

	LAR Safety Standing Instruction	HSS-110	
	Medical Emergencies, First Aid and Reporting Injuries/Incidents	Page 1 of 13	
		DATE: 03/11/2019	Rev: A01

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1.0 INTRODUCTION

1.1 Purpose

The purpose of this procedure is to outline the responsibilities of the onsite medical clinic during the event of an injury for contract and Andeavor employees and provide guidance for treatment of injuries and reporting requirements.

1.2 Scope

This procedure applies to all Company and contract employees working at the Los Angeles Refinery.

2.0 REFERENCES

The following are referenced documents:

2.1 Andeavor Standards

- LAR Emergency Response Plan
- Contractor Safety Program
- HSS-012 Event and Investigation Management

Revision:	Prepared by:	Approved by:	Date:
A01	Amy Sen	Connie Lema	3/11/2019
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2.2 Government Regulations

- California OSHA regulations “Injury and Illness Prevention Program” (8CCR3203)
- 8 CCR 342: Reporting Work-Connected Fatalities and Serious Injuries
- 29 CFR 1904.39: Reporting Fatalities and Multiple Hospitalization Incidents to OSHA

3.0 DEFINITIONS

The following additional definitions are applicable to this Standard.

Table 1 Definitions

Term	Description
Injury	Suffer physical harm or damage to (a part of one’s body).
Illness	A disease or period of sickness affecting the body or mind.
Emergency	An urgent need for assistance or relief
OSHA	Occupational Safety and Health Administration
TAR	Turnaround
LAR-C	Los Angeles Refinery at Carson
LAR-W	Los Angeles Refinery at Wilmington
OSS	Operations Shift Supervisor
RSS or 501	Refinery Shift Superintendent

4.0 GENERAL REQUIREMENTS

- 4.1.1** All injuries / illnesses, no matter how minor in nature, shall be reported immediately to their direct Supervisor. **Note:** If the injury occurs in an operating unit, notify the unit Operation Shift Supervisor (OSS).
- 4.1.2** The injured workers direct Supervisor shall immediately report the injury / illness to the unit operator and to the Safety Department on radio channel C-2.
- 4.1.3** If the assistance of the LAR Response Team is needed for treatment at the site where the incident has occurred dial 222 for Carson and dial 6911 for Wilmington, contact the Refinery Shift Superintendent (RSS or 501) on the LAR-C Radio channel C1 or (310) 847-3646. For Wilmington the RSS can be contacted on the LAR-W channel C1 or (310) 522-6333.

When calling during an emergency at minimum, these details should be given:

- What is wrong
- Location of emergency
- What is needed (i.e. ambulance, special rescue equipment, etc)

Note: The caller shall not hang up until all information has been confirmed and is then instructed to hang up the phone.

- 4.1.4** If outside assistance is required, the RSS (501) will notify the Security Operations Center (SOC) to make the request for assistance.

4.1.5 All injuries must be reported even if the symptoms are not noticed until the employee is home. In this case, the employee shall report the problem within 24 hours to their company representative.

5.0 OBTAINING NON-EMERGENCY MEDICAL SERVICES

5.1 Routine Medical Hours

5.1.1 The following steps are taken for obtaining non-emergency medical services when an employee sustains an injury or illness during routine medical department hours:

Step	Action						
1	Employee notifies immediate supervisor. Note: If the injury occurs in an operating unit, notify the unit OSS						
2	Notification process						
3	Employee reports to Medical						
4	Medical determines if employee needs to be transported to LBMC/CareOnSite <table border="1" data-bbox="371 730 1430 905"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>attention at LBMC/CareOnSite is needed</td> <td>Medical informs supervisor to arrange for transportation.</td> </tr> <tr> <td>attention at LBMC/CareOnSite is not needed</td> <td>Medical provides treatment.</td> </tr> </tbody> </table>	If ...	Then ...	attention at LBMC/CareOnSite is needed	Medical informs supervisor to arrange for transportation.	attention at LBMC/CareOnSite is not needed	Medical provides treatment.
If ...	Then ...						
attention at LBMC/CareOnSite is needed	Medical informs supervisor to arrange for transportation.						
attention at LBMC/CareOnSite is not needed	Medical provides treatment.						
5	Medical completes and submits Form HSS-002						

