Operating Procedures (SOPs), in that order. Typically, the most stringent of these takes precedence.

A system-based audit is more non-regulatory but necessary for a successful EHS program. This type of audit should include evaluating senior management's support and active participation (policy statement, staff meeting agenda item, etc.), employee participation (safety committees, "off-the-job" safety efforts, and so on) inspections and audits, training, contractor management, and emergency response programs. Some of these topical areas have regulatory implications, but collectively they are generally considered system-based programs. The usual suspects in this type of audit are ISO 14001, OHSAS 18001, and the Occupational Safety and Health Administration (OSHA) Voluntary Protection Program (VPP). With the advent of the ANSI Z10 standard there is now another option available to companies.

Determining whether the audit program should be compliance based or system based is typically a result of a company's philosophy and the maturity of the program. Costs and frequency of an audit are usually driven by a company's concern for being viewed as a good corporate citizen.

Audits are emotional exercises in most businesses. Those who have been on the receiving end know this. To be successful, the audit should address positive programs and activities (i.e., best practices), as well as program gaps, recommendations, findings, and local attention items. Another cornerstone for success is for the final report to be a clear and accurate evaluation of the overall

EHS program and sent to the right people in the organization, including senior management.

The EHS Added Value Audit Process

The EHS added value audit process has been designed to support increased performance and results with unique financial benefits over the traditional audit. The added value process has three primary tenets: Recognition of all customers; Knowledge Transfer before, during, and

after the audit; and Consistency and Quality throughout the process.

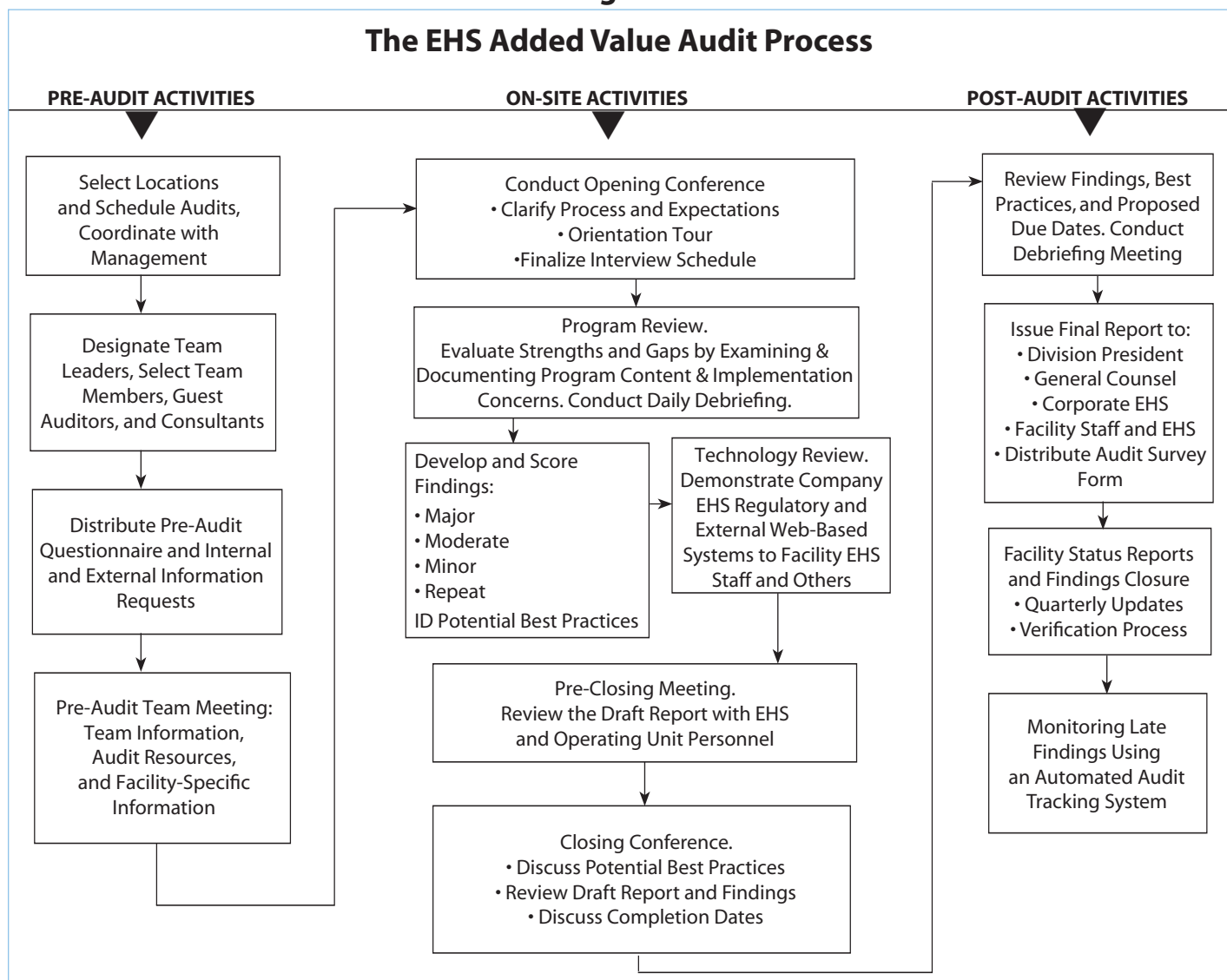
Identifying your customers who should be involved in the EHS audit process and receipt of the final report is the first step of the process. Typically, candidates include all domestic and international facility managers, risk managers, EHS professionals of the facility being audited, business unit managers, and company senior management. All of these levels of management have a stake in the audit, and as such, the audit should be

