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Medical Emergencies, First Aid and Reporting Injuries/Incidents

Overview

Purpose	The purpose of this document is to outline the responsibilities of the onsite medical clinic in the event of an injury for contract and Marathon employees and provide guidance for treatment of injuries and reporting requirements.
Scope	The document applies to all Marathon and contract employees working at the Los Angeles Refinery.
Records Retention	Printed copies of this document should not be retained more than 12 months. Any revision to this document will be retained a maximum of 10 years following the revision.

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1.0 References

1.1 Refining References

The table below lists the Refining references used with this document.

Number	Description
LAR ERP	LAR Emergency Response Plan
HSS 011	Contractor Safety
HSS-012	Event and Investigation Management

1.2 Regulatory References

The table below lists the regulatory references used with this document.

Number	Description
8 CCR 3203	Cal OSHA Injury and Illness Prevention Program
8 CCR 342	Reporting Work Connected Fatalities and Serious Injuries
29 CFR 1904.39	Reporting Fatalities and Multiple Hospitalization Incidents to OSHA

1.3 Terms

The following terms are used in this document:

- [Injury](#)
- [Illness](#)
- [Emergency](#)
- [OSHA](#)
- [TAR](#)
- [LAR-C](#)
- [LAR-W](#)
- [OSS](#)
- [RSS or 501](#)

Reference: For details, see [Appendix A: Terms and Definitions](#).

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2.0 Roles and Responsibilities

2.1 Roles and Responsibilities

The table below describes the roles and responsibilities related to this document.

Roles	Responsibilities
Supervisor	Take an injured employee to onsite medical. Report any injury to an employee to the safety department.
LAR ERT	Respond to calls for emergency treatment on site.

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3.0 General Requirements

3.1 Report all Injuries and Illnesses

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) as well.

3.2 Notify Safety

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

3.3 Summoning Emergency Response Team

If the assistance of the LAR Emergency 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) 261-8055 or use the orange button on LAR radios.

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

- 3.3.1 What is wrong
- 3.3.2 Location of emergency (include plant, unit, and location at that unit)
- 3.3.3 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.

3.3 Requesting Outside Assistance

If outside assistance is required, the RSS (501) will notify the Security Operations Center (SOC) to make the request for assistance. C-2

3.4 Reporting Injuries Noted Later

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.

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4.0 Obtaining Non-Emergency Medical Services

4.1 Obtaining Non-Emergency Medical Services During Routine Medical Hours

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

1	Employee notifies immediate supervisor.	
2	Employee reports to medical.	
3	Notification process initiated	
4	Medical determines if employee needs to be transported to Care Onsite	
	If ...	Then ...
	attention at Care Onsite is needed	Medical informs supervisor to arrange for transportation.
	attention at Care Onsite is not needed	Medical provides treatment.
5	Medical completes and submits Form HSS-002	

4.2 Obtaining Non-Emergency Medical Services Non-Routine Medical Hours

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:

1	Employee notifies OSS on duty	
2	OSS determines the nature of the injury	
	If the injury...	Then ...
	requires non-emergency medical treatment	OSS arranges for transportation to Care On Site. 501/RSS will provide an Employer Authorization for Clinic Services Form with the injured employee to be taken off-site. See Appendix B . Note: OSS shall contact Care On Site prior to transport.
	requires emergency medical treatment	See Emergency Medical Services
3	Notification process initiated	
4	Medical completes and submits Form HSS-002	

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5.0 Obtaining Emergency Medical Services

5.1 Obtaining Emergency Medical Services.

The following steps are taken for emergency medical services:

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 initiated
4	Medical completes and submits Form HSS-002

6.0 Transportation to Medical Guideline

6.1 Who Accompanies an Employee to Off-Site Medical

A Marathon Management Representative shall accompany any injured Marathon employee that is sent to an offsite medical facility. Marathon Management Representatives may include:

- 6.1.1 **Operation Shift Supervisors**
- 6.1.2 **Maintenance Supervisors**
- 6.1.3 **Production Department Managers**
- 6.1.4 **Engineering Department Managers**
- 6.1.5 **Operation Duty Representatives**
- 6.1.6 **Maintenance Duty Representatives**
- 6.1.7 **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 Marathon 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 Marathon Management Representative.