5.2 Non-Routine Medical Hours

5.2.1 The following steps are taken for obtaining non-emergency medical services when an employee sustains an injury or illness during non-routine medical department hours
Refer to Appendix E for steps:

Step	Action								
1	Employee notifies OSS on duty								
2	OSS determines nature of injury: <table border="1" data-bbox="371 1260 1430 1675"> <thead> <tr> <th>If the injury...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>is a first aid</td> <td>5 OSS provides treatment and Directs employee to report to Medical during routine hours.</td> </tr> <tr> <td>requires non-emergency medical treatment</td> <td>OSS arranges for transportation to LBMC/CareOnSite. 501/RSS will provide a sheet with the injured employee to be taken off-site. See Appendix A. Note: OSS shall contact LBMC/CareOnSite prior to transport.</td> </tr> <tr> <td>requires emergency medical treatment</td> <td>See Emergency Medical Services</td> </tr> </tbody> </table>	If the injury...	Then ...	is a first aid	5 OSS provides treatment and Directs employee to report to Medical during routine hours.	requires non-emergency medical treatment	OSS arranges for transportation to LBMC/CareOnSite. 501/RSS will provide a sheet with the injured employee to be taken off-site. See Appendix A. Note: OSS shall contact LBMC/CareOnSite prior to transport.	requires emergency medical treatment	See Emergency Medical Services
If the injury...	Then ...								
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requires emergency medical treatment	See Emergency Medical Services								
3	Notification process								
4	Medical completes and submits Form HSS-002								

6.0 OBTAINING EMERGENCY MEDICAL SERVICES

6.0.1 The following steps are taken for emergency medical services:

Step	Action
1	Contact RSS/501 on radio channel C1 or press the orange button. If offsite or additional assistance is required, then contact security at 6911 (Wilmington) or 222 (Carson) and request a Level 1 notification.
2	If paramedics are required, contact security and request paramedic or ambulance services.
3	Notification process
4	Medical completes and submits Form HSS-002. See form in Appendix B.

7.0 TRANSPORTATION TO MEDICAL GUIDELINE

An Andeavor Management Representative shall accompany any injured Andeavor employee that is sent to an offsite medical facility. Andeavor management representatives may include:

- Operation Shift Supervisors
- Maintenance supervisors
- Production department managers
- Engineering department managers
- Operation duty representatives
- Maintenance duty representatives
- Project supervisors

The decision of which representative will accompany the employee depends on the department in which the incident occurs, the nature of the incident and injury, and the need for coverage at the plant.

When injuries occur at night or on weekends or the appropriate Andeavor Management Representative is not immediately available, an onsite supervisor such as the RSS/501 should accompany the injured employee to the medical facility and remain until relieved by the Andeavor Management Representative.

The Transportation to Medical Guideline is provided to assist as a checklist. See Appendix D for the checklist.

8.0 PHYSICAL CONDITIONS WORSEN WHILE OFFSITE

- In case of a life-threatening medical emergencies contact 911 or get immediate medical assistance.
- For non-threatening medical emergencies, if an injured employee begins to experience any difficulties at home following an occupational injury, and the employee is unable to transport himself to the Long Beach Medical Clinic/CareOnSite, the employee shall contact their immediate supervisor.
- The employee's supervisor will contact Security at extension 6133 (Wilmington) and 8888 (Carson) to arrange immediate transportation from the employee's home to LBMC/CareOnSite.
- The employee's supervisor shall notify the Safety Duty Representative, Medical Department, and Department Manager as soon as practical.

- The employee's Department Manager will ensure that a Marathon Petroleum management representative meets them at LBMC/CareOnSite.
- Treatment of an occupational injury or illness by a personal medical doctor must be prearranged by a representative of Medical or Health and Safety.
- If the employee has pre-designated the use of their own personal physician for occupational injury/illnesses, the signed documentation shall be on hand in the Medical and Health & Safety Departments and checked before authorization can be made for treatment.

