

<b>Petroleum</b>	<b>Health, Safety &amp; Environment Management System</b>  <b>Injury / Illness Case Management</b>	 <b>bhpbilliton</b> <small>resourcing the future</small>
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# PETROLEUM CSG


## HSE MANAGEMENT SYSTEM PROCEDURE

<b>INJURY / ILLNESS CASE MANAGEMENT</b>
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<b>Petroleum HSE Procedure No:</b> PHSE-PR-MS13-03-PET	
<b>Reference:</b> HSE Management System Element 13 – Health and Hygiene	
<b>Date:</b> February 19, 2010	<b>Revision:</b> 2
<b>Originator:</b> Tricia Payne, Senior Occupational Health Specialist	
<b>Approver:</b> Matthew Ridolfi, Vice President HSE	Signature On File

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## 1.0 PURPOSE

The purpose of this Procedure is to:


- Outline the Company's commitment to injury and illness case management and to initiate the process as soon as possible after the injury or illness occurs
- Define the process for the management of work related injuries and illnesses to facilitate an early and safe return to work for injured/ill employees and contractors
- Assist the injured or ill employees to remain at work or return to work as soon as safely possible, in accordance with medical advice
- Define the responsibilities of key stakeholders including employees, Supervisors/Managers, contractors, medical providers and key personnel in the injury management process
- Accommodate, when possible, our employee's non-worked related injuries or illness to ensure return to work is safe and sustainable

## 2.0 SCOPE

This Procedure applies to all BHP Billiton Petroleum employees and contractors. This Procedure establishes the minimum performance expectations for the management of injuries and illnesses by Contractor organizations.

Procedure shall be implemented in full compliance with all applicable laws including, but not limited to, privacy and workers' compensation (or the equivalent) laws and regulations. To the extent, if any, that this Procedure is now or in the future, contrary to any such laws and regulations, then this Procedure shall be deemed modified to the extent necessary to comply with such laws and regulations and shall be modified in writing as soon as possible after such inconsistency becomes known to BHP Billiton. The persons who have responsibilities for implementation of this Procedure shall not be required or expected to engage in any activity which is contrary to applicable laws and regulations. Persons who have responsibilities for implementation of this Procedure shall strictly adhere to this Procedure and shall not undertake to engage in activities beyond the scope of this Procedure. Any questions about the lawful manner of carrying out such responsibilities should be referred to the Human Resources or Legal Team for resolution and reported to the HSE function for updates to this procedure.

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### 3.0 REFERENCES

This procedure must be used in conjunction with:

[BHP Billiton Petroleum Procedure – Medical Assessment](#)

[BHP Billiton Petroleum Procedure – Incident Notification and Reporting](#)

[BHP Billiton Petroleum Form – Certificate of Medical Fitness](#)

[BHP Billiton Petroleum Form – Authorization for Disclosure of Medical Information](#)

[BHP Billiton Petroleum Preferred Provider Clinics](#)

[BHP Billiton Petroleum Form – Return to Work Certificate](#)

[BHP Billiton Petroleum Form – Medical Response Plan](#)

[BHP Billiton Petroleum Form – Letter of Return to Work Program](#)


### 4.0 DEFINITIONS

**Company** – BHP Billiton Petroleum

**First Aid Case** – A First Aid Case is recorded when first aid treatment is required as a result of a work related injury or illness. OSHA determines First Aid to mean the following treatments:

- Visit(s) to a health care provider for the sole purpose of observation
- Diagnostic procedures, including the use of prescription medications solely for diagnostic purposes
- Use of a non-prescription medication at non-prescription strength
- Administration of tetanus/diphtheria shot(s) or booster(s)
- Cleaning, flushing or soaking wounds on skin surface
- Use of wound coverings such as bandages, gauze pads, butterfly bandages or steri-strips
- Use of hot or cold therapy
- Use of any non-rigid, non-immobilizing means of support such as elastic bandages
- Use of temporary immobilization devices while transporting an injured / ill person
- Drilling of a nail to relieve pressure, or draining fluid from a blister
- Use of eye patches
- Removal of foreign bodies from the eye using only irrigation or a cotton swab
- Removal of splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Use of finger guards
- Use of massages

