

Petroleum	Health, Safety & Environment Management System Injury / Illness Case Management	 bhpbilliton resourcing the future
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PETROLEUM CSG

HSE MANAGEMENT SYSTEM PROCEDURE

INJURY / ILLNESS CASE MANAGEMENT

Petroleum HSE Procedure No: PHSE-13-P03	
Date: March 22, 2011	Revision: 6.1
Owner: Kim Phillips, Occupational Health and Hygiene Manager	
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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 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

2.0 SCOPE

This Procedure applies to all BHP Billiton Petroleum personnel. This Procedure establishes the minimum performance expectations for the management of injuries and illnesses by Contractor organizations for all injury or illness whether work related or non-work related.

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:

- [Petroleum Medical Assessment Procedure](#)
- [Petroleum Incident Investigation and Management](#)
- [Petroleum Authorization for Disclosure of Medical Information](#)
- [Petroleum Preferred Provider Clinics](#)
- [Petroleum Return to Work Certificate](#)
- [Petroleum Medical Response Plan](#)
- [Petroleum Letter of Return to Work Program](#)
- [Petroleum Injury / Illness Information Form](#)
- [Actions to be Taken by Sites *With* a Site Medical Professional](#)
- [Actions to be Taken by Sites *Without* a Site Medical Professional](#)

4.0 DEFINITIONS


Company – BHP Billiton Petroleum.

Contractor(s) – An individual, company or other legal entity that carries out work or performs services under a contract of service. This includes sub-Contractors.

First Aid - means 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 Over-The-Counter 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

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- Use of finger guards
- Use of massages
- Drinking fluids for relief of heat stress
- Oxygen administered on a precautionary basis, and not required to successfully treat the patient following a work-related injury or illness A referral by a medic / paramedic for an initial appraisal by a physiotherapist, chiropractor or occupational therapist plus one follow-up visit without further treatment
- The use of a Physical Therapist to treat a non-work related injury, or as part of a wellness program, is not recordable.
- Following a work-related injury, a referral by a licensed health care professional to a physical therapist is First Aid where the treatment provided does not exceed 96 calendar hours (not total shift hours) from time of initial referral. The injury must be reassessed after 48 hours and/or at the end of the treatment period. Any extension of treatment beyond 96 calendar hours automatically converts it to a Medical Treatment case.
- All of the above are regarded as First Aid regardless of the professional status of the person providing the treatment.

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.

First Aider – a person certified in First Aid able to provide first response to injuries and illnesses.

Health Surveillance - Procedures undertaken with individuals or in groups to review a worker’s health and assess deviation from normality. It includes biological monitoring such as the measurement of blood lead and medical surveillance such as audiometry.

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 serious 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.

Injury or Illness – An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illness includes both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning.

Licensed Health Care Professional – a trained health professional such as an Occupational Health Nurse, Doctor or Medic holding a current, valid license with the relevant authority to practice as a licensed health care professional

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Local Medical Director – A licensed Physician who is responsible for providing professional medical advice and support to Site Medical Professionals, before, during and after medical treatment.

Lost Time Case –Any work-related injury or occupational illness, including fatality, resulting in at least one lost workday after the day of the incident, regardless of whether the injured person was scheduled to work.

Time taken travelling to and from medical evaluation, or waiting for diagnosis following an incident, does not count towards lost time unless the medical evaluation determines the injured person is unable to perform ANY Routine Job Functions the day following the incident.

Contractors working for BHP Billiton must be included in the count of days lost for work-related injury or illness.


Manager – The responsible line manager.

Medical Response Plan – a plan detailing site specific medical practitioners and facilities approved for use by the Company’s Occupational Health Specialist

Medical Treatment Case – 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 and includes:

- A requirement to use oxygen to successfully treat a patient following a work-related injury or illness (for example, shock, decompression sickness, altitude sickness, exposure to toxic substances or oxygen deficient atmospheres) is Medical Treatment. The use of oxygen as part of routine decompression in diving operations is not recordable. The prophylactic use of oxygen to prevent the onset of altitude sickness is not recordable.
- Following a work-related injury, a licensed healthcare professional’s referral for physical therapy or chiropractic treatment (including occupational therapy) as part of an injury rehabilitation program extending beyond 96 calendar days (not total shift hours).
- Any work-related physical therapy or chiropractic treatment (including occupational therapy) which uses Prescription Medication / Over-The-Counter Medicine at prescription strength, or other form of Medical Treatment (for example, rigid support)
- Other than those listed under First Aid, all means of wound closure (including, but not limited to, staples, sutures and glue) regardless of who applied them and where
- With the sole exception of a tetanus vaccination, all other vaccinations, immunizations and provision of antibiotics prescribed after a work-related event whether or not an illness or infection is present. This does not include travel immunizations.
- The act of issuing Prescription Medication (or Over-The-Counter Medication at prescription strength) following a work-related injury or illness even if the prescription is not collected or the medication not taken.

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Must or Shall – Means a mandatory requirement.

Non-Work Related Case – a case that involves an injury or illness that is unrelated to an event or exposure in the work environment.

Operational Site – A location or Asset where activities are managed by BHP Billiton Petroleum including, but not limited to, offshore installation, seismic vessel, onshore facility / site / yard, drilling rig, project sites, heliport, etc.

OSHA – US Occupational Safety and Health Administration.

Over-The-Counter Medication – Medication that may be obtained without a prescription from a health care professional. As different jurisdictions have different definitions of what constitutes an Over-The-Counter Medication, the regulations in the country of treatment must be used to determine the classification as Over-The-Counter Medication.

Note that Over-The-Counter Medications given at prescription strength dosages will be considered Prescription Medications.

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

Precautionary Restricted Duties – For work related injury or illness, precautionary Restricted Duties can be assigned for the purpose of preventing a more serious condition from developing if the licensed health care professional first confirms in writing the affected individual is fully able to perform all of his or her Routine Job Functions.

Precautionary Restricted Duties must not exceed 96 calendar hrs (not total shift hours) from the time of injury or illness and must be reassessed by a licensed health care professional after 48 hours and/or at the end of the precautionary restricted duty period.


Any extension of Restricted Duties following re-assessment beyond 96 calendar hours (not total shift hours) automatically converts it to a Restricted Work Case dating back to the time of initial injury. The normal provisions for assessing recordability (for example, not recordable, First Aid or Medical Treatment) still apply.

Preferred Provider Clinic – A medical facility that has been assessed and approved by the Company Occupational Health Specialist and Petroleum Medical Director for medical assessment and/or case management.

Prescription Medication –a licensed medicine that is regulated by legislation to require a prescription issued by a health care professional before it can be obtained. The medicine is prescribed for, and intended to be used by, one person (named on the prescription).

The term ‘Prescription Medication’ is used to distinguish it from Over-The-Counter Medications which can be obtained without a prescription. As different jurisdictions have different definitions of what constitutes a Prescription Medication, the regulations in the country of treatment must be used to determine the classification as Prescription Medication.

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Note that Over-The-Counter Medications given at prescription strength dosages will be considered Prescription Medications.

Recordable – A treatment is considered recordable for work related injury or illness under the following conditions:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond First Aid
- Loss of consciousness
- A significant injury or illness diagnosed by a physician or other licensed health care professional, including but not restricted to:
 - All bone fractures (even if medical treatment not given)
 - All chipped or broken teeth (even if medical/dental treatment not given)

The following are not recordable:

- The administering of travel immunizations such as Hepatitis B vaccine or rabies vaccine, or given as part of a wellness program, is not recordable. The use of Occupational Therapists, Physiotherapists or Chiropractors to treat a non-work related injury, or as part of a wellness program, is not recordable.

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.

Restricted Work Case – Is the result of a work related injury or illness that occurs when:


- you keep the employee/contractor from performing one or more of the Routine Job Functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or
- a physician or other licensed health care professional recommends that the employee/contractor not perform one or more of the Routine Job Functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work, or
- the employee/contractor is unable to return to his/her full time, full duty job on the next calendar day regardless of whether he/she was scheduled to work that day
- precautionary restricted duties exceed 96 calendar hours (not total shift hours) from time of injury or illness.

Routine Job Functions - those work activities that a person regularly performs at least once per week.

Shall or Must – Means a mandatory requirement.