designed and conducted to fulfill each of their needs.

For confidentiality purposes, most EHS audits are done under attorney/client privilege and anyone on the distribution list must have a need to see the report. This can complicate the customer list and the exchange of information. Consequently, the distribution list for the final report should be large enough to include all the stakeholders but small enough to protect the privilege.

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Figure 1



Planning and Conducting an EHS Audit

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Knowledge transfer includes an understanding of the responsibility to facilitate various activities as part of the team's audit duties including analyzing loss leaders for trends prior to conducting the audit, sharing and harvesting best practices during and after the audit, and using the guest auditor program as both a mentoring tool for team members during the audit and a means of distributing best practices between facilities.

Consistency and quality are critical if your audit program is committed to delivering a high-quality product consistently to those involved in the process. The best opportunity to accomplish this on a regular basis is through the use of web-based technology systems, including Aon Safetylogic.

The EHS added value audit process is divided into three phases that take place over several weeks. Phases include the pre-audit, the on-site, and the post-audit phases. Each phase is distinct in its activities, and each subsequent phase can be viewed as a progression. Collectively, they make up the entire audit process and depend on each other in order for the audit to be successful. (See Figure 1.)

Pre-Audit Phase Activities

There are several essential pre-audit activities. These include developing a schedule, notifying the selected facilities, selecting teams for each audit, and coordination with the sites prior to the audit. The use of a pre-audit questionnaire is a very valuable method of communicating with the facility to be audited before the audit and sharing the results with the team. Some of these activities are typically completed in the preceding year in order to allow both the facility and the team members to schedule the time necessary to conduct the audit. When all of the information has been received from the various sources, the team leader or lead auditor should conduct a team meeting to review everything from travel arrangements to specific team assignments. When the

team is comfortable with its preparations, all of the final arrangements should be communicated with the facility to avoid any misunderstandings.

On-Site Phase Activities

On-site activities during the audit include: audit opening conference, an orientation tour, applicable program reviews (a two-step methodology), employee interviews, record reviews, daily debriefings, recommendations development (or findings), pre-closing conference with EHS personnel, and the closing conference with the full staff for the purpose of reviewing the draft report.

Post-Audit Phase Activities

Post-audit activities are generally focused on finalizing the draft report, assisting the site in either developing the corrective action plan or approving it when submitted, and tracking all findings through to completion. Some form of verification of the closure activities is recommended.

Beginning the Audit

The Opening Conference. The opening conference is scheduled in advance and is held as early as possible on the first day of the audit. This is to advise the facility of the function of the corporate EHS department, in general, and the EHS audit process, in particular.

