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KOCH REFINING COMPANY

OCCUPATIONAL INJURY/ILLNESS AND INCIDENT REPORTING

CORPUS CHRISTI REFINERY
OCCUPATIONAL INJURY/ILLNESS
AND INCIDENT REPORTING
Document Number 23-020
Occupational Health & Safety Department
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Refinery Manager

Manager OH&S Department

Doc.#: 23-020

OCCUPATIONAL INJURY/ILLNESS AND INCIDENT REPORTING

1.0 INTRODUCTION

This procedure provides guidelines for the management of occupational injuries and illnesses. It also outlines requirements for the prompt and consistent reporting of all related incidents and near misses and their investigation so that continuous improvement will occur.

2.0 POLICY

This policy is to provide prompt accurate reporting and appropriate medical treatment of all work related injuries, illnesses and near misses for the protection of our human resources.

3.0 SCOPE

This policy applies to all Koch employees, contractors, and visitors at the Corpus Christi Refinery or any of its' ancillary facilities.

4.0 PROCEDURE FOR REPORTING OCCUPATIONAL INCIDENTS REQUIRING MEDICAL ATTENTION

4.1 LIFE THREATENING OCCUPATIONAL INJURIES/ILLNESS IN THE FIELD:

4.1.1 The first responder to the occupational injury/illness will notify security, main gate 8596 or 8465 of location, #of persons involved, type of incident.

4.1.2 Security will notify Safety and Medical via pagers and radios of injured personnel.

4.1.3 Safety will pick-up medical personnel and transport them directly to the site. It will be the responsibility of the safety person in closest proximity to the medical department to advise medical of the pending transportation.

4.1.4 Medical treatment will be under the direction of the registered nurses and/or physician. Standing medical orders will prevail.

4.1.5 The first responder to the incident will communicate to security if #911 needs notification.

4.1.6 If feasible, seriously injured/ill persons will be transported directly to the medical center for treatment and stabilization until the ambulance arrives. This allows for maximum treatment in a less traumatic environment.

4.1.7 The above procedure applies to all employees on Koch premises including contractors during normal working hours, Monday through Friday 7:30 A.M. to 4:00 P.M.

4.1.8 HOLIDAYS, WEEKENDS, OFF HOURS:

4.1.8.0 The first responder to the occupational injury/illness will notify security, main gate 8596 or 8465 of location, #of persons involved, type of incident.

4.1.8.1 Security will notify the Shift Foreman and Laboratory First Aid Attendant of injured personnel.

4.1.8.2 The Laboratory First Aid Attendant will administer first aid treatment. If #911 is to be notified, the Lab Attendant will notify security. Any medical judgement calls above the limits of the Lab First Aid Attendant will be communicated to the medical person on call - pager 880-1300.

4.1.8.3 SECURITY WILL NOTIFY THE MEDICAL COORDINATOR, SAFETY MANAGER, AND EMPLOYEE RELATIONS MANAGER AND SUPPORT SERVICES MANAGER ON ANY PERSON RECEIVING HOSPITAL TREATMENT, OR FATALITIES.

4.2 NON-LIFE THREATENING OCCUPATIONAL INJURIES/ILLNESS

4.2.1 The Occupational Injured/Ill employee will report incident directly to his/her immediate supervisor.

4.2.2 Treatment of the employee will take place in the Medical First Aid Department.

OCCUPATIONAL INJURY/ILLNESS AND INCIDENT REPORTING

4.2.3 An incident causing an injury or illness will be communicated immediately to the Safety Department.

4.2.4 Medical follow-up will be directed by the Medical Coordinator. Any employee receiving treatment for an Occupational Illness/Injury must be cleared through the Medical Department. Worker's Compensation Claims require proper documentation and authorization. (See attached form).

4.2.5 If an employee's condition becomes more severe after leaving the plant, it is the employee's responsibility to notify the medical person on call - pager 880-1300 before going to a hospital or physicians office. If the medical person is unavailable, the Shift Foreman must be advised.

4.2.6 Any Occupational Illness or Injury resulting in lost time from work must be reported directly to the employee's supervisor and to the Medical Department. Vacation time or sick time cannot be substituted for occupational injuries or illnesses resulting in Lost Work Time.

4.2.7 HOLIDAYS, WEEKENDS, OFF HOURS:

4.2.7.1 The Injured/Ill employee will report the incident directly to the Shift Foreman (this includes, **all Koch employees and contractors.**) Laboratory First Aid Attendants will attend to administering First Aid to the injury/illness. The Shift Foreman will be responsible for documentating and reporting the incident to Safety and Medical.

4.2.7.2 The Shift Foreman will notify Security if the injured or ill employee needs further medical assistance.

4.2.7.3 Transportation to a Medical facility will be arranged by Security. Non life threatening emergencies should be transported via company vehicle.

4.2.7.4 IF AN EMPLOYEE'S INJURIES REQUIRE FURTHER TREATMENT AT A MEDICAL FACILITY, SECURITY WILL NOTIFY THE MEDICAL COORDINATOR, SAFETY MANAGER, EMPLOYEE RELATIONS MANAGER, AND SUPPORT SERVICES MANAGER.