The Transportation to Medical Guideline is provided to assist as a checklist. See [Appendix E](#) for the checklist

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7.0 Physical Conditions Worsen While Offsite

7.1 Life Threatening Emergency

In case of a life-threatening emergency contact 911 or get immediate medical assistance.

7.2 Non-Threatening Medical Emergency

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 Care on Site, the employee shall contact their immediate supervisor.

7.3 Supervisor Action

The employee's supervisor will contact the 501/RSS to arrange immediate transportation from the employee's home to Care Onsite.

7.4 Notifications

The employee's supervisor shall notify the Safety Duty Representative, Medical Department, and the Department Manager as soon as practical.

7.5 MPC Representative

The employee's department manager will ensure that a Marathon management representative meets them at Care Onsite.

7.6 Treatment by Personal Doctor

Treatment of an occupational injury or illness by a personal medical doctor must be prearranged by a representative from Medical or Health & Safety.

7.7 Pre-Designation of Personal Physician

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 Department and checked before authorization can be made for treatment.

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8.0 Reporting Injuries and Illnesses

8.1 Hours of Operations

In case of a life-threatening emergency contact 911 or get immediate medical assistance.

- 8.1.1 Carson’s Medical Clinic is open from 6:00AM – 4:30PM Monday thru Thursday and 7:00AM – 3:30PM on Fridays.
- 8.1.2 Wilmington Medical Clinic is open Monday through Thursday from 7:00AM – 4:30PM and Friday from 7:00AM – 3:30PM.
- 8.1.3 Refer to Appendix D for list of off-site medical facilities.

8.2 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.

- 8.2.1 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.
- 8.2.2 If turnaround (TAR) related, the TAR HSE Group shall also be notified.
- 8.2.3 The affected worker shall be escorted by their direct supervisor to the medical facility. At Carson this is located on the first floor of Campus 1. At Wilmington this is located in the Main Training Center building near the contractor lunch area.
- 8.2.4 The worker’s Supervisor shall ensure that an immediate mitigation action is been taken to protect other workers from the hazards.
- 8.2.5 The incident shall be documented on the Injury & Illness report obtained from LAR Medical. Refer to Appendix C.
- 8.2.6 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.
- 8.2.7 The supervisor must submit the initial Intalex report. Refer to HSS-012 Event and Investigation Management.
- 8.2.8 The Medical Department enters the incident and medical care given into the Intalex when prompted.

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8.2.9 Process Safety shall assign the investigation to the injured worker’s Team Lead/Maintenance Supervisor.

8.2.10 Investigations that involve contractor injuries during a TAR event shall be assigned to the TAR group unless otherwise determined during the DIRT meeting.

8.2.11 The assigned investigator or their delegate completes the requested information in Intelix and submits it within the length of time allowed based on investigation level. Cat 1 and Cat 1 wit ELT Review is a maximum of 30 days. A Cat 1 with Taproot or higher investigation level is a maximum of 60 days.

Note: The individual that has been assigned the investigation by Process Safety is the responsible party for closing out the investigation in a timely manner.

8.2.12 Contract companies will work with their Refinery Representative to Ensure all investigation documentation is received and included in the Intelix report.

8.2.13 After review of the incident closure information the appropriate Approvers will approve the incident within Intelix.

8.2.14 If the employee’s condition changes or the OSHA classification changes (for example, from recordable to lost time), notify the LAR Health & Safety Department immediately.

8.2.15 The direct supervisor is responsible for notifying and updating their upstream management team (i.e. supervisor to Area Team Lead/ Maintenance Supervisor, and or contractor to Refinery Representative).

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9.0 Security Operations Center (SOC)

9.1 Emergency Dispatch Procedure If SOC is the first to be notified of an injury, they will immediately notify the RSS (501) via the LAR radio system on Channel C-1.

9.2 Summoning External Emergency Services If directed by the RSS (501), SOC will:

- 9.2.1 Call the external Fire Department/Paramedics via the 911 system.
- 9.2.2 Send out the emergency page stating the emergency to the appropriate on call EHS personnel.
- 9.2.3 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.

10.0 Fire and Safety

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

11.0 Training

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

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Appendix A: Terms and Definitions

A.1 Injury Suffer physical harm or damage to a part of one’s body.

A.2 Illness A disease or period of sickness affecting the body or mind.

A.3 Emergency An urgent need for assistance or relief.