Should - Means a guideline which is strongly recommended.

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Significant Injury or Illness – Significant Injury or Illness as defined by OSHA must not be confused with criteria used for reporting a Significant Incident Decompression sickness, loss of consciousness, etc., are examples.

Site Manager – see Person in Charge definition above.

Site Medical Facility – A dedicated medical facility established at an Operational Site or Company office to evaluate, treat and/or stabilize 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.

Work Environment – An establishment or other location where one or more employees/contractors are working or are present as a condition of their employment. The work environment includes the physical locations in addition to equipment or materials used by the employee/contractor during the course of work. (OSHA Regulation 1904.5 b(1)).

Work Related – You must consider an injury or illness to be work related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. (OSHA Regulation 1904.5(a))

The following are not work related:

- Tuberculosis among **employees /contractors** is not work-related where it is endemic in the surrounding community.
- Pandemic influenza.

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5.0 PROCEDURE(S)

5.1 Advance Preparations

All personnel are required to be certified fit to work 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 also includes management 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. 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 case management and commitment to an early and safe return to work, as appropriate. Medical facilities that are identified for case management shall be assessed and approved by the Company Occupational Health Specialist (or designee) and documented on the site [Medical Response Plan](#). The [Medical Response Plan](#) shall be approved by the site Manager and HSE Manager / HSE 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 (Locations with and without on-site clinic)

All personnel experiencing an injury or experiencing signs and/or symptoms of illness shall immediately notify their immediate Supervisor and seek medical advice from the Site Medical Professional, where available.

The Company is committed to providing conservative medical care, as appropriate. The Site Medical Professional, or designee, shall assess the severity of the illness / injury at the scene of the incident or at the Site Medical Facility (where available) and must complete the [Injury / Illness Information Form](#) .

If Immediate Medical Care is required, the Site Medical Professional, or First Aider for locations without an on-site medical clinic, administers treatment to stabilize the IP. When the IP requires First Aid only, the Site Medical Professional, or First Aider, shall administer the appropriate First Aid treatment. The line supervisor and Site Manager must be kept informed of all cases. For non-urgent medical evacuations, the Site Manager and HSE Manager / HSE Supervisor shall be immediately notified.

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It is important to maintain confidentiality for any injury or illness that is clearly not work-related. Detailed medical information should be shared on a need to know basis.

Should the IP require care beyond first aid and/or medical evacuation, the Site Medical Professional, or designee, must discuss the case information with the Local Medical Director. If the Local Medical Director is unavailable or the Site Medical Professional has any concern or question regarding the course of care recommended, then the Site Medical Professional must contact the Petroleum Medical Director, (Doug Patron, MD +1 281-387-2076). The site [Medical Response Plan](#) must be followed for any IP who requires transport to off-site facility (including medical evacuation) for any reason.

If the IP requires treatment beyond first aid at a facility with on-site clinic facilities, the Site Medical Professional must document other treatment alternatives being considered together with the rationale if the final decision is to treat beyond First Aid. Sample discussion items:

- Is Prescription Medication required or would alternative, Over-The-Counter Medication be as effective?
- Can IP continue to perform their job function safely and effectively?
- Would close observation by the Site Medical Professional or another medical professional for infection be an effective alternative to prescribing prophylactic antibiotics?


The Site Medical Professional providing treatment to IP with on-site clinic facilities shall follow the process outlined in Figure 1: Actions to be taken by Medical Professionals with on-site clinic. The First Aider providing treatment to IP shall follow the process outlined in Figure 2: Actions to be taken by First Aider at locations without on-site clinic.

There is also a responsibility to ensure post accident drug and alcohol testing is conducted, as appropriate, 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.

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5.2.1 Actions to be Taken at Sites

The following flowcharts can be found on the [Petroleum HSE Approved Document Register](#):

- [Actions to be Taken by Sites With a Site Medical Professional](#)
- [Actions to be Taken by Sites Without a Site Medical Professional](#)

5.3 Referral to Hospital / Physician

5.3.1 Escort to Hospital / treating physician


In the case of a 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 in accordance with the site Medical Response Plan 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.

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 Local Medical Director.