4.2.7.5 After receiving treatment, the injured/ill employee will report directly back to the Shift Foreman or Supervisor regarding their status. Transportation back to the plant will be via Yellow Cab.

4.3 All Koch employees who remain off work from Occupational Injury or Illness must report to the Medical Department on a weekly basis or after each physician visit.

5.0 INCIDENT REPORTING

5.1 An Incident is any situation that causes or has the potential to cause an injury, illness or property damage. All incidents must be reported immediately regardless of how minor it may seem. This will assure that the incident is investigated so that corrective action and improvement is not delayed.

5.2 Upon notification of an incident, the Supervisor will complete the "Supervisor's Immediate Report" Form. If applicable the injured employee is to give a factual description of the incident and sign and date the form.

5.3 The original copy of the "Supervisor's Immediate Report" shall be taken to the plant Medical Unit as soon as practical but no later than the end of supervisor's work day or shift. Copies of the report shall be given to the Plant Manager, Department Manager, Business Line Manager and Safety and Health Manager.

5.3.1 All reported incidents will be reviewed in the respective department morning meetings.

6.0 INVESTIGATION

6.1 An investigations report is required on all incidents. The supervisor is responsible for assuring that the investigation is completed within 48 hours of incident.

6.2 The completed Supervisor's Investigation Report form should be taken to the Safety and Health Manager and copies given to the Department Manager, Business Line Manager, Superintendent, Plant Manager and Leader of the Serious Incident Safety Team.

6.3 The leader of the serious incident investigation safety team will determine if a team investigation is necessary and will organize an appropriate team. If a team investigation is determined to not be needed, the supervisor will conduct a work group review using the Supervisors Investigation Report Form.

6.4 Action items, responsibility, and follow-up plans shall be completed and returned to the serious investigation safety team leader. The team leader will report to the central safety and health council on corrective action and major points. Investigation results will be communicated to the total involvement team.

7.0 RETURN TO WORK POLICY

7.1 All Koch Employees who have lost time from an occupational related injury or illness must receive clearance to return to work through the Medical Department.

7.2 All Koch Employees receiving treatment at an emergency room, hospital or under the care of a physician from an occupational related injury or illness must receive clearance to return to work through the Medical Department and have a signed release from his/her attending physician.

7.3 If an employee is returning to work on night shift, it his/her responsibility to make arrangements to bring the physician's signed release to the Medical Department between 7:30 A.M. - 4:00 P.M. prior to night shift or give to the shift foreman.

7.4 Restricted Duty Policy

7.4.1 Eligibility

Each Department Manager is responsible for surveying his area to determine if functions exist that an employee who is on restricted duty could perform. Before a person is moved to another Department for light duty, every effort should be made to use him in his usual Department. A list of temporary restricted duty jobs will be maintained by the Medical Coordinator.

Candidates for restricted duty must have a note signed by a physician which identifies his limitations and restrictions before he is placed in a restricted duty job, and must have a signed release from a physician before he may return to his regular job duties. The employee should report to Medical when a light duty or full release is obtained and the appropriate supervisor will be notified by Medical when the employee is released to work. The Medical Coordinator will coordinate the Restricted Duty Program.

Temporary restrictions shall be those that can reasonably expected to be resolved and render the employee fit to return to his/her regular job duties in a reasonable period of time.

7.4.2 Compensation

Employees cleared for temporary restricted duty will be paid their regular rate of pay including scheduled rate adjustments.

7.4.3 Monitoring

Employees placed on temporary restricted duty will be interviewed weekly by the Medical Department to determine status of their restriction.

8.0 RESPONSIBILITIES

8.1 It is the responsibility of all employees to immediately report **ALL** incidents, injuries and illnesses to their supervisor. Supervisors are responsible for assuring that the medical needs of the injured employee(s) are secured and for completing the Supervisor's Immediate report form and Investigation form. Failure to report or investigate incidents will result in disciplinary action.

Last Page

Routing: Original to Medical Unit
Copies to: Plant Manager, Department Manager & Safety/Health Manager

SUPERVISOR'S IMMEDIATE REPORT

KOCH CORPUS CHRISTI REFINERY REPORT ID__ __ 001
YR

Incident Category - Check those that apply:

[ ] Injury [ ] Motor Vehicle [ ] Health/Illness Date of Time of
[ ] Property Damage [ ] Fatality [ ] Near Miss Incident ___/___/___ Incident_____ am pm
[ ] For Record Only

Name of Supervisor:_____ Date Reported to Supervisor___/___/___ Time Incident Reported_____ am pm

Investigation Responsibility if other than Supervisor:_____
(Investigation sheet must be completed within 48 hours of Incident)

Employee Name:_____ Employee S.S. Number____/___/_____
DOB_____

Employee Address:_____ Phone Number(___)_____

Employee Occupation:_____ Location of Incident:_____

Name of Job Task Performing at Time of Incident:_____

Witness(es):_____

Incident Occurred During T/A? ____Yes ____No Overtime Involved? ____Yes ____No

Length of Employment:
____ Less than 1 Mo
____ 6 Months - 1 Yr
____ 1 - 5 Yrs
____ 5 - 10 Yrs
____ 10 - 20 Yrs
____ > 20 Yrs