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- Drinking fluids for relief of heat stress

All of the above are regarded as First Aid regardless of the provider who may be a Physician, nurse or other health care professional

**HSE** – Health, Safety and Environment

**Injury Management Coordinator** – The Company designated person responsible as the liaison with Physicians, Injured party, etc. to coordinate the return to work program

**Immediate Medical care** – A life threatening medical condition that requires immediate medical attention. It is an injury / illness of a nature that failure to administer immediate medical care could put the person's life in danger or cause serious harm to bodily functions

**IP** – Injured or ill person

**Local Medical Director** – a Medical Doctor approved by the Company to provide medical oversight to operations in a given area

**Lost Time Case** – a work related injury or occupational illness resulting in the IP being unable to attend work on the next calendar day after the day of the injury.

If a suitably qualified medical professional advises that the IP is unable to attend work on the next calendar day after the injury, regardless of the IP's next rostered shift, a lost time injury is deemed to have occurred

**Manager** – The responsible line manager

**Medical Treatment** – Any work related injury or illness that results in the medical management and care of an IP to combat an injury or illness. This is care beyond First Aid, yet does not involve any Lost or Restricted days from normal work activities


**Person in Charge** – The senior person on site responsible for overall site activities and operations

**Recordable** – A treatment is considered recordable under the following conditions:

- Medical Treatment (If not listed above in First Aid cases consider it a Medical Treatment)
- Loss of consciousness
- Restricted Work Case or job transfer
- Lost Time Case
- Death

**Rehabilitation Provider** – A Company approved health professional referred to by the Employer, insurer or treating Physician to assess the needs of the IP and workplace requirements and develop a rehabilitation plan

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**Restricted Work** – Any work injury or illness that results in a work assignment that restricts the person from any or all of the normal duties of the person’s regular job. The restricted work assignment must be meaningful and pre-established, or it must be a substantial part of a regular job


**Shall or Must** – Means a mandatory requirement

**Should** - Means a guideline which is strongly recommended

**Site Medical Facility** – Medical facility onsite to treat and care for injured or ill persons

**Site Medical Professional** – A trained health professional such as an Occupational Health Nurse, Field Doctor or Medic who evaluates the IP on site, provides appropriate treatment and/or refers the IP to a Company nominated medical facility. The Medical Professional may be an employee or a Contractor

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## 5.0 PROCEDURE(S)

### 5.1 Advance Preparations

Case management begins before an injury or illness occurs. All personnel who are required to travel internationally or work at an operational site must be certified fit for duty in accordance with the [Petroleum Medical Assessment Procedure](#). Functional job descriptions that outline essential job functions are necessary to ensure the medical assessment by [Preferred Provider Clinics](#) is tailored to the individual and the physical demands of the job. This management oversight will also include tracking of non-work related incidents that may temporarily affect an individual's work performance or ability to react in an emergency situation.