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5.3.2 Preferred Providers of Medical Care

The Occupational Health Specialist shall evaluate and approve 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 injury / illness involving employees, the Local Medical Director, Site Medical Professional or designated Company representative shall liaise with the treating physician to monitor treatment and progress.

5.4 Case Management


For all cases of injury / illness treated at an external medical facility the Site Medical Professional (unless specifically handed over to the nominated Injury Management Coordinator) shall initially communicate with the treating physician to advise of injury/illness information including initial treatment and/or stabilization provided.

A case is not recordable as a Restricted Work Case if a health care professional advises in writing that the IP is fully able to perform all of his or her Routine Job Functions and the employer assigns a work restriction (not greater than 96 hours) for the purpose of preventing a more serious condition from developing as per the BHP Billiton definition of Precautionary Restricted Duties.

If a Physician or other licensed health care professional recommends that the IP not perform one or more of the Routine Job Functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work, a Restricted Work Case is recorded.

The IP, Injury Management Coordinator and/or Local Medical Director 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](#). All IP's must be reassessed after 48 hours and as needed to ensure proactive case management for return to work as appropriate.

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For any RWC or LTC, IP must be assessed by a Company approved licensed health care professional at a frequency determined by the Petroleum Medical Director, Occupational Health and Hygiene Manager or Senior Occupational Health Specialist.

The Injury Management Coordinator must also provide regular updates after each medical evaluation for work-related injury or illness cases 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.

Upon release to return to work, the IP must provide physician [Return to Work Certificate](#). Should the IP require accommodation(s), the IP, Supervisor, HSE Personnel, Human Resource Personnel and Company Medical Personnel shall meet to determine whether an accommodation can reasonably be made. All accommodations must be case managed by Injury Management Coordinator, Supervisor, HSE Personnel and Human Resources Personnel.

5.5 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.


5.6 Fitness to work Certification

5.6.1 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 prior medical certification 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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5.6.2 Non-Work Related cases (See Definition of Work Related Section [4.0](#))

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 Routine Job Functions 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.

5.6.3 Contractors (Employer of Individual Contractors)

Contractors shall have in place an injury/illness case management program that includes provision of qualified Site Medical Professionals, working instructions for Site Medical Professionals (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 use 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 Personnel (Employees and Individual Contractors)

All personnel have the following responsibilities:


- Report all work related injuries and illnesses to his/her Manager and Site Medical Professional 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 and Site Medical Professional immediately
- Inform the Site Medical Professional, prior to commencing scheduled work if: (1) the Over-The-Counter Medication or Prescription Medication may impair his/her ability to safely perform assigned Routine Job Functions (i.e. medications or Prescription Medications which warn of drowsiness or caution regarding the operation of a motor vehicle or machinery); or (2) the Over-The-Counter Medication or Prescription Medication may create an actual or potential threat of harm to themselves, co-workers, or the public.
- 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
- Ensure that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained
- 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 (Employer of Individual Contractors)

The responsibilities of Contractors include:

- Confirm Work Related injuries and illnesses to the Company representative and Site Medical Professional
- Make arrangements for the transportation of the IP in accordance with the site Medical Response Plan

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- Ensure IP is evaluated and treated at a Company [Preferred Provider Clinics](#) for an accurate diagnosis, ongoing treatment and rehabilitation or suitable medical provider
- Ensure that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained
- 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
- 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:

- Maintain medical qualifications and skills and review medical protocols on an annual basis
- Complete training on Injury / Illness Case Management and attend annual refresher training
- Ensure that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained
- Complete Injury / Illness Information Form as per Section [5.2](#).
- Consult with the Local Medical Director and/or Petroleum Medical Director prior to treatment beyond First Aid.
- Document other treatment alternatives considered together with the rationale if the final decision is to treat beyond First Aid.
- Evaluate, treat and/or refer IP to Company [Preferred Provider Clinics](#) or medical facility nominated on the site Medical Response Plan
- Consult the Local Medical Director in all cases where medevac may be required
- Notify the site Manager and/or Site HSE of reported injury or illness and discuss transportation arrangements to a medical facility for further evaluation
- Liaise with Injury Management Coordinator regarding status and progress of IP.