Incident Potential:
____OSHA Recordable
____Lost Time
____First Aid
____Business Interruption <$100,000
____Business Interruption >$100,000
____Health/Environmental

Employee: Describe in Full How Incident Occurred:_____

_____

_____

Employee: Describe in Full any Injury:_____

_____

Check Object or Condition Most Closely Related to Incident: ____Tools/Equipment ____Unfocused on Task

____Body Placement ____Work Station ____Training

Signature of Employee:_____ Date:___/___/___

NOTE: This report is required on all injuries, near misses, exposures and adverse happenings. The supervisor shall fill out this report immediately upon learning of incident. The completed report should be taken to the Medical Unit and copies given to the Plant Manager, Department Manager, Superintendent and Safety and Health Manager.

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Routing: Original to Safety and Health Department
Copies: Plant Manager, Department Manager

INVESTIGATION REPORT

KOCH CORPUS CHRISTI REFINERY **REPORT ID ____ 001**
YR

Incident Date: ____/____/____

Incident Category - Check those that apply:

[ ] Injury
[ ] Property Damage
[ ] Motor Vehicle
[ ] Fatality
[ ] Health Exposure
[ ] Near Miss
[ ] For Record Only

Investigation Team Members: _____

Factual Summary of Incident: _____

YES NO

__ __ 1. Was equipment or a hazardous condition(s) a contributing factor? If yes, answer the following. If no skip to Item 2.
__ __ 1.1 Did location/position of equipment/materials contribute to a hazardous condition?
__ __ 1.2 Did any defect(s) in equipment/tools contribute to the hazardous condition(s)?
__ __ 1.3 Was the defective equipment recognized?
__ __ 1.4 Was the defective equipment reported?
__ __ 1.5 Was the correct equipment/tools/material used?
__ __ 1.6 Did employee know where to obtain equipment/tools and material required for the job?
__ __ 1.7 Is there an adequate equipment inspection procedure(s) to detect the hazardous condition(s)?
__ __ 1.8 Were adverse environment factors such as noise, temperature, solvents, gases, dusts, insects, etc. a factor?
__ __ 1.9 Was the workspace insufficient?

Please explain answers: _____

__ __ 2. Was job procedure(s) used a contributing factor? If yes answer the following. If no, proceed to Item 3.
__ __ 2.1 Is there a written or known procedure (rules) for this job?
__ __ 2.2 Did procedure(s) cover factors that contributed to the accident?
__ __ 2.3 Did employee(s) know the job procedures?
__ __ 2.4 Did employee(s) deviate from known job procedure?
__ __ 2.5 Was employee capable of performing the job?

Please explain answers: _____

WORK RESTRICTION EVALUATION

1. Patient's Name *(First, middle, last)* | 2. OWCP No.

3. Check the frequency and number of hours a day the worker is able to do the following specific types of activities.

ACTIVITY TYPE

ACTIVITY	FREQUENCY		NUMBER OF HOURS A DAY								
	Continuous	Intermittent	0	1	2	3	4	5	6	7	8
a. Sitting											
b. Walking											
c. Lifting											
d. Bending											
e. Squatting											
f. Climbing											
g. Kneeling											
h. Twisting											
i. Standing											

4. Check the lifting restriction.
☐ 0-10 lbs. ☐ 10-20 lbs. ☐ 20-50 lbs. ☐ 50-75 lbs. ☐ 75 & above lbs.

5a. Hand restrictions?
☐ No ☐ Yes — *(Check b, c, and d.)*

5b. Simple grasping?
☐ Yes ☐ No

5c. Pushing and pulling? ☐ Yes ☐ No

5d. Fine manipulation? ☐ Yes ☐ No

6. Can the worker reach or work above the shoulder? ☐ Yes ☐ No

7. Can the worker use his/her feet to operate foot controls or for repetitive movement? ☐ Yes ☐ No

8. Can the worker operate a car, truck, crane, tractor, or other type of motor vehicle? ☐ Yes ☐ No

9. Are there cardiac, visual, or hearing limitations?
☐ No ☐ Yes — *(Describe)*

10. Are there restrictions concerning heat, cold, dampness, height, temperature changes, high speed working, or exposure to dust, fumes or gases?
☐ No ☐ Yes — *(Describe)*

11. Are interpersonal relations effected because of a neuropsychiatric condition?
☐ No ☐ Yes — Describe *(Ability to give and take supervision, meet deadlines, etc.)*

RECOVERY DEGREE

12a. Can the individual work eight hours a day?
☐ Yes ☐ No — *(Indicate when)*

12b. If not eight hours, how many and when?

13. Do you anticipate the worker will need vocational rehabilitation services such as testing, counseling, training, or replacement to return to work? ☐ Yes ☐ No

14. Has the worker reached maximum improvement?
☐ Yes *(Indicate when)* ☐ No *(Indicate when)*

PHYSICIAN

15. Remarks: *(Restrictions from medication or other limitations)*

16. Name | 17. Signature

18. ADDRESS | 19. Telephone No. | 20. Date

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