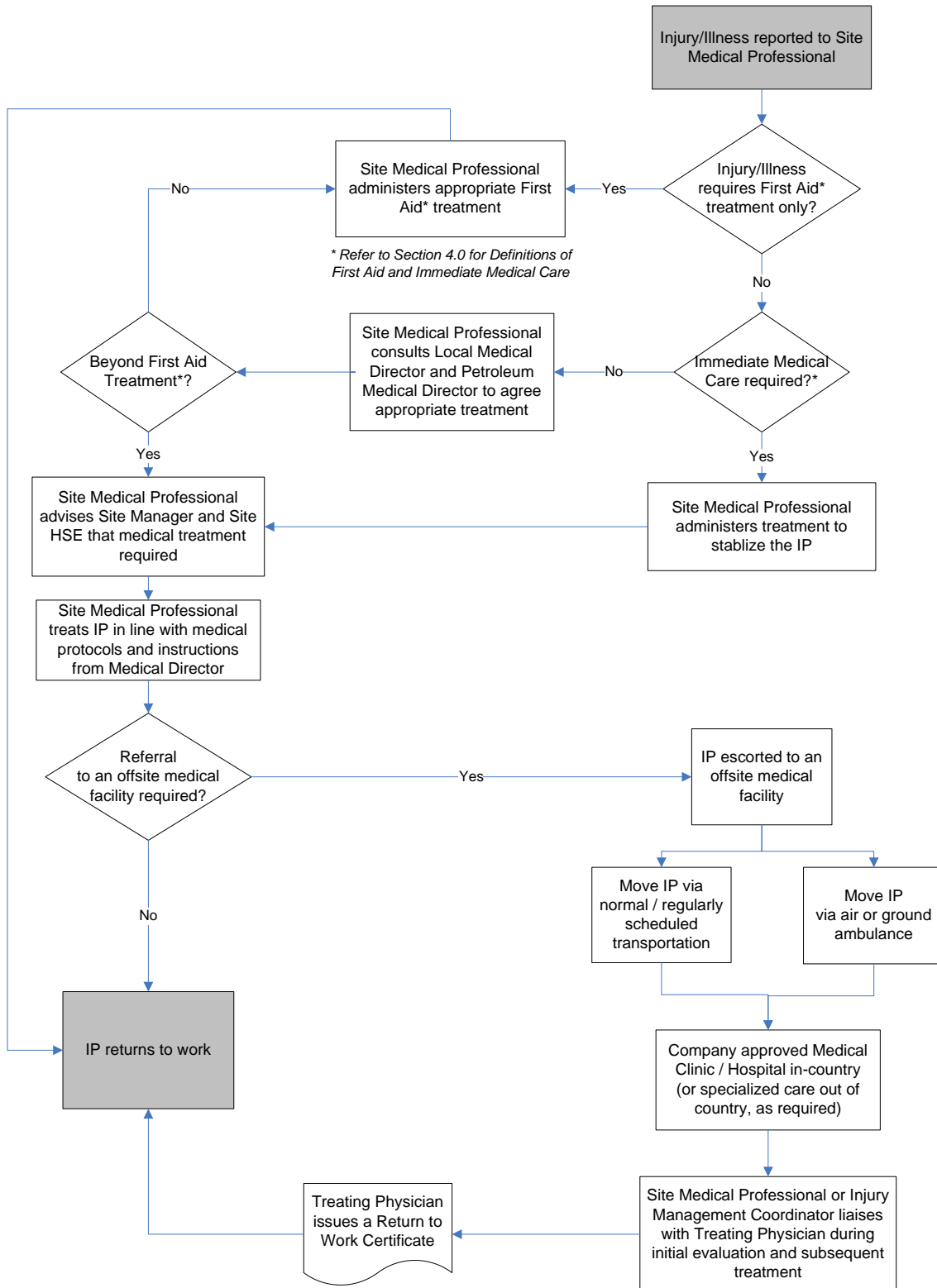
Even though site medical care may be available, arrangements should be established so each site will have predetermined plans for advance emergency medical treatment. In remote areas, this includes understanding the capabilities and limitations of local medical facilities and medical evacuation resources. It also extends to ensuring nominated Physicians understand the Company's philosophy on conservative medicine and commitment to an early and safe return to work. Medical facilities are identified and assessed by the Company Occupational Health department and details are documented on the site [Medical Response Plan](#). The [Medical Response Plan](#) shall be approved by the site Manager and HSE Manager / Supervisor and tested on a regular basis. An audit of local Medical Providers shall be conducted to ensure compliance with Company expectations.

### 5.2 Initial Treatment and Notification


Anyone experiencing a work related injury or experiencing signs and/or symptoms of illness shall immediately notify their immediate Supervisor and seek medical advice from the Site Medical Professional.

BHP Billiton Petroleum is committed to providing the most appropriate medical care in its operations. The Site Medical Professional shall provide initial treatment either at the scene of the incident or at the site medical facility (where available) and assess the severity of the injury / illness. Treatment beyond first aid and medical evacuation will require prompt notification to the local Medical Director (where available) and the Company Medical Director. In performing such medical consultation and treatment the Site Medical Professional shall follow the process outlined in the flow chart below.

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**Figure 1: Injury / Illness Case Management Flowchart**

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In the event of an immediate medical evacuation, the Site Medical Professional, Operations, and HSE shall coordinate stabilization of the IP, notification and transportation arrangements.