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- Provide regular updates to the relevant Manager / HSE Advisor on the status of the individual and ability to return to work.
- Discuss the ability of the IP to perform restricted duties with the Responsible Line Manager. This includes consideration of Precautionary Restricted Duties which must not exceed 96 calendar hrs (not total shift hours) from the time of injury or illness and must be reassessed by a licensed health care professional after 48 hours and at the end of the precautionary restricted duty period.
- Document information that will be useful for the incident investigation
- Ensure post accident drug & alcohol testing is conducted

6.4 First Aider at sites without a Site Medical Professional

The responsibilities of the First Aider include:

- Maintain First Aid qualifications and skills
- Complete training on Injury / Illness Case Management and attend annual refresher training
- Complete Injury / Illness Information Form as per Section [5.2](#).
- Evaluate, treat and/or refer IP in accordance with the site Medical Response Plan
- Notify the site Manager and/or Site HSE of reported injury or illness and discuss transportation arrangements to a medical facility for further evaluation
- Ensure that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained


6.5 Injury Management Coordinator

An Injury Management Coordinator may be appointed to interface with the IP, Company and treating physician. 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
- Complete training on Injury / Illness Case Management and attend annual refresher training

6.6 Responsible Line Manager

The responsibilities of the Line Manager include:

- Ensure that Injured Party is accompanied to a medical facility listed in the site Medical Response Plan
- Ensure that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained
- 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. This includes consideration of Precautionary Restricted Duties which must not exceed 96 calendar hrs (not total shift hours) from the time of injury or illness and must be reassessed by a licensed health care professional after 48 hours and at the end of the precautionary restricted duty period
- Provide meaningful restricted duties opportunities to assist the IP's return to full work capacity

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- 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
- Complete training on Injury / Illness Case Management and attend annual refresher training
- For sites where there is not a Site Medical Professional:
 - Consult with the Local Medical Director and/or Petroleum Medical Director for any treatment, or potential treatment, beyond First Aid.
 - Consult the Local Medical Director in all cases where medevac may be required

6.7 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 counseling 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
- Ensure that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained

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6.8 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 desktop 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
- Ensure that personal information gathered during the injury / illness case management process is treated with sensitivity and that confidentiality is maintained

6.9 Site HSE Advisor

The responsibilities of site HSE Advisor include:

- Assist the Manager / Supervisor to monitor the progress of the IP
- Ensure that the Site Medical Professional has consulted with the Local Medical Director and/or Petroleum Medical Director as required by this Procedure
- 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
- Complete training on Injury / Illness Case Management and attend annual refresher training.

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6.10 HSE Manager / HSE Supervisor

The responsibilities of the HSE Manager / HSE 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
- Ensure that the Local Medical Director and/or Petroleum Medical Director has been consulted as required by this Procedure
- Ensure initial training on Injury / Illness Case Management Procedure is completed and refreshed annually by Site Medical Professionals, HSE, Line Manager, and Injury Management Coordinator
- Responsible for maintaining training attendance records on Injury / Illness case Management Procedure

7.0 Documentation


7.1 Internal Documentation

The Site Medical Professional shall complete the [Injury / Illness Information Form](#) for all treatment. The information on the form must be available prior to discussion with the Local Medical Director and / or Petroleum Medical Director.

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 Investigation and Management Procedure](#).

The completed [Injury / Illness Information Form](#) should be included (filed) in medical records.

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7.2 External Documentation

In cases of injury / illness that occurred in the Work Environment, 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.

8.0 RECORDS

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

9.0 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. Petroleum Medical Director
2. Occupational Health and Hygiene Manager
3. Vice President HSE

10.0 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 Proposal and Review Form](#) and sent to the [Petroleum HSE Systems Support](#) email in the GAL.

