

My Company Safety Practice – Medical Case Management

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1.0 Purpose/Scope

This Practice establishes the minimum requirements for all My Company employees working in North American Gas (US operations) and Gulf of Mexico Business Units that are impacted by injury or illness and is intended to ensure effective and timely decisions regarding securing medical attention and return-to-work practices.

2.0 Definitions

My Company Employee: An employee who is hired by My Company and receives job duties, payroll, benefits, discipline, transfer and other related matters from My Company.

Employee Staffing Company: A company that employs individuals who are essentially leased and are assigned to work at a My Company workplace.

Third Party Service Provider: A company that is retained by My Company to provide complete service or function at a workplace. The third party service provider hires and assigns employee to job duties and is responsible for all payroll, benefits, taxes, discipline, transfer, staffing and related matters.

Contract Employee: An employee who is leased from an employment staffing company or hired and assigned by a third-party service provider to provide a service.

Fitness-for-Duty: Employee is physically fit to safely perform their assigned duties without risk of harm to themselves or others.

Medical Case Manager: US Medical Case Management Team (or Third Party medical consultant) who coordinates, and assists supervisors/HR/management in making decisions and coordinating communications regarding immediate medical care of employees and assisting employees who are returning to work after an injury or after an extended illness (either occupational or non-occupational). Case managers facilitate timely return to work with the goal of meeting or exceeding published return to work guidelines.

Non-Minor Work-Related Accident/Incident: Injury requiring medical treatment (as defined by OSHA), SOR, and HiPo.

3.0 General Requirements

3.1 Occupational (On the Job) Injury or Illness (My Company Employee)

Employees are required to inform their **supervisor or designated alternate** immediately upon knowledge that an injury or illness they suffered (including first aid, soft tissue injury, twisted ankle, etc.) may be work related.

In situations of an obviously severe nature, an ambulance or air ambulance is to be summoned immediately to transport the injured or ill employee to an appropriate health care facility without delay. Notify My Company Government and Public Affairs in the event an emergency Life Flight helicopter is summoned.

In all other situations (first aid, soft tissue injury, twisted ankle, etc.), supervisors will respond immediately to determine whether medical attention is indicated and, if so, to promptly arrange for such attention. If the supervisor needs assistance (e.g. in determining the seriousness of the employee's condition, assisting in determining where to receive medical care, etc.) the supervisor will consult with My Company US Medical Case Management Team (Phone number). After hours, call rotating pagers. If attempts to contact US Medical Case

Management Team are unsuccessful and immediate assistance is required, contact the designated Third Party Medical Provider. Upon opening of regular business hours, the Third Party Medical Provider will inform US Medical Case Management of the event history and status. US Medical Case Management may request transfer of the case from the Third Party Medical Case Manager if the situation warrants. Otherwise, the Third Party Medical Provider will keep US Medical Case Management informed in a timely manner of the ongoing details of the case.

If it is necessary to transport the injured/ill employee for medical care, the supervisor, or suitable designate, shall accompany the injured/ill worker to the selected health care provider or emergency facility. The injured/ill employee will be asked to sign applicable medical forms. The US Case Management medical form packet can be access at the following website:

The Medical Case Manager's duty is:

- (a) To assist the supervisor in determining whether medical assessment beyond first aid is recommended.
- (b) To coordinate communications with the medical treatment facility regarding the transport and condition of the injured/ill employee being transported,
- (c) To advise the medical treatment facility or professional of the nature of the injured/ill employee's normal job duties,
- (d) To clarify any questions about the restrictions, if any, applicable to the injured/ill employee's return to work,
- (e) Assist the injured/ill employee with scheduling and following up on any rehabilitation or similar follow-up visits, and
- (f) To confirm, in two situations only, that the medical treatment facility has considered the suitability of equivalent medical treatment. Those two situations are
 - (i) Where a non-prescription medication might, in the treating physician's opinion, be substituted for an equivalent prescription medication and
 - (ii) Where a butterfly bandage might, in the treating physician's opinion, be substituted for stitches. Further, if the injured/ill employee has signed an appropriate consent, the Medical Case Manager can assist with the transfer of medical records and other discussions with the treating physician or medical facility.