9.0 REPORTING INJURIES AND ILLNESSES

9.1 Hours of Operation

- 9.1.1 Carson's Medical Center is open from 6:00 a.m. to 5:00 p.m. Monday through Thursday and 8:00 a.m. to 4:00 p.m. on Fridays.
- 9.1.2 Wilmington Medical Center is open from Monday through Friday from 7:00 am to 4:30 p.m.
- 9.1.3 Refer to Appendix C for list of off-site medical facilities.

9.2 Reporting Procedures

Reporting procedures shall be followed upon the occurrence of a work related injury, illness, or potential health exposure to LAR employees, contract employees, LAR supervised contractors, subcontractors, and suppliers Refer to chart in Appendix F.

- 9.2.1 The direct Supervisor shall verbally report all near misses, accidents, emergency exposures, and adverse health effects to the RSS (501), the LAR Health & Safety Departments and the unit operator immediately.
- 9.2.2 If Turnaround (TAR) related, the TAR HSE Group shall also be notified.
- 9.2.3 The affected worker shall be escorted by their direct Supervisor to the medical facility.
 - 9.2.3.1 Carson: located at Carson first floor Campus One
 - 9.2.3.2 Wilmington: located in the main training center near the contractor lunch area.
- 9.2.4 The worker's Supervisor shall ensure that an immediate mitigating action has been taken to protect other workers from the hazards.
- 9.2.5 The incident shall be documented on the Injury & Illness Report obtained from LAR Medical. See Appendix B.
- 9.2.6 The Medical Department shall distribute the initial report to the RSS (501), LAR Health and Safety Departments, affected employee, the direct Supervisor, and retain a copy for their files.
- 9.2.7 The supervisor must submit a SAF-012. Refer to HSS-012 Event and Investigation Management.
- 9.2.8 Medical Department enters the incident and medical care given into the IMPACT database.
- 9.2.9 EHS Systems shall assign the investigation to the injured worker's Superintendent and send them an email requesting a detailed incident description and the remedial action.
- 9.2.10 Investigations that involve contractor injuries during a TAR event shall be assigned to the TAR Group
- 9.2.11 The assigned investigator or their delegate completes the requested information on the electronic form and submit it to EHS Systems by following the instructions on the form within 45 days from the time of the incident.
- 9.2.12 NOTE: The individual that has been assigned the investigation by EHS Systems is the responsible party for closing the investigation in a timely manner.
- 9.2.13 Contract companies will not be receiving an e-mail from EHS Systems and therefore shall complete Section B on the paper form. The completed Injury & Illness Report shall be delivered to the LAR Safety Department via interoffice mail.
- 9.2.14 EHS Systems shall notify the Safety Department when an incident form is submitted for closure and to conduct a Quality Control (QC) check.

- 9.2.15 After the QC check; EHS Systems shall close the incident investigation in IMPACT.
- 9.2.16 If the employee's condition changes or the OSHA classification changes (for example, from recordable to lost time), verbally notify the LAR Health & Safety Department immediately and submit a new or revised "Injury/Illness Investigation Report" to the Safety Department within 24 hours of the change in condition.
- 9.2.17 The direct Supervisor is responsible for notifying and updating their upstream management team (i.e. supervisor to superintendent and / or contractor to Refinery Representative)
- 9.2.18 From 5:00 p.m. to 6:00 a.m. and all day and night Friday through Sunday shall be considered "off-hours".

10.0 SECURITY OPERATIONS CENTER (SOC)

10.1 Emergency dispatch procedure

- 10.1.1** If SOC is the first to be notified, they will immediately notify the RSS (501) via the LAR radio system, channel C-1.
- 10.1.2** If directed by the RSS (501), SOC will call Los Angeles County Fire Department Paramedics via the 911 system.
- 10.1.3** Send out the emergency page stating the emergency to the appropriate on call EHS personnel.
- 10.1.4** Dispatch a guard to meet the Fire Department Paramedics and ambulance, at the designated LAR entry gate and escort them to the location of the emergency.