For non-urgent medical evacuations, the Site Manager and HSE shall be immediately notified. There is also a responsibility to ensure Post Accident drug and alcohol testing is conducted in accordance with the [Petroleum Drug and Alcohol Procedure](#) prior to leaving the site.

If the injury/illness involves a Contractor, the relevant Company representative shall notify the Contractor organization and provide all necessary information to assist the Contractor to meet its notification and injury management obligations as outlined in Section [6.2](#).

The Person in Charge (PIC), in conjunction with Human Resources shall also make arrangements to ensure the IP's Next of Kin / emergency contact is notified (employees only). Consultants/contractors shall be responsible for notifying the Next of Kin / emergency contact.


### **5.3 Referral to Hospital / Physician**

#### ***5.3.1 Escort to Hospital / Treating Physician***

In the case of a serious injury / illness requiring medical evacuation, ambulance (air or ground) transportation and/or hospitalization, the Site Medical Professional shall arrange for the transfer of the IP to a Company nominated medical facility and where required, seek approval from the relevant Manager (treatment of life-threatening medical condition should not be delayed seeking approval). A first aider or other medically trained individual shall accompany the IP to the medical facility however, a Site Medical Professional shall not leave the site to accompany the IP unless prior approval has been granted by the Offshore Installation Manager/PIC and/or adequate back up medical support has been arranged. If permission is granted to allow the Site Medical Professional to leave the operations with the IP, high risk activities shall be limited or curtailed. Operational management or designee may need to gather the IP necessities, such as passport and a change of clothing for the emergency journey.

If an ambulance or other form of emergency transportation is used, a Company representative shall be available at the Hospital to respond to queries from Health Care Providers and offer support to the IP.

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If a Contractor is injured or ill, a representative of the Contractor shall be assigned to travel with the IP and manage the associated affairs at the medical facility.

For non-urgent cases that do not require emergency transportation (e.g. sprains, strains and musculoskeletal pain), the IP may be escorted to an approved medical facility by a designated Company representative who is not medically trained. The Company driver or taxi may be organized for transport to/from an appropriate medical facility. This decision should be made in consultation with the Company Medical Director.

**5.3.2 Preferred Providers of Medical Care**

The Petroleum HSE Occupational Health department shall evaluate and select a provider network of Hospitals / Physicians / Medical Clinics to ensure they are able to meet the needs of Petroleum operations. Medical facilities for handling minor injury / illness and major emergencies must be outlined on the site Medical Response Plan (refer to Section 5.1, Advance Preparations).

Employees and Contractors are entitled to choose their Treating Physician; however, the Company may also assign another Physician and arrange an examination which the employee must attend for compliance with relevant workers' compensation legislation and to obtain release for return to work. A list of Company [Preferred Provider Clinics](#) is also available on the Petroleum HSE Portal page.


In cases of work related injury / illness of employees, the Site Medical Professional or designated Company representative shall liaise with the Treating Physician to monitor treatment and progress.

**5.4 Documentation**

**5.4.1 Internal Documentation**

All incidents must be reported to line management. The relevant Manager shall complete the First Priority Enterprise (FPe) incident notification and follow the Company incident notification and reporting requirements in accordance with the [Petroleum Incident Notification and Reporting Procedure](#).

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#### **5.4.2 External Documentation**

In cases of work related injury / illness, a Medical Evaluation Report may be issued by the Treating Physician for commencing workers' compensation claims paperwork with the IP's Employer. In this case, the Company designated representative shall be notified by the Site Medical Professional to complete the insurer's claim paperwork and provide appropriate and relevant documentation.

### **5.5 Case Management**

For all cases of injury / illness of employees treated at an external medical facility, the Site Medical Professional or nominated Injury Management Coordinator shall communicate with the Treating Physician and IP to monitor the progress of treatment and discuss return to work options.

They must also provide regular updates after each visit to the Manager / Person in Charge to satisfy internal and statutory reporting obligations. However, it is important that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained.

#### **5.5.1 First Aid Case**


A first aid case is recorded when first aid treatment is required as a result of work related injury / illness. The United States Occupational Safety Health Administration (OSHA) guidelines are used to classify first aid cases.