The treating physician shall be requested to complete the '**Health Care Provider Report**' form. The completed form shall be forwarded to the appropriate Medical Case Manager.

My Company Supervisor shall complete the '**First Report of Injury/Illness**' form and initiate a worker's compensation claim by following appropriate procedures and submitting the form to the appropriate Workers Compensation representative.

If an injured/ill worker is not returned to work following initial assessment (i.e., DAFWC), the Medical Case Manager will maintain contact (with the employee, supervisor and necessary healthcare providers), monitor care and arrange for any necessary fitness for duty evaluations prior to the employee's planned return to work.

Following a work-related incident which involves transport to a medical facility for evaluation, the employee may be required to submit to prohibited substance testing when the employee's conduct either contributed, or cannot be completely discounted as a contributing factor, to the accident/incident. The employee's supervisor will make the determination if prohibited substance testing will be required. Testing will occur within a maximum of eight hours for alcohol and within 32 hours for other substances. Delayed testing may be considered for drugs only, if circumstances exist which do not allow for testing within these timeframes. If the job is not a DOT-covered job, the employee will be temporarily removed from his/her position until the test results are complete. Refer to **My Company US Substance Abuse Policy**. If the job is a DOT-covered job, the medical case manager will coordinate mandatory testing to meet compliance requirements.

3.2 Non-Occupational (off-the-job) Injury or Illness (My Company Employee)

My Company employees with injury/illness not attributed to the workplace, but that could be reasonably expected to impact their “fitness for duty” or their ability to report to work, are required to advise their supervisor. The supervisor shall contact the US Medical Case Management Team to discuss the situation; the case manager will determine if additional information and/or evaluation is recommended.

Note: For offshore operations, if the supervisor is unsure whether the injury or illness requires additional medical attention beyond that which can be provided at the offshore location, the supervisor should consult with the Medical Case Manager.

3.3 Occupational Injury or Illness to Staffing Company or Third Party Service Provider Employee (hereinafter referred to collectively as “contractor employees”)

Each employment staffing company and third-party service provider is required to notify My Company of any injury or illness sustained by one of its employees or an employee of one of its sub-contractors while doing work at a My Company workplace.

Contractor employees are subject to their own employer’s incident reporting and medical policies for injury or illness treatment in the event of an injury or illness and are not covered by or subject to My Company medical policies.

If a contractor employee should become injured or ill while doing work at a My Company workplace, the local representative should confirm as soon as possible that the injury or illness has been reported to the contractor employee’s employer and initiate My Company internal reporting requirements.

Each employment staffing company and third-party service provider is responsible for managing the medical situation and return to work status for its employees and for communicating work status to the local My Company representative. If the contractor employee’s employer wants to arrange for the services, at its own cost, of a Third Party Medical Provider and does not have one, My Company may provide the employer the name and contact details of Third Party Medical Provider.

A contractor employee requesting accommodation in connection with medical restrictions should make the request to his/her employer. The contractor’s authorized representative should then submit the request for accommodation to the local representative.

In emergency situations or situations where the injured/ill contractor employee’s well-being is believed to be at risk, My Company representatives may be relied upon to seek referral recommendations from a Medical Case Manager on behalf of the injured/ill contractor employee, with the costs to be charged to the contractor.

4.0 Key Responsibilities

Local HSSE Representative

- Ensure requirements of the Medical Case Management Practice are communicated throughout the local organization.
- Ensure that Medical Case Manager has been notified in the event of a My Company employee work related injury/illness.
- Accompany injured/ill employee to selected health care provider or emergency facility, or verify that suitable designate (as determined by supervisor) is in attendance.