11.0 FIRE AND SAFETY

The LAR Fire & Safety Departments monitor radio C-2 with the capability to scan emergency channel C-1 and will respond to refinery emergencies with the appropriate equipment to assist the RSS (501).

12.0 TRAINING

Persons who respond to medical emergencies at the facility receive annual training, certification, and appropriate re-certification as dictated by the certifying agency.

13.0 REVISION LOG

Title & Procedure Number:	HSS-110 Medical Emergencies, First Aid and Reporting Injuries/Incidents		
Author/Owner:	Amy Sen	Approver:	Connie Lema
Reviewed By:	Policy & Procedure Committee	Document Administrator:	D. R. Cannon
Issuing Department:	Safety	Issue Date:	3/11/2019
Revision Date:	3/11/2019	Next Review Date:	3/11/2022
Revision Summary			
Updated the instruction to comply with Andeavor LAR standard.			

APPENDIX "A"

Authorization for Services

Authorization Form + Photo ID Required for Services



Injury Care Open 24 Hours
Physical Exam Hours: M-F 7a.m.-5 p.m.
Sat 7 a.m.-2 p.m.

1250 Pacific Avenue
Long Beach, CA 90813
Phone (562) 437-0831
Fax (562) 624-2725



DATE: _____ EMPLOYEE NAME: _____ PO #: _____
DATE OF BIRTH: _____

Is Injury Work Related: yes no unknown
Describe Injury: _____

Employer: _____
Site Address: _____
City, State, Zip: _____
Dept./Work Location: _____

Financial Responsibility (one selection required)
 Employer Employer's Insurance Employee
Authorized By: _____
print name

Signature: _____
signature indicates company responsibility for payment of charges

Phone: _____ Fax: _____

Comments: _____

Physical Evaluations

- Annual Physical: _____
- Return-To-Work Physical
- Driver's D.O.T. Physical
- Audiogram Test
- Pulmonary Function Test
- Other: _____
- Post Offer (Employment) Physical
- Respiratory Clearance + Exam
- Respiratory Clearance - no Exam
- Respirator Fit Test (Mask Make & Model)

Substance Abuse Testing

- Drug Testing: DOT Non-DOT
 In-House Quick Cup
- Breathalyzer: DOT Non-DOT

Test Type

- Pre-employment
- Post Accident
- Random
- Reasonable Suspicion

APPENDIX "B"

SECTION 1 - Save electronic file as "Month, Day, Year Last name of injured employee.doc" ex. 09022006 Jones.doc