In some jurisdictions, the Treating Physician may issue a Medical Evaluation Report indicating the individual can be released to return to work without restriction. The Site Medical Professional shall provide a copy of the Medical Evaluation Report (from Treating Physician) to the Company representative to facilitate timely submission of the 'medical only' claim to the Company workers' compensation insurance carrier.

#### **5.5.2 Medical Treatment Case**

A medical treatment case is a work related injury or illness resulting in the professional medical management and care of a patient to combat disease or disorder, including any loss of consciousness.

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Upon return to work, the Supervisor shall assess, in conjunction with the IP and HSE any difficulties with performing the assigned work. If the case involved offsite medical treatment, a [Return to Work Certificate](#) must be presented by the individual before returning to work.

The Site Medical Professional may be required to provide a copy of the relevant documentation (e.g. medical invoice / receipt, Medical Evaluation Report) and First Priority Event Report form to the Company representative to initiate the workers' compensation claims process for the insurer.

### **5.5.3 Restricted Work Case**

A Restricted Work Case (RWC) is a work related injury or illness which results in the employee being unable to perform one or more of their routine functions for a full working day, from the day after the injury/ illness occurred.

The Employee and Site Medical Professional shall inform the Treating Physician of the Company's case management program and the return to work options. A functional job description may be required to identify suitable workplace accommodations during the recovery period. Activity restrictions will be documented by the Treating Physician on the [Return to Work Certificate](#).

Restricted duties shall be:


- In line with medically stated restrictions
- Suitable to the individual's physical capabilities and skills
- Meaningful and productive
- Regarded as being of a temporary and progressive nature

When the Treating Physician releases the IP to return to work without restrictions, the [Return to Work Certificate](#) shall be maintained by the Site Medical Professional.

### **5.5.4 Lost Time Case**

If a suitably qualified Physician advises that the IP is unable to attend work on the next calendar day after the injury, regardless of the IP's next rostered shift, a lost time injury is deemed to have occurred. The Site Medical Professional or Supervisor shall work with the Treating Physician to provide a [Return to Work Certificate](#) following each visit. A copy of this documentation shall be securely filed by the Site Medical Professional and a copy issued to the Human Resources representative.

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The designated Company representative shall promptly submit the workers' compensation claim and provide any necessary payroll information to the insurance carrier. The HR representative shall also contact the IP to discuss continuation of wages.

During the time when an IP is absent from work and undergoing rehabilitation, the Supervisor / Manager shall establish regular communication with injured party in support of the return to work goals.

When the Treating Physician releases the IP to return to work without restriction, a copy of the [Return to Work Certificate](#) shall be provided to the Site Medical Professional and Human Resources representative.

#### **5.5.5 Non-Work Related Case**

A non-work related case is an event that occurred to an individual which is not related to any work activities. If a non-work related case could potentially affect an individual's ability to conduct normal job functions or impact their performance during an emergency situation, workplace accommodations and/or a [Return to Work Certificate](#) may be required.


#### **5.6 Preparation for Return to Work**

Early intervention from a Rehabilitation Provider post injury / illness is an important mechanism to promote an early and safe return to work but also improve the IP's capacity to function in other roles. A return to work program can assist with the process of providing restricted work verses lost time.

When determining if and when a return to work program can be beneficial, the following factors should be taken into consideration:

- The nature and severity of the injury
- Any non-work related illness or pre-existing condition which could impact on the rate of recovery
- Availability of meaningful and productive light duties
- A potential long term inability to return to full normal duties

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Key components of a return to work program include:

- Education and engagement of key parties (IP, Manager / Supervisor, Treating Physician) in the return to work program
- Identification of the physical, psychological, organizational and environmental demands for job tasks
- Identification of suitable duties that will increase the IP's tolerances and work capacity
- Commitment of Managers / Supervisors to offer suitable duties
- Consultation with the Treating Physician to ensure agreement with the return to work program
- IP commitment to return to work and participation in the workplace assessment

Procedures for a return to work program include:

1. All employees and Contractors should immediately report any work related incident to their Supervisor
2. The Supervisor is required to:
  - a. Obtain immediate medical attention for IP if necessary
  - b. Follow Company requirements for notification and reporting as per [Petroleum Incident Notification and Reporting Procedure](#)
  - c. Complete and send [Letter of Return to Work Program](#) to the Treating Physician
  - d. Ensure [Petroleum Authorization for Disclosure of Medical Information](#) is completed
  - e. Ensure the Treating Physician completes the [Return to Work Certificate](#)
3. When an employee is injured on the job or is suffering from a work related illness, the injured employee and his/her immediate Supervisor should work with the Medical Provider to ascertain whether the employee is:
  - a. Unfit for duty
  - b. Fit for restricted duty
  - c. Fit for duty
4. When an IP is restricted from work and undergoing rehabilitation, the individual's Supervisor / Manager shall establish regular communication with IP in support of the return to work goals
5. If the Physician has indicated that the employee can return to work with certain restrictions the employee is to be placed on the "Return to Work Program". Under the program, the affected employee:
  - a. Must follow restrictions specifically outlined on the [Return to Work Certificate](#)

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- b. May not perform duties that violate the doctor-imposed restrictions at home or at work, even if they feel like they can do so
- 6. The Supervisor should work with the local HSE Manager or a qualified Rehabilitation Provider to develop a restricted duty job description and task list. The task list must be carefully reviewed to ensure that none of the tasks violate the doctor-imposed restrictions
- 7. The Supervisor should explain the responsibilities and goals of the temporary restricted work assignment, along with all of the restrictions imposed by the Physician
- 8. When the Treating Physician releases the IP to full duty, the [Return to Work Certificate](#) shall be completed and provided to the Site Medical Professional and Human Resources representative

**5.7 Rehabilitation Provider**

The referral to a qualified Rehabilitation Provider may be necessary in the event of a Lost Time or Restricted Work Case and shall be initiated through contact between the Treating Physician, Injured Party and the Site Medical Professional. The Treating Physician and/or the Site Medical Professional shall discuss the referral with the Injured Party to explain the injury management process and how the Rehabilitation Provider can assist. The focus of the services is an early and safe return to work, even if it starts out as restricted duty.

The Site Medical Professional shall communicate with the Rehabilitation Provider and relevant parties to assist the IP and their Supervisor/Manager to facilitate the injury management process within the IP’s workplace.


**5.8 Fitness for work Certification**

**5.8.1 Work-related cases**

Following an absence from the workplace as a result of a lost time or restricted work case, the IP shall be referred to a Company [Preferred Provider Clinics](#) for clearance to return to work. Any medical certification that was submitted as part of the pre-placement screening will not be acceptable.

The [Return to Work Certificate](#) from the Company preferred physician shall be securely filed by the Site Medical Professional.

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**5.8.2 Non-work related cases**

In cases of absence due to non-work related injury or illness that could result in potential aggravation or affect the employee’s ability to safely perform essential job functions, the employee is required to submit a [Return to Work Certificate](#) signed by a qualified Physician. It is the employee’s responsibility to immediately advise their Supervisor or Site Medical Professional if he/she is unable to perform his/her job duties as a result of a non-work related injury or illness and discuss the requirement for a return to work assessment and/or precautions for any emergency activities.

The Supervisor / Manager shall consult the Site Medical Professional regarding the need for a [Return to Work Certificate](#). The Site Medical Professional can request a second medical opinion to determine fitness for duty at no expense to the employee, in which case the employee is required to undergo a medical assessment prior to returning to work.


The [Return to Work Certificate](#) from the Treating Physician shall be securely filed by the Site Medical Professional.

**5.8.3 Contractors**

Contractors shall have in place an injury/illness case management program that includes provision of qualified medics, working instructions for medics (including hold points prior to treatment), transportation of injured personnel, medical assessment, medical treatment, and injury/illness rehabilitation that meets any applicable regulatory requirements and which meets or exceeds the requirements of Company’s injury / illness case management procedure. If Contractor does not have a case management program or Contractor’s case management program does not meet or exceed requirements of Company’s injury / illness case management procedure, Contractor shall require Contractor’s personnel to consult with Company’s approved, third party medical clinics and medical professionals. Company reserves the right to have any injured Contractor personnel (including its subcontractors) assessed by the Company’s nominated medical professionals and Contractor shall makes its personnel available for such assessment as required by Company.