11.0 APPENDIX

11.1 Guide to OSHA First Aid and Medical Treatment Definitions

11.2 Changes


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11.1 Guide to OSHA First Aid and Medical Treatment Definitions

Nature of Injury	First Aid (Non Recordable)	Medical Treatment (Recordable)
Cuts, lacerations, Punctures, Abrasions and Splinters	<ul style="list-style-type: none"> Wound coverings such as bandages, Band-Aids™, gauze pads, butterfly bandages or Steri-Strips™ Cleaning, flushing or soaking wounds on the surface of the skin Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means Removal of foreign bodies in the eye, not embedded, <u>only</u> by irrigation or cotton swabs. Use of eye patches Drilling a nail to relieve pressure, or draining fluid from a blister Use of finger guards (to protect bandaged finger from irritation, dirt and further injury) 	<ul style="list-style-type: none"> Sutures (<i>stitches</i>) Staples Surgical Glue Application of prescription antiseptic or a non prescription antiseptic at prescription strength Removal of foreign bodies requiring skilled services due to depth of embedment, size or shape of object(s), or location of wound Procedures involving the excision of the outer layer of skin.
Immunizations	<ul style="list-style-type: none"> Tetanus immunizations (Initial or booster) 	<ul style="list-style-type: none"> Other immunizations i.e., Hepatitis B or Rabies associated with injury.
Strains, Sprains, Dislocations and Bruises	<ul style="list-style-type: none"> Any non-rigid, non-immobilizing means of support such as elastic bandages. Hot or cold therapy (e.g., compress, soaking, whirlpools) Using temporary immobilization devices while transporting an accident victim (e.g. splints, slings, neck collars, back boards etc) Use of massage 	<ul style="list-style-type: none"> Devices with rigid stays or other systems designed to immobilize parts of the body, .e.g., splints, casts, etc. Use of diathermy and whirlpool treatments ordered by a physician or employer Physical therapy Chiropractic treatment
Medications	<ul style="list-style-type: none"> Over-The-Counter Medication used at non-prescription strength Prescription Medication that is issued solely for diagnostic purposes (e.g. eye drops for dilation purposes) 	<ul style="list-style-type: none"> Prescription is issued, even if only a single dose and even if IP chooses not to fill prescription. Note Prescription classification is determined by regulations in the country of treatment. Use of an Over-The-Counter Medication at a prescription dose/ strength.
Other	<ul style="list-style-type: none"> Administration of oxygen, in the absence of other medical treatment or related injury or illness. (Pure precautionary where no signs and symptoms of work related exposure exist) Drinking fluids for relief of heat stress. 	<ul style="list-style-type: none"> Administration of oxygen following a work-related injury or illness (e.g. shock, exposure to toxic substances or oxygen of deficient atmospheres)

Miscellaneous Guidelines

- Medical treatment is only one criterion for determining recordability. Any injury which may have required only First Aid treatment but involved loss of consciousness, restriction of work or motion, or transfer to another job is recordable.
- Recordability is not linked to who renders treatment; it is dependent on what the treatment is. (In other words, a doctor can bandage a wound and it is not recordable. A co worker or company nurse using surgical glue is still recordable).
- Hospitalization for observation, where no treatment is rendered other than First Aid, is not considered medical treatment. Note, however, that most injuries requiring hospitalization will result in lost workdays and will be recordable for that reason.
- Precautionary Restricted Duties can be assigned following a minor injury/illness for the purpose of preventing a more serious condition from developing if the initial assessment by a licensed healthcare professional determines the affected individual is able to perform all routine job functions. These must not exceed 96 calendar days (not total shift hours) from the time of the injury or illness and be reassessed by a licensed healthcare professional after 48 hours and/or at the end of the precautionary restricted duty period. Any extension beyond 96 hours automatically converts the case into a Restricted Work Case dating back to the time of initial injury or illness. The normal provisions for assessing recordability still apply.

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11.2 Changes

11.2.1 From Rev 5.2 to Rev 5.3

4.0 Definitions, add Licensed Health Care Professional

5.2 – link added

5.4 – order of paragraphs changed

11.2.2 From Rev 5.3 to Rev 5.4

5.2.1 – Flowcharts were removed, but linked, and are now separate documents.

5.4 – Content has been added and changed.

11.2.3 From Rev 5.4 to Rev 6

6.3 – Changes to bullet that begins with “Discuss the ability of...”

6.6 – Changes to bullet that begins with “Assess the ability to...”

11.2.4 From Rev 6 to Rev 6.1

4.0 – “Occupational Illness/Disease” changed to “Injury or Illness”. Definition changed as well.

4.0 – “Traumatic Injury” removed

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