Date & Time of Incident: _____		Employee Name: _____																			
Reported, Date & Time: _____		Shift Worked: _____																			
Date of Birth: _____		SSN Last 4 #: _____																			
Non-TAR Incident: _____		TAR Incident: _____																			
Location (Unit) of Incident: _____		Job Title/Craft: _____																			
<input type="checkbox"/> Andeavor Employee Department: _____ Supervisor Name: _____ Phone #: _____		<input type="checkbox"/> Contract Employee Company: _____ Supervisor Name: _____ Phone #: _____																			
Description of Incident: _____ _____																					
Nature of Injury: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Strain/Sprain</td> <td><input type="checkbox"/> Abrasion</td> <td><input type="checkbox"/> Cut/Puncture</td> <td><input type="checkbox"/> Irritation</td> <td><input type="checkbox"/> Burn</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Contusion</td> <td><input type="checkbox"/> Foreign body</td> <td><input type="checkbox"/> Electrical shock</td> <td><input type="checkbox"/> Fracture</td> <td><input type="checkbox"/> Chemical exposure</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hearing loss</td> <td><input type="checkbox"/> Skin disease</td> <td><input type="checkbox"/> Mental stress</td> <td><input type="checkbox"/> Infectious disease</td> <td><input type="checkbox"/> Poisoning</td> <td></td> </tr> </table>				<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cut/Puncture	<input type="checkbox"/> Irritation	<input type="checkbox"/> Burn	<input type="checkbox"/> N/A	<input type="checkbox"/> Contusion	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Electrical shock	<input type="checkbox"/> Fracture	<input type="checkbox"/> Chemical exposure		<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Skin disease	<input type="checkbox"/> Mental stress	<input type="checkbox"/> Infectious disease	<input type="checkbox"/> Poisoning	
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<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Skin disease	<input type="checkbox"/> Mental stress	<input type="checkbox"/> Infectious disease	<input type="checkbox"/> Poisoning																	
Affected Body Part(s): (check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Head/Face/Neck</td> <td><input type="checkbox"/> Eye</td> <td><input type="checkbox"/> Chest/Abdomen</td> <td><input type="checkbox"/> Back/Shoulder</td> <td><input type="checkbox"/> Respiratory/Lungs</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Arm/Wrist</td> <td><input type="checkbox"/> Hand/Finger</td> <td><input type="checkbox"/> Knee/Leg</td> <td><input type="checkbox"/> Foot/Ankle</td> <td><input type="checkbox"/> Ear</td> <td></td> </tr> <tr> <td colspan="6"><input type="checkbox"/> Other (specify): _____</td> </tr> </table>				<input type="checkbox"/> Head/Face/Neck	<input type="checkbox"/> Eye	<input type="checkbox"/> Chest/Abdomen	<input type="checkbox"/> Back/Shoulder	<input type="checkbox"/> Respiratory/Lungs	<input type="checkbox"/> Other	<input type="checkbox"/> Arm/Wrist	<input type="checkbox"/> Hand/Finger	<input type="checkbox"/> Knee/Leg	<input type="checkbox"/> Foot/Ankle	<input type="checkbox"/> Ear		<input type="checkbox"/> Other (specify): _____					
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<input type="checkbox"/> Other (specify): _____																					

SECTION 2

Treatment Description: (check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Observation/counseling</td> <td><input type="checkbox"/> Diagnostic tests</td> <td><input type="checkbox"/> Tetanus shot</td> <td><input type="checkbox"/> Fluids for heat stress</td> <td><input type="checkbox"/> Cold/Hot compress</td> </tr> <tr> <td><input type="checkbox"/> Irrigation of eye or use of cotton swab to remove foreign body</td> <td><input type="checkbox"/> Clean, flush, soak wounds on the surface of the skin</td> <td><input type="checkbox"/> Use of antiseptics</td> <td><input type="checkbox"/> Remove splinter with cotton swab, tweezers, etc.</td> <td><input type="checkbox"/> Wound coverings (e.g. Band Aids, gauze pads, butterfly bandages)</td> </tr> <tr> <td><input type="checkbox"/> Drain fluid from blister</td> <td><input type="checkbox"/> Drill fingernail or toenail</td> <td><input type="checkbox"/> Eye patch</td> <td><input type="checkbox"/> Finger guard</td> <td><input type="checkbox"/> Massage</td> </tr> <tr> <td><input type="checkbox"/> Temporary immobilization devices</td> <td><input type="checkbox"/> Non-rigid support (e.g. elastic bandages)</td> <td><input type="checkbox"/> Use of sutures, staples to close wound</td> <td><input type="checkbox"/> Oxygen used for treatment purposes</td> <td><input type="checkbox"/> Treatment for infection</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (specify): _____</td> </tr> </table>					<input type="checkbox"/> Observation/counseling	<input type="checkbox"/> Diagnostic tests	<input type="checkbox"/> Tetanus shot	<input type="checkbox"/> Fluids for heat stress	<input type="checkbox"/> Cold/Hot compress	<input type="checkbox"/> Irrigation of eye or use of cotton swab to remove foreign body	<input type="checkbox"/> Clean, flush, soak wounds on the surface of the skin	<input type="checkbox"/> Use of antiseptics	<input type="checkbox"/> Remove splinter with cotton swab, tweezers, etc.	<input type="checkbox"/> Wound coverings (e.g. Band Aids, gauze pads, butterfly bandages)	<input type="checkbox"/> Drain fluid from blister	<input type="checkbox"/> Drill fingernail or toenail	<input type="checkbox"/> Eye patch	<input type="checkbox"/> Finger guard	<input type="checkbox"/> Massage	<input type="checkbox"/> Temporary immobilization devices	<input type="checkbox"/> Non-rigid support (e.g. elastic bandages)	<input type="checkbox"/> Use of sutures, staples to close wound	<input type="checkbox"/> Oxygen used for treatment purposes	<input type="checkbox"/> Treatment for infection	<input type="checkbox"/> Other (specify): _____				
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<input type="checkbox"/> Other (specify): _____																													
List medication(s) provided or prescribed (name and dosage): _____																													
Work Status:																													
<input type="checkbox"/> Return to work with no restrictions																													
<input type="checkbox"/> Return to work with restrictions as follows: _____																													
<input type="checkbox"/> Off work from (list dates): _____ to _____																													
Medical follow-up instructions:																													
<input type="checkbox"/> Occupational <input type="checkbox"/> Non-Occupational																													
Treating Facility: _____		Treating Physician/Nurse: _____																											