- Ensure the First Report of Injury form has been completed and submitted to Worker's Compensation representative.
- Assist employees with follow-up visits to the health care provider.
- Ensure required Traction entries are completed.
- Document employee OSHA recordable cases on the 300 log.

BP Employee

- Report all incidents to supervisor or designated alternate.
- Where possible, notify supervisor or designated alternate prior to obtaining medical evaluation for work related injury/illness, including follow-up visits.
- Adhere to any prescribed work restrictions and treatment / recovery plan and keep Medical Case Manager informed of status.
- Advise supervisor of any non-work related injury/illness that could be reasonably expected to impact the employee's "fitness-for-duty".
- Will provide medical information to the US Medical Case Management Team as appropriate.

Operational Department Heads and Supervisors

- Ensure that HSSE representative has been notified in the event of a My Company employee work-related injury/illness. (Include OCM, Asset, and HR Representative.)
- Ensure injured/ill employee is accompanied to selected medical facility.
- Ensure employee is adhering to any prescribed work restrictions and is keeping Medical Case Manager informed of status.
- Notifies the Claims Reporting Center to provide required information; Claims Reporting Center will complete the appropriate form and send to the appropriate Workers' Compensation claims office.
- Notify Manager, Workers' Compensation if injury is out of ordinary, i.e., life threatening, or possible questionable claim.
- Ensure employees returning to work after an incident have been deemed "fit-for-duty".

Medical Case Manager

- Speaks with injured employee, supervisor, and other necessary representatives regarding the nature of the injury or illness.
- Contacts medical treatment facility to provide information on employee injury status, job description and physical requirements, restricted duty program and other required information for assessed/transported employee; assures treatment facility considers equivalent medical treatment options for (a) prescription drugs where an over-the-counter equivalent exists and (b) a butterfly bandage as an equivalent option for stitches; discusses treatment plan with employee to assure he/she understands the requirements.
- Ensures applicable post incident drug and alcohol testing is conducted per policy.

- Ensures the Health Care Provider Report (or equivalent) is completed by the appropriate medical facility.
- Provides existing case status report to the Workers' Compensation Claims Adjuster and BP customers including Operations, Medical, HSSE and HR.
- Assists with OSHA injury/illness classifications.
- Ensures "Fitness-for-Duty"/Return to Work evaluations are completed prior to an employee being medically cleared by the case management team, as appropriate, (i.e. DAFWC). Initiates and medically certifies federally mandated Family Medical Leave Act (FMLA) process.

5.0 Key Documents/Tools/References

- A. My Company Initial Incident Reporting, Investigation and Tracking Standard
- B. US Substance Abuse Policy
- C. US Medical Case Management Team Web Site:

6.0 Attachments

Attachment 1- Health Care Provider Report

Attachment 2 - First Report of Injury – (Not currently included - State Specific)

Attachment 3 – Information Request Form

Attachment 4 - Medical Case Management Flowchart

Attachment 5 - Phone List

Attachment 3

INFORMATION REQUEST FORM

INJURED EMPLOYEE INFORMATION: Identify yourself and be prepared to give injured employee information when calling.

Facility:	Address/Phone Number:
Employee's Name:	
Employee's Address/Phone Number:	
Date of Birth:	Date of Hire:
Social Security Number:	Occupation:
Weekly Hours:	Wages:
Date of Injury:	Time of Injury:
Date of Knowledge:	Scheduled Shift on Date of Injury:
Lost Time: Yes or No	Last Day Worked:
Return to Work: Yes or No	Full Wages Paid on Date of Injury: Yes or No
	Marital Status: Married or Single
How Did the Accident Occur:	Where Did the Accident Occur:
Body Parts Affected:	Wages Continued: Yes or No
Number of Days Worked per Week:	Full-Time or Part-Time Employee
Did the Employee Seek Medical Treatment: Yes or No, if Yes	
Name, Address, Telephone Number of Treating Doctor:	
DO YOU QUESTION THE VALIDITY OF THIS CLAIM? YES OR NO ---- WHY	

Attachment 5 - Phone List