The team leader is generally responsible for conducting the team portion of the opening. The site managing director or a designated representative usually presents an overview of the site, processes, or services provided; EHS goals and objectives; changes since the last audit; significant environmental impacts; risk management programs; loss experience; any pending or outstanding regulatory issues; safety performance data; and status of any remaining open action items from prior audits. The purpose and contents of the audit process should be clearly communicated to the facility by the team leader during these proceedings.

The Facility Orientation Tour. It is strongly recommended that the audit team participates in an orientation tour with facility representatives prior to beginning the program reviews. The primary purpose is to observe facility infrastructure, briefly observe personnel performing their jobs, and identify areas that may require more in-depth review. It is always helpful to have a facility diagram and a means of recording observations during the tour. After the tour, the team leader coordinates with the team and the appropriate facility staff to review the proposed audit agenda and finalize the interview and documentation review schedules.

EHS Program Reviews. Facilities are required to comply with: all applicable national, state, and local laws and regulations; company EHS policy and EHS guidelines; divisional policies; and locally developed standard operating procedures (SOPs). In order to verify that the facility has evaluated the EHS risks associated with its operations, and is in compliance, the EHS audit process uses a two-step approach. This is designed to review program content and implementation. The audit team will determine whether the facility has developed the appropriate written programs, policies, and/or procedures to address EHS risks and impacts. The team will also decide whether or not the programs are effectively implemented.

Team members use specially designed protocols (or checklists) to evaluate each applicable program. Protocols are available off the shelf, in hard copy, or electronic versions for all states and most countries, but can be costly. Unfortunately, they are often outdated before they get to the end user. Larger companies often develop their own protocols to be more specific not only to regulations, but also to company policies and procedures.

The purpose of gathering audit data is to develop an informed opinion as to the facility's compliance with performance requirements. In other words, do program gaps exist or not?

Generally, there is a protocol for each program reviewed (i.e., ground water, lockout/tagout, fire extinguishers, etc.). They are valuable tools during the program review. All observations are noted in specially designed working papers and are maintained until the final report is distributed.

■ ***The purpose of gathering audit data is to develop an informed opinion as to the facility's compliance with performance requirements. In other words, do program gaps exist or not?***

1. **Program Content.** Evaluating program content is the first step in the suggested two-step program review. The audit team evaluates all written programs for content and consistency with applicable requirements. The written program must, at a minimum, include all applicable elements of the corresponding requirements.

The appropriate company and/or regulatory EHS protocol for each topic is used to assist in the evaluation. Each written program should be reviewed prior to conducting implementation to ensure the team member understands the programs before making program observations in the facility.

2. **Program Implementation.**

Evaluating program implementation is the second step in the review. Various techniques used to accomplish this include interviews, observations, and document reviews.

Again, the program content review should take place prior to making any conclusions about implementation. Follow-up tours should be scheduled only after the program content has been thoroughly reviewed and the auditor understands the facility program.

Interviews with facility personnel are essential to understanding what is being done to implement and maintain facility programs. Interviews can be informal and can take place during tours or meetings. Training for auditors in proper interviewing techniques as a part of the team preparation usually is helpful in properly collecting and recording information and not disrupting operations in the process. There may also be times when bargaining unit considerations must be adhered to, if applicable.

A representative sample of records from all areas reviewed must also be evaluated. Records should be checked for accuracy, completeness, and timeliness. Sample size methodology must be applied. Reviewing medical records must be conducted by qualified personnel and under health care professional review, with confidentiality requirements observed.

The use of specially designed working papers is recommended as a means to document and to convey the basis for observations and conclusions so that a person reading the notes understands not just what the auditor learned, but why and how he or she learned it.

Best Practices

As a key part of the audit, team members should attempt to identify and share best practices. This helps focus on positive areas as well as those with room for improvement. Once identified and approved, best practices should be communicated internally to all company EHS professionals for consideration and use at other facilities. By doing so, EHS auditors became business supporters, not corporate policemen. Getting auditors into this business partner role and out of the "gotcha role" changes not only what they do, but who they will become. They should relentlessly transfer best practices from one facility and business to others throughout the organization.

Guest Auditors

Guest auditors are periodically invited to participate in the EHS audit program. They are selected based upon a combination of technical and interpersonal skills and recommendations from the business and corporate EHS, as well as mutual interest from potential guest auditors. Guest auditors should be expected to assume a role in the audit to include the program evaluation process and the development of the draft report.