SECTION 3 - this section to be completed by Andeavor Safety Manager or designee

Incident Classification: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Injury</td> <td><input type="checkbox"/> Illness</td> <td><input type="checkbox"/> Near Miss/Observation</td> <td><input type="checkbox"/> Health Related Injury</td> <td></td> </tr> <tr> <td><input type="checkbox"/> No treatment necessary</td> <td><input type="checkbox"/> First Aid</td> <td><input type="checkbox"/> OSHA Recordable</td> <td><input type="checkbox"/> Restricted Work</td> <td><input type="checkbox"/> Lost Workday</td> </tr> </table>					<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Near Miss/Observation	<input type="checkbox"/> Health Related Injury		<input type="checkbox"/> No treatment necessary	<input type="checkbox"/> First Aid	<input type="checkbox"/> OSHA Recordable	<input type="checkbox"/> Restricted Work	<input type="checkbox"/> Lost Workday					
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Basis for classification: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Slip, Trip or Fall at same level</td> <td><input type="checkbox"/> Struck by falling object</td> <td><input type="checkbox"/> Caught In or between objects</td> <td><input type="checkbox"/> Exposure to harmful substance</td> <td><input type="checkbox"/> Overexertion</td> </tr> <tr> <td><input type="checkbox"/> Fall to lower level</td> <td><input type="checkbox"/> Struck using hand tool</td> <td><input type="checkbox"/> Fires & Explosions</td> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Other contact</td> </tr> <tr> <td><input type="checkbox"/> Assaults & Violent Acts</td> <td><input type="checkbox"/> Struck by hose</td> <td><input type="checkbox"/> H2S Alarm</td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/> Slip, Trip or Fall at same level	<input type="checkbox"/> Struck by falling object	<input type="checkbox"/> Caught In or between objects	<input type="checkbox"/> Exposure to harmful substance	<input type="checkbox"/> Overexertion	<input type="checkbox"/> Fall to lower level	<input type="checkbox"/> Struck using hand tool	<input type="checkbox"/> Fires & Explosions	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other contact	<input type="checkbox"/> Assaults & Violent Acts	<input type="checkbox"/> Struck by hose	<input type="checkbox"/> H2S Alarm		
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<input type="checkbox"/> Assaults & Violent Acts	<input type="checkbox"/> Struck by hose	<input type="checkbox"/> H2S Alarm																	
Reviewed by (signed): _____			Date: _____																

Forward completed HSS-002 form via email to 'LAR – HSS-002' within 24 hours of the incident.

Appendix “C”

Medical Aid Stations

The following table provides information on medical aid stations.