A.4 OSHA Occupational Safety and Health Administration

A.5 TAR Turnaround

A.6 LAR-C Los Angeles Refinery – Carson

A.7 LAR-W Los Angeles Refinery – Wilmington


A.8 OSS Operations Shift Supervisor

A.9 RSS/501 Refinery Shift Superintendent

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Appendix B: Employer Authorization for Clinic Services

Link: [2023-Employer Authorization-for-Clinic Services-BW-2-Fillable \(1\).pdf \(sharepoint.com\)](#)



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Employer Authorization For Clinic Services

**** This form and valid photo ID are required for medical, surveillance, and drug & alcohol services ****

DEMOGRAPHIC INFORMATION:

*Requested Date of Service: _____ *Employee Name: _____ *Job Title: _____
First Middle Last

Job #: _____ PO#: _____ *Refinery name, if applicable: _____

*Company Name: _____ *Dept/Work Location: _____

Site Address: _____

*Authorized by: _____ *Signature: _____
Print Name Signature confirms company's responsibility for payment of services

*Employer Contact Phone #: _____ Employer Email: _____

DRUG AND ALCOHOL TESTING:

DOT: Drug Testing (Mode) _____ Alcohol/Breathalyzer (Mode) _____

NON-DOT: • Drug Testing Hair Oral Fluid Urine Lab/Send-out Quick Test (POCT) • Alcohol/Breathalyzer

Pre-Access Pre-Employment Post-Accident Random Return-to-Duty Follow-Up Reasonable Suspicion/Cause

eCCF (e.g., FormFox) *Consortium: _____ (please fill in consortium that test is needed for, if applicable)

PHYSICALS AND MEDICAL SURVEILLANCE:

Annual Surveillance Post Offer/Pre-Employment DOT/CDL Driver Fit for Duty

Return-to-work (Patient needs to bring clearance from their primary physician) Other Physical(s) (specify) _____

Audiogram Test Only Audiogram/Hearing Conservation with Baseline Spirometry Test

Respiratory Clearance +Exam (Pt. to be seen by provider) Respiratory Clearance – No Exam (Clearance only)

Respiratory Fit Test (mask size(s), make(s), & model(s) required) _____

Other Services: _____ (e.g., Immunizations, bloodwork, x-ray, etc.)

INJURY:

Is the Injury work-related? Yes No Unknown Date of Injury (DOI): _____ Estimated Date
mm/dd/yyyy

Describe Injury: _____

Work Location Where Injury Occurred: (e.g., refinery or construction site name): _____

* Payor (one choice required): Employer • Employer's Insurance • Employee • OCIP (indicate site owner) _____

Claim #: _____ Comments: _____

Please DO NOT place services in the comments section above.

* indicates required field

CAREONSITE® - EMPLOYER AUTHORIZATION FORM
REV: 9/8/2022 CRM VERSION 2.0

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Appendix C: HSS-002

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"/> Marathon Employee <input type="checkbox"/> Contract Employee	
Department: _____	Company: _____
Supervisor Name: _____	Supervisor Name: _____
Phone #: _____	Phone #: _____
Description of Incident: _____	
Nature of Injury: <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	
Affected Body Part(s): (check all that apply) <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"/> 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): _____	

SECTION 2

Treatment Description: (check all that apply) <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): _____				
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: <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				
Basis for classification: Incident Category: <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				
Reviewed by (signed): _____			Date: _____	

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

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Appendix D: Medical Aid Stations and Hospitals

Medical Aid Stations: The following table provides information on medical aid stations.

Name	Address
LAR Wilmington Medical (Building by the Main Gate, next to the lunch tent)	2101 E. Pacific Coast Highway, Wilmington, CA
LAR Carson Medical (At the rear of Carson One Main Office Building)	2350 E. 223 rd St Carson, CA 90810
Care Onsite-Torrance clinic open 24/7/365	20300 S. Vermont Ave. Torrance, CA 90502 Phone: (562) 437-0831
Long Beach Memorial Occupational Center,	450 E. Spring St. #8 Long Beach, CA Phone: (562) 933-0085

