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Doc Custodian: Safety Supervisor		Refinery Safe Work Procedure
Approved By: Eric Kaysen		
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1.0 Purpose

The purpose of this policy is to establish the requirements, practices, and procedures to ensure the timely care, reporting, documentation, and communication of occupational injury and illness incidents.

2.0 Scope

- 2.1 Employees shall immediately report any occupational injury/illness to their supervisor. Such reporting assures employees receive prompt, appropriate medical treatment, allows injury/illness-causing incidents to be effectively investigated, and results in timely implementation of corrective actions.
- 2.2 This policy applies to all MPC and contract employees at the Galveston Bay facility.

3.0 Procedure

3.1 Injury/Illness Management

- 3.1.1 All injuries/illnesses sustained must be reported to an MPC Supervisor and if non-life threatening, report to the MPC Medical Department for instruction.
 - 3.1.1.1 If there is a medical emergency, activate the EMS system. Dial 1911 or activate the orange man down button on the MPC radio.
 - 3.1.1.2 If there is not a medical emergency, includes H2S personal alarms (see SM-5 H2S Exposure Control), the employee and the supervisor will immediately report to the Medical Department. If the medical department is not open, call the SOC and wait in the Medical Department lobby for further instructions. The SOC will make notification to the Shift Director, on shift EMT (if there is one), and the on-call medical department as to the nature of the injury.
 - 3.1.1.3 Once at medical, an GBR Medical personnel (Physician, nurse, EMS provider, etc.) will assess the injury and either treat the injury at medical if needed or refer the employee to an outside physician, specialist or Care Facility.
- 3.1.2 In the event an off-duty employee is unable to report to work or requires medical treatment as a result of an occupational illness or injury, the employee must contact the supervisor who will then notify the GBR Medical Department.

3.2 Transporting Injury/Illness Offsite

For all Non-life-threatening injuries/illnesses if an employee needs to go offsite for medical attention, the GBR Medical Department will determine the appropriate transportation. In some cases, this may be the employee's supervision.

3.3 Return to Work

The GBR Medical Department shall determine if an injured or ill employee can return to work.

- 3.3.1 A meeting with HR, Medical and the employee's supervision may be scheduled to review the restrictions to determine necessary action to bring the employee back to work.
- 3.3.2 Medical will forward copies of the return-to-work paperwork, including any restrictions via email to HR, HSE, and the employee's supervisor.
- 3.3.3 Any follow up visit/treatment for an injury/illness will be coordinated through the MPC

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Medical Department.

3.4 Provision for Re-treatment of an Injury

Arrangements for handling re-treatment of injuries shall be made by the Medical Department. Employees must contact the Medical Department before seeking additional treatment.

3.5 Post Incident Drug Test

Post incident drug testing will be determined by MPC, Contractor Supervision or Security Supervision. During off hours for any post incident drug test please contact the SOC to schedule testing.

3.6 Report Forms

All injuries regardless of severity must be reported through the electronic reporting system. On off hours all injuries/illnesses need to be reported on the "Initial Occupational Injury & Illness Report" (Attachment A). If the form is completed by EMS personnel, it should be delivered to Medical by 07:30 on the next business day.

Note: The inability of the injured employee to complete or sign the report should not delay the distribution of the injury report. In such a case, the injured employee's supervisor shall complete a report.

3.6.1 A "Duty Disposition" form will be completed by the Medical Department. This form releases the employee to return-to-work (RTW) and will list any required medical restrictions. Only the Medical Department can release an employee from work restrictions or authorize their return to work.

3.6.2 Contractors will fill out a contractor medical consent form prior to any medical evaluation.

4.0 Definitions

None

5.0 References

None

6.0 Attachments

6.1 Attachment A: Initial Report fo Occupatoinal Injury/Illness

7.0 Revision History

Revision Number	Description of Change	Written by	Approved by	Revision Date	Effective Date
0	Original Issue to address medical staff reduction under MOC 85443.	B. Lawson	E. R. Kaysen	2/23/2021	5/27/2021

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ATTACHMENT A: INITIAL REPORT OF OCCUPATIONAL INJURY/ILLNESS

(TO BE COMPLETED BY EMPLOYEE)

Date and Time Report Initiated: ___/___/20___ :___:___ AM PM

Employee Name: _____ DOB: _____ SEX: _____

Home Address: _____ SSN: _____

(City) _____ (ST) _____ (Zip) _____ Home Phone: (____) _____

Work Unit: _____ Job Title: _____ Phone Ext.: _____

Immediate Supervisor: _____ Manager: _____

Exact Date and Time of Event: ___/___/20___ :___:___ AM PM

Exact Location of Event: _____

Event Witnessed By (list): _____

Exact Description of Event (What were you doing? What happened? What seems to be hurt/what do you feel like?):

(TO BE COMPLETED BY SUPERVISOR/DESIGNEE)

Apparent Nature of Injury/Illness: _____

Disposition: Back to Work (EMT-1st Aid) Sent to Medical Sent to Hospital Other

Comments: _____

Report prepared by (supv./designee name): _____

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(TO BE COMPLETED BY MEDICAL)

Date and Time of initial evaluation: ____/____/20____ :____ AM PM

Nature of injury/illness: _____

Comments: _____

Disposition: _____

Follow Up: Yes Date: ____/____/20____ No

Signature (MD or RN) _____