Daily Debriefings

The audit team should strive to maintain ongoing and frequent communication with facility staff. Team members should frequently discuss the audit status and note any observations, concerns, possible program gaps, and potential best practices. Debriefings are generally held at the end of each day and generally last for 30 to 45 minutes. They may become longer as the audit progresses and the number of potential findings begins to increase, for example.

Developing Findings

During the audit, team members will begin to identify gaps or deficiencies leading to findings. It's important to develop draft findings when gaps are first identified. Findings are written

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for identified program content and implementation gaps, including potential non-compliance with laws, regulations, corporate EHS policies, division policies, and facility SOPs.

■ **Findings and recommendations should be written in a clear and concise manner to ensure that the readers, whether they are an EHS professional or an operations manager, understand them.**

Citations used for justifying findings can include federal, state, and local regulatory requirements, company policy, and facility standard operating procedures. Other consensus standards providing citations might include NFPA, ACGIH, and ANSI.

Findings and recommendations should be written in a clear and concise manner to ensure that the readers, whether they are an EHS professional or an operations manager, understand them.

The team leader and team members are responsible for justifying all findings. To do so systematically and quantifiably, each member must document program content and implementation gaps noted during the audit. Also, when identifying a gap, the auditor must cite the appropriate regulatory, company, or facility requirement for which the gap is noted. This helps facilitate time management during the draft preparation phase.

Use of Technology

As previously stated, the use of technology in the added value audit process provides an excellent opportunity to ensure consistency and quality in the process. The Aon Safetylogic online audit module is a comprehensive tracking and reporting system that provides

a “centralized” platform required for consistent audit data input and analysis for each audit conducted at a client locations. (See Figure 2.)

The capabilities can range from a site completing the pre-audit questionnaire, audit data input in the field, report generation, scoring, and corrective action reports.

Recommendations for developing a corrective action plan can be automatically generated whenever there is a non-preferred response to a question, and will be tracked by individual location audit through resolution of the agreed-upon actions and timelines.

Safetylogic Key Features and Benefits

The Aon Safetylogic audit module provides a robust engine for organizations to manage virtually any type of audit whether it is compliance based or systems based. Some of the key features and benefits to the system include:

- **Web-Enabled Audits**—Aon can web-enable your audit content to run on our system and PDA/Tablet PC Compatible using Aon’s Safetylogic’s proprietary technology.
- **Multiple Audit Formats**—The system supports multiple formats and question types including: Weighting and Scoring, Yes/No, Yes/No/Not Sure/Not Applicable, multiple choice, radio buttons, check boxes, short answer, long answer, and more. Each question can have a “preferred answer” and a “non-preferred answer.”
- **Automatically Generates Findings**—When a non-preferred answer is selected, it tracks all findings through to agreed-upon resolution. This enhances both control and accountability.
- **Pre-Qualifying Questions**—Allows locations to only see questions that are relevant to their operations.

- **Custom Reports and/or Roll-up Reporting**—Created and scheduled for e-mail distribution including both executive summaries and drill-down reports. These can include compliance status, trends and comparisons, and corrective action plan tracking.
- Other features include access to an audit library for compliance references and e-mail distribution lists throughout the client’s organization regarding report distribution and corrective-action alerts.