Map #	Name	Address
1	CareOnSite Wilmington	2101 E. Pacific Coast Highway Wilmington
2	CareOnSite Carson	2350 E. 223 rd St Carson, CA 90810
3	Long Beach Medical Clinic/CareOnSite (562) 437-0831	1250 Pacific Ave. Long Beach
From Refinery Main Gate, turn left onto PCH heading east 2.4 miles. Turn right onto Pacific Blvd. and continue for 0.5 miles. Clinic is on the left at the corner of Pacific and W. Anaheim.		
4	Long Beach Memorial Occupational Center (562) 933-0085	450 E. Spring St. #8 Long Beach
From Refinery Main Gate, turn left onto PCH heading east 2.6 miles. Turn left onto Long Beach Blvd and continue for 1.6 miles. Turn right onto E. Spring St. Clinic is on the right at the corner of E. Spring and Long Beach Blvd.		

• **Hospitals** The following table provides information on hospital locations

Map #	Name	Address	Travel Time	Phone
5	Long Beach Memorial Hospital	2801 Atlantic Blvd. Long Beach	8 – 10 minutes	(562) 933-2000 E.R. EXT. 31400
From Refinery Main Gate, turn left onto PCH heading east 2.7 miles. Turn left onto Atlantic Blvd and continue for 1.5 miles. Clinic is on the left near the corner of Atlantic and E. 28th.				
6	St. Mary Medical Center	1050 Linden Ave Long Beach	8 – 12 minutes	(562) 491-9000 E.R. EXT. 3090
From Refinery Main Gate, turn left onto PCH heading east 2.6 miles. Turn right onto Long Beach Blvd and continue for 0.6 miles. Turn left onto E. 11th St. Clinic is on the right at the corner of E. 11 th and Linden.				
7	Kaiser Harbor City	25825 S. Vermont Harbor City	7 – 8 minutes	(310) 517-3150 ER Direct #
From Refinery Main Gate, turn right onto PCH heading west 3.2 miles. Turn left onto S. Vermont. Clinic is on the right.				
8	Torrance Memorial Hospital	3330 W. Lomita Blvd Torrance	10 – 15 minutes	(310) 325-9110 -MAIN NUMBER
From Refinery Main Gate, turn right onto PCH heading west 2.6 miles. Turn right onto Figueroa for 0.5 miles. Turn left onto W. Lomita for 3.7 miles. Clinic is on the left.				

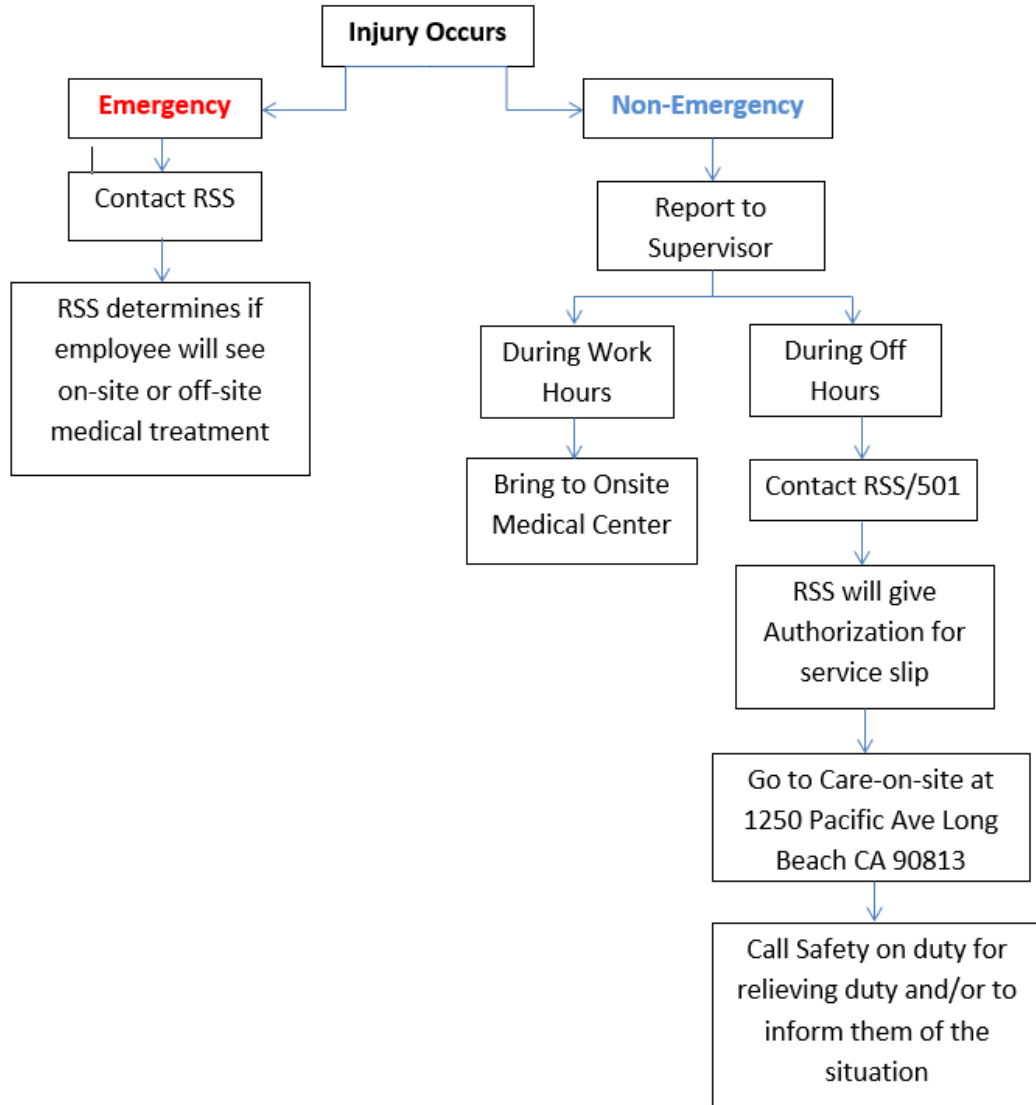
Appendix “D”