Contractors personnel who are absent from the workplace as a result of a work related or non-work related injury/illness that affects the person’s ability to safely perform the essential functions of the job shall provide documented assurance in the form of a [Return to Work Certificate](#) from their Treating Physician. A copy of the [Return to Work Certificate](#) shall be forwarded to the Company representative in a timely manner before the Contractor returns to work.

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## 6.0 RESPONSIBILITIES

### 6.1 All Employees

All employees have the following responsibilities:


- Report all work related injuries and illnesses to his/her Manager immediately
- Report any non-work related injury/illness that may affect his/her ability to perform essential job functions including emergency activities to his/her Manager immediately
- Inform the Treating Physician that return to work and restricted work opportunities are available to accommodate his/her physical abilities
- Follow the Treating Physician's orders and restrictions both at home and at work
- Participate in drug and alcohol testing per the [Petroleum Drug and Alcohol Procedure](#)
- Actively participate in the development and execution of a return to work program
- Notify his/her Manager immediately if his/her work status changes
- When released to return to work, report to his/her Manager on the next regular shift
- Provide the Site Medical Professional with a [Return to Work Certificate](#) prior to returning to work

### 6.2 Contractors

The responsibilities of Contractors include:

- Report work related injuries and illnesses to the Company representative or Site Medical Professional
- Make arrangements for the transportation of the IP to a Medical Provider nominated on the site Medical Response Plan
- Ensure Contractor is evaluated and treated at a Company [Preferred Provider Clinics](#) for an accurate diagnosis, ongoing treatment and rehabilitation or suitable medical provider
- In case of serious injury, liaise with the Company representative to arrange for next of kin notification
- Monitor the IP's progress against the rehabilitation plan and act on any deviations
- Establish and maintain regular contact with the IP during their absence from work
- Provide regular feedback to the Company representative on relevant issues associated with the IP's return to work

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- Provide a [Return to Work Certificate](#) to the Company representative prior to IP's return to work
- Ensure the timely submission of workers' compensation claim to Contractor's insurance carrier

### 6.3 Site Medical Professional

The Site Medical Professional responsibilities include:

- Evaluate, treat and/or refer IP to a Company [Preferred Provider Clinics](#) or medical facility nominated on the site Medical Response Plan
- Notify the site Manager and/or HSE Team of reported injury or illness and discuss transportation arrangements to a medical facility for further evaluation
- Liaise with the Hospital / Treating Physician and other health care providers (e.g. physiotherapist, counsellor) to monitor the progress of treatment
- Ensure the Treating Physician is fully aware of the Company's Injury and Illness Case Management Procedure and return to work opportunities
- Provide regular updates to the relevant Manager / HSE Advisor on the status of the individual and ability to return to work
- Document information that will be useful for the incident investigation
- Ensure post accident drug & alcohol testing is conducted
- Maintain medical qualifications and skills and review medical protocols on an annual basis


### 6.4 Injury Management Coordinator

An Injury Management Coordinator may be appointed to interface with the IP, Company and Medical Provider. This role may be satisfied by an internal resource (e.g. HSE Advisor) or an external coordinator (e.g. International SOS, Claims Services, or other agent). The appointment of an Injury Management Coordinator by the Responsible Manager or HSE Advisor should be considered when the following situations arise - when a Site Medical Professional is not available to interface with medical providers; non-urgent medical evacuation (e.g. dental case); escort of IP to Company preferred medical facility required.