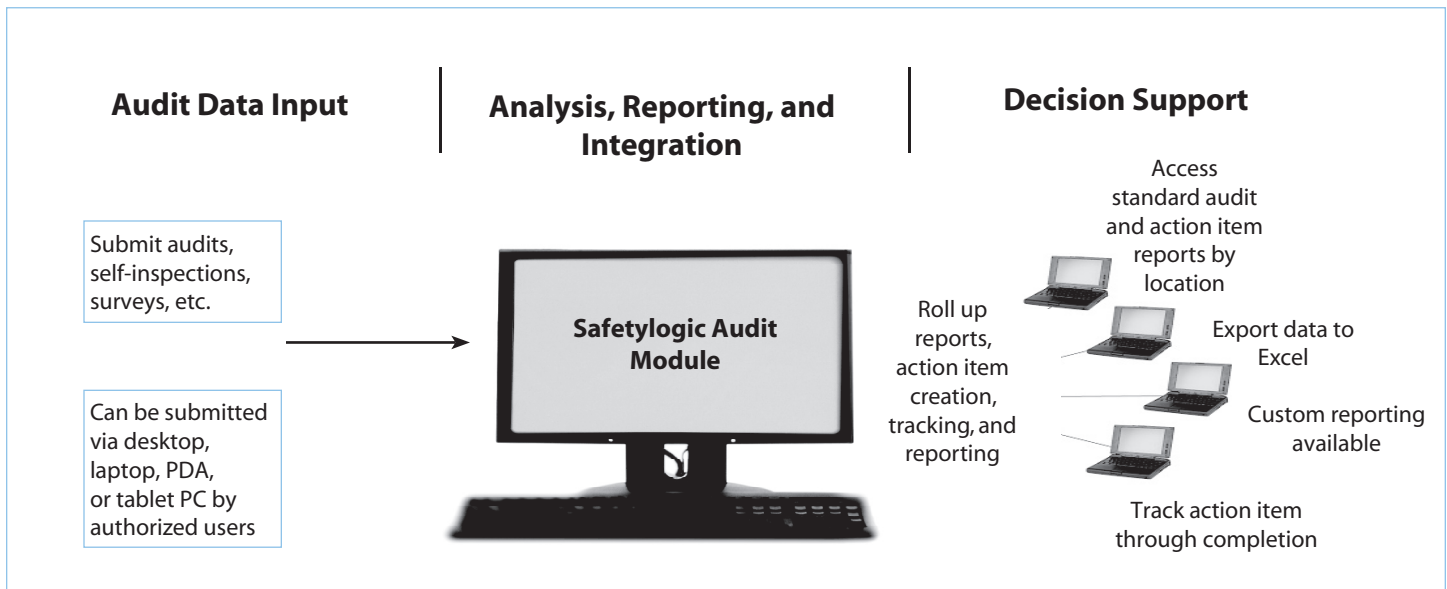
The Closing Conference

This conference is designed to review the audit process and draft report with site management and EHS personnel. The team leader will summarize the activities during the audit process and review the written draft audit report in detail. The auditor responsible for each finding will discuss that item and answer questions. The team leader ensures the findings are clear and accurate, and that the facility understands the requirements necessary to close each one.

The team leader should also highlight potential best practices and positive improvements since the last audit. Possible solutions to findings may be explored during the closing conference; however, detailed engineering and problem solving should be avoided as they would be too time-consuming. Offers of future consultative services, contacts within and outside the company, and corporate/division support systems will be provided to whatever extent possible.

At the conclusion of the conference, the team leader should have outlined the process for establishing completion dates for all findings identified and considerations that the site should include in the closure planning process.

Figure 2



Post-Audit Activities

The team leader generally completes the post-audit activities. These include a variety of tasks that take the audit report from a draft developed at the site during the audit through to a final document.

Facility Action Plans and Completion Dates

The facility is generally responsible for the development of an action plan with closure dates that reflect reasonable timelines to address all findings. They are the most familiar with the resources needed and any potential restrictions. Assistance with developing the action plan is also available from the audit team leader and the corporate EHS department. The final action plan is generally approved by local site management prior to being submitted.

Issuing the Final Report

The final audit report often includes a cover letter, an executive summary, and complete listing of all findings. This report is issued to the managing facility director from the corporate EHS department with copies to the site EHS representative, various corporate and division operations, and legal personnel.

■ ***The real key to success, however, is that a properly conducted EHS audit will identify loss leaders that impact a company's bottom line and compliance gaps.***

The cover letter generally includes the purpose of the audit; a brief facility overview; a summary and table of findings from previous and current audits; a brief overview of facility management systems, environmental programs, occupational health, safety,

and loss prevention programs; potential capital expenditures related to the findings; and potential best practices. Final closure of the report is established when all findings are completed within the timeline specified and agreed upon. Requesting feedback from the audited facility on the audit process and its impact on the operations is another way to add value to the process. This can be accomplished by developing a survey and requesting completion by the facility at the conclusion of the entire process.