Transportation to Medical Guideline

Checklist The following checklist should be used as a guideline for transporting an employee to an offsite medical facility:

✓	Action
	Confirm that a Andeavor management representative will accompany injured Andeavor employee at medical facility until they are released. (Andeavor management representative include OSS's, maintenance supervisors, production department managers, engineering department managers, and operation duty representative, and maintenance duty representative.)
	Bring a copy of the appropriate SDS if the employee was exposed to any process material as a result of the incident.
	Assure that Medical Dept is aware of the injury and has been consulted before employee is discharged.
	Assure that the Area Safety Coordinator (or Duty Safety Rep during off-hours) has been notified.
	Assure that the appropriate Department Manager has been notified.
	If the injury is serious, notify the HR duty rep to call the employee's family. HR representatives are the <u>only</u> personnel authorized to contact an employee's family.
	Assess the plant operational condition to determine if resources are adequate to maintain safe operations following the incident. Make any necessary arrangements for coverage at the medical facility and the plant.
	Initiate a Go-Team if necessary for further investigation by calling the Go-Team Duty representative.
	Verify employee's work schedule. Obtain and request shift coverage if necessary.
	Provide the physician with an accurate description of the working conditions that may apply if work restrictions are being considered.
	Verify with the medical staff the need for follow up, any work restrictions, and whether the employee should be able to return to work or should be taken home.
	Obtain/verify the employee's contact information so that we can follow up with their progress. Reiterate the expectation that the employee provides timely and continuous communications with LAR medical personnel until they have recovered.
	Assure that the medical provider has contact information for the employee and LAR medical department.
	Collect all written documentation available from the medical facility prior to leaving with the employee. This documentation should include a description of the injury, treatment provided, any work restrictions, and medical follow up information, if necessary.
	Assure that the injured employee has adequate transportation either back to work or to the employee's home, depending on the situation.
	Contact the Medical Department to update them on the injured employee's condition, return to work timing, work restrictions and follow-up plan.
	Deliver all medical facility documentation to LAR Medical as soon as practical.
	Initiate incident investigation per SAF-012 and SAF-011.

APPENDIX "E"



APPENDIX "F"

Injury/Illness Reporting Flow Chart