The responsibilities of the Injury Management Coordinator include:

- Initiate and maintain regular contact with the IP following the report of injury/illness

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- Meet and transport non-urgent medical cases and manage the return to work process until discharged from medical care and returned home / work
- Facilitate and coordinate the return to work program with IP, Supervisor and medical providers
- Liaise with Treating Physician to ensure the employee receives appropriate treatment ([Authorization for Disclosure of Medical Information](#) may be needed)
- Ensure the Treating Physician and other health care providers are aware of the Company's injury and illness case management policy and return to work opportunities
- Ensure a [Return to Work Certificate](#) is received from Treating Physician prior to IP's return to work.
- Ensure that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained

### 6.5 Responsible Line Manager

The responsibilities of the Line Manager include:

- Ensure that Injured Party is accompanied to a Company preferred Hospital / Medical Provider
- Start gathering and documenting information that can be used in the incident investigation
- If Contractor is injured / ill, notify Employer of injury or illness to Contractor
- Determine the suitability of the return to work plan with functional input from Site Medical Professional or Injury Management Coordinator
- Monitor IP's status against return to work plan and establish regular communication in support of the return to work goals
- Assess the ability to perform restricted duties with functional advice from Site Medical Professional / Injury Management Coordinator
- Provide meaningful restricted duties opportunities to assist the IP's return to full work capacity
- Ensure Contractor companies follow these processes as a minimum, for injury management and provide a Return to Work Certificate following a lost time or restricted work case or non-work related absence

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## 6.6 Human Resources

It is the role of Human Resources to manage the administrative aspects of workers' compensation claims and provide a link between the Company and insurer. The HR Team is responsible for:


- Timely submission of workers' compensation claim paperwork to insurer, including Employer's First Report of Injury / Illness, if applicable
- Liaise with insurer / assessor before and after acceptance of claims
- Monitor the progress of claims and act on disputed claims
- Maintain confidentiality of workers' compensation records containing claim correspondence, medical reports, payment records, etc.
- Offer of counselling through Employee Assistance Program for both IP and their family
- In case of serious injury, notify IP's next of kin / emergency contact after consultation with Site Medical Professional, Manager and if required, HSE

## 6.7 Occupational Health Specialist

The responsibilities of the Occupational Health Specialist include:

- Identify and assess Company [Preferred Provider Clinics](#) for medical assessment
- Assist operations to develop a site [Medical Response Plan](#) prior to commencement of operations
- Conduct a remote assessment and/or site audit of medical facilities to communicate Company expectations around case management
- Provide training material for employees, Managers / Supervisors and Injury Management Coordinators in injury / illness case management including the return to work program
- Work with Operations and ergonomic Consultant to define essential physical demands for key operational positions
- Monitor the management of injury / illness cases, including use of documentation
- Communicate medical protocols with Medical Directors and Site Medical Professionals
- Conduct a periodic review of the injury / illness case management procedure and forms

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## 6.8 Site HSE

The responsibilities of site HSE include:

- Assist the Manager / Supervisor to monitor the progress of the IP
- Ensure regular testing of the site Medical Response Plan
- In an emergency event, assist with notification, reporting and investigation
- Assume the role of an Injury Management Coordinator role where no Site Medical Professional exists
- Establish a relationship with local medical providers and ensure documentation is used appropriately
- Education and training in injury / illness case management principles for site personnel

## 6.9 HSE Manager / Supervisor

The responsibilities of the HSE Manager / Supervisor include:

- Overall responsibility to ensure the injury / illness case management procedure is implemented across the Operation
- Monitor sites for compliance with the injury / illness case management procedure
- Provide relevant information to the Occupational Health Specialist regarding location, operation and facilities to ensure timely delivery of a site Medical Response Plan
- Review and approve the site Medical Response Plan
- Ensure that case management training needs are identified and delivered across the Operation
- Ensure resources are assigned to support the implementation of the injury / illness case management procedure, in consultation with the Occupational Health Specialist

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**7.0 RECORDS**

Records shall be kept in compliance with the Petroleum Record Retention Procedure.

**8.0 VARIANCES**

Any planned deviations from the requirements of this procedure shall be recorded on [Petroleum HSE Variance Form](#) and submitted to [Petroleum HSE Systems Support](#).

Variations to this procedure must be approved by:

1. Senior Occupational Health Specialist
2. Vice President HSE

**9.0 UPDATES TO THIS DOCUMENT**

This is a Petroleum HSE Controlled Document. Requests for updates to Petroleum HSE Controlled Documents shall be documented on the [Petroleum HSE Document – Update Request Form](#) and sent to the [Petroleum HSE Systems Support](#) email in the GAL.

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