The audit process can be an arduous one for both the team and facility management. But with proper planning, coordination, and attention to the details, the benefits can go a very long way toward making your facilities safer and better places to work. The real key to success, however, is that a properly conducted EHS audit will identify loss leaders that impact a company's bottom line and compliance gaps. Those are added value components that senior management will understand and support. ■

Loss Control Section Committee Meets in Nashville

Editor's note: Your Loss Control Section Committee met at the 2006 Annual Meeting and Seminars on September 9 in Nashville. We include the minutes of the meeting "for your information."

Attendees

Loss Control Section Committee members in attendance were: Debra L. Dettmer, CPCU; Jane M. Wahl, CPCU, CLU; Eli D. Stern, CPCU; Julie L. Sealey, CPCU; Bruce R. Hull, CPCU, CLU; Jill Jones McCook, CPCU; and Maurice E. Southwell, CPCU, CLU, ChFC.

Adding Value to Society Involvement

The majority of the discussion in this meeting centered around the benefits of involvement in the Society, and how we can encourage more CPCUs to get involved in sections and in the CPCU Society in general. Several of the topics from the Section Leaders Meeting on September 8, 2006, formed the basis of this discussion, including Jim Britt's comments about heritage and horizons, John Kelly's remarks on bridging the disconnect between the designation and the Institutes, and the question of how to increase committee membership. As Jim said, the basis of the Society is education and ethics. We talked about how the Loss Control Section can

support those two areas, and how to move toward new horizons while keeping those cornerstones of our heritage in place. There was some discussion about redesigning the sections, and members were encouraged to give some thought to what that might look like. The following ideas were discussed:

- Management support isn't always present. Some emphasize a master's degree over the CPCU designation. For others, there are timecard issues. We need to try to address these in order to gain that support.
- We need to take advantage of opportunities to market CPCU, like going to I-Days, meeting with agents and brokers, and doing presentations for outside groups. Working with the PR and Education Committees could be beneficial.
- Show CPCU courses (including NLI) as an option to developing in-house courses in individual companies.
- Emphasize higher-level skills offered through CPCU courses, like accounting and economics.
- Support for the programs needs to start at the top. We need to consider how to re-energize the individuals in those top-level positions. Perhaps chapters could personally invite those managers to local meetings, or have some of the chapter meetings at the offices of the companies they are trying to get "on board," to make it easy for management to attend.

- Give local managers the opportunity to contribute to the local chapter by inviting them as speakers.
- Highlight the rewards that come from the CPCU designation and membership.
- Consider something like a CPCU Day at ISO, where CPCUs tell others why it is beneficial, and have on-site registration available.
- Sponsor a competition among departments at different companies, and reward those with the highest pass ratio.
- Some companies pay for all CPCUs to go to an Annual Meeting every few years. Talk with their management and find out what makes them do that, and what the benefits are to the company, then communicate that to others.
- Highlight the specific benefits like development of consulting skills, or networking, or accounting and business law education.
- Develop a "What's In It For You?" communication, and include the following:
 - networking opportunities
 - being an example for others



"Cage the Cat: Practical Application for the New Reality of Catastrophes," was developed by the Loss Control Section for the CPCU Society's 2006 Annual Meeting and Seminars held in Nashville, TN.



- having a positive impact on others
- experience in volunteerism, and what you get back far exceeds what you put in
- new experience
- continuing education
- enhanced résumé
- sharing of resources
- job opportunities

2007 Annual Meeting Seminar

We discussed our seminar for the 2007 Annual Meeting and Seminars. Possible topics are: nanotechnology, high-rise safety, terrorism, pandemic planning, infrared technology, GMOs, identity theft, product recall, catastrophes, automobile safety, and risk transfer. We settled on automobile safety since we thought it would appeal to a broader group of attendees, enabling us to recruit participants from the other disciplines. We'll plan to cover such topics as non-owned and hired autos, negligent entrustment, driver behavior and monitoring companies, GPS technology, and cell phones, including needs for both personal and commercial lines. For possible speakers we have the following assignments:

- Jill—Locate a local State Farm agent.
- Julie—Will be attending a conference on September 27, 2006, with a speaker for a driver monitoring company and if he or she is good, she'll see if he or she is willing to participate.
- Debbie—Will work on finding a large commercial fleet that may be based in Hawaii or willing to travel.
- Everyone—Send Debbie ideas on a catchy title so the entire committee can vote. Possible titles so far are "Automobile Safety—It's No Accident" or "Driving Miss Daisy."