Hospitals: The following table provides information on hospital locations

Name	Address	Travel Time	Phone Number
Long Beach Memorial Hospital	2801 Atlantic Blvd, Long Beach	8 – 10 minutes	(562) 933-2000 E.R. EXT. 31400
St. Mary Medical Center	1050 Linden Ave Long Beach	8 – 12 minutes	(562) 491-9000 E.R. EXT. 3090
Kaiser Harbor City	25825 S. Vermont Harbor City	7 – 8 minutes	(310) 517-3150 ER Direct #
Torrance Memorial Hospital	3330 W. Lomita Blvd, Torrance	10 – 15 minutes	(310) 325-9110 -MAIN NUMBER

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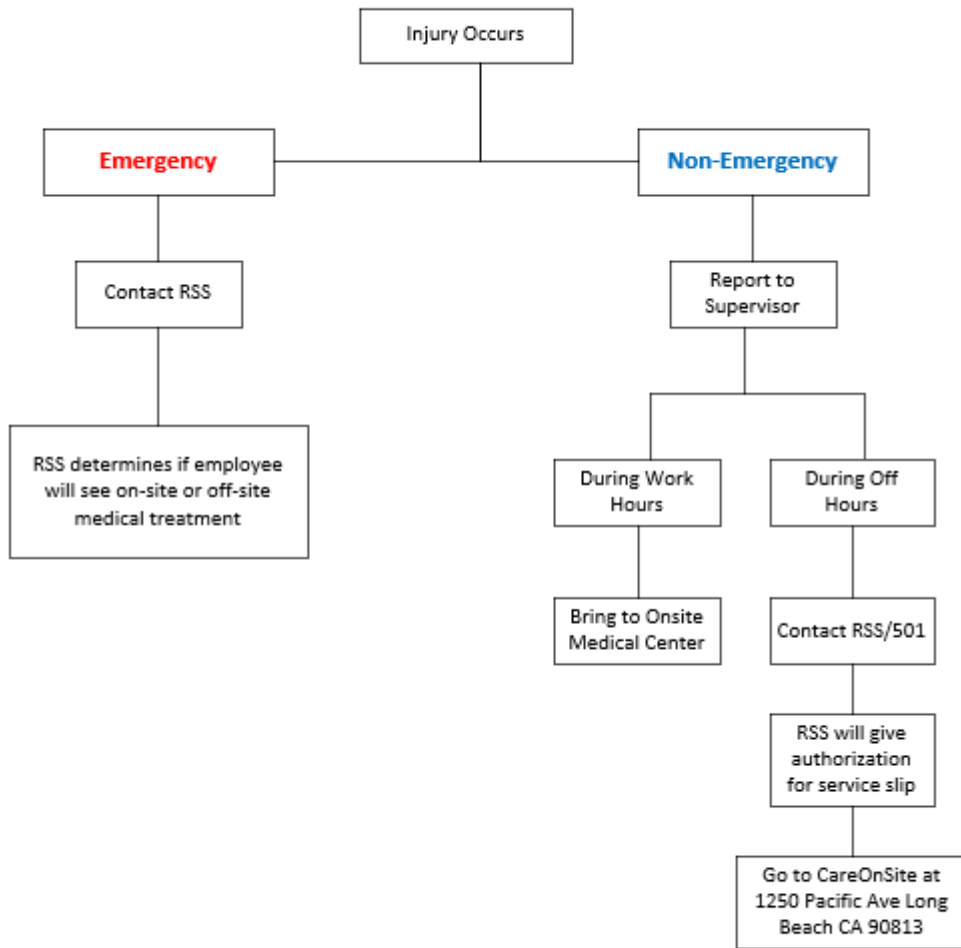
Appendix E – Transportation to Medical Checklist

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

✓	ACTION
	Confirm that a Marathon management representative will accompany injured Marathon employee at the medical facility until they are released. (Marathon 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.
	Bring an Employer Authorization for Clinic Services Form (See Appendix B for a sample) signed by the RSS when transporting an employee to Care Onsite
	Assure that Medical Dept is aware of the injury and has been consulted before employee is discharged.
	Assure that the Area Safety Rep (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 and Safety 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 HSS-012

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Appendix F – Injury Flow Chart



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Revision History

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Revision
History**

Complete the following table for each document revision.

Rev. No.	Description of Change	Author	Approved By	Rev. Date	Effective Date
02	Changed Andeavor to MPC, Impact to Intelx, on site medical hours, removed appendix for investigation flow – covered by reference to HSS-012				