Mitchell C. Motu, CPCU, (a former Loss Control Section Committee member who was termed out) offered to do a tabletop exercise involving pandemics. Since that will involve little work on our part,

we will add that possible topic to the submission to John Kelly. Debbie will put the proposal together for John Kelly.

Miscellaneous

We were asked to brainstorm to develop a list of industry organizations with which we could act as ambassadors, to generate some interest on their part in the CPCU Society. The following is that list:

- OSHA—Occupational Safety & Health Administration
- ASSE—American Society of Safety Engineers
- FLASH—Federal Alliance for Safe Homes
- NHC—National Healthcare Corporation
- NHTSA—National Highway Traffic Safety Administration
- IBHS—Institute for Business and Home Safety
- RIMS—Risk and Insurance Management Society
- HBA—Home Builders Association

Julie agreed to attend the breakout meeting for section newsletter editors so she can get the information to Charlie Morgan.

Eli Stern and his wife, Sandy, agreed to attend the webmaster session so they could get our web site up to date before the mid-year meeting. We'll discuss improving the web site at that meeting.

We also ran out of time before appointing someone for membership recruiting. Debbie will get the form letters from Eli Shupe and try to recruit someone by e-mail to do this function once they have been received. ■

LCQ Breaking News

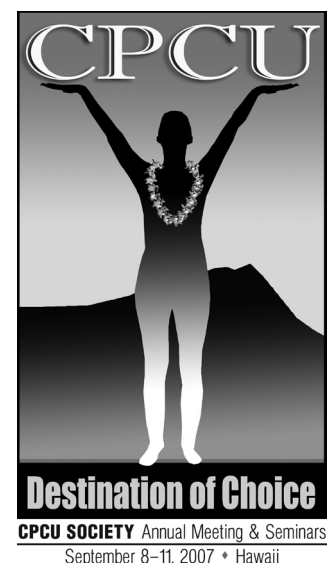
Two Loss Control Section Seminars Scheduled for Hawaii

The Loss Control Section is developing two seminars to be held on Tuesday, September 11, 2007, at the CPCU Society's Annual Meeting and Seminars in Honolulu, HI. The first topic is crisis management and the Avian flu pandemic.

The second seminar is being developed in conjunction with the Information Technology Section and will cover the topic of reducing the impact of auto accidents.

Register today for the CPCU Society's 2007 Annual Meeting and Seminars at www.cpcusociety.org.

And stay tuned for more information!



Learn to Do the Impossible from Author James Bradley

Attend the CPCU Society's **2007 Annual Meeting and Seminars** to hear **James Bradley**, a bestselling author and exceptional motivational speaker, deliver a compelling Keynote Address, brimming with valuable lessons for today's leaders.



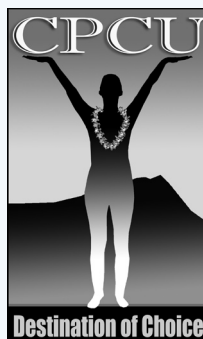
Author James Bradley will deliver the Keynote Address at the Society's 2007 Annual Meeting and Seminars in Hawaii.

Bradley is the author of *The New York Times*' bestseller book *Flags of Our Fathers*, which chronicles the lives of six men, including his father, who fought through a hail of mortar and machine-gun fire to raise the American flag at Iwo Jima in 1945. The book was made into a 2006 feature film, produced by Steven Spielberg and directed by Clint Eastwood.

In his Keynote Address, also entitled "Flags of Our Fathers," Bradley will use key moments in America's history to dramatically illustrate how ordinary people did the impossible by thinking "outside the box." Be there in person for this thrilling presentation that will challenge you to move beyond the "impossibilities" in your own life.

Register Today!

Visit **www.cpcusociety.org** to register online and for the latest information on the 2007 Annual Meeting and Seminars, being held September 8–11 in Honolulu.



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