
 <b>Marathon Petroleum Company LP</b>		REFINERY-WIDE		R-11-006
ANACORTES REFINERY		Injury Management and Reporting		Page 1 of 11
RESPONSIBLE DEPT.	CONTENT CUSTODIAN	APPROVED BY	LEGACY NUMBER:	
HES&S	Andrew Johnson	Paul Zawila	SR-08	
REVISION APPROVAL DATE:	02/22/2023	NEXT REVIEW DATE:	02/22/2028	MOC: N
				REVISION: 1

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## 1.0 INTRODUCTION

### 1.1 Purpose

The purpose of this procedure is to establish the minimum requirements for managing and reporting injuries. Effective injury management and reporting provide improved medical outcomes for injured individuals.

### 1.2 Scope

This procedure applies to Marathon Anacortes Refinery employees and contractors. All personnel working on Marathon property must comply with this procedure.

## 2.0 REFERENCES

### 2.1 Marathon Standards, Policies & Procedures

- SAF-4001, Reporting Occupational Injury and illness Incidents and Data Standard

### 2.2 Government Regulations


- OSHA 29 CFR 1904, Recordkeeping
- WAC 296-800-15005, First Aid Requirements
- WAC 296-800-320, Accident Reporting and Investigation Reports

## 3.0 DEFINITIONS

The following definitions are applicable to this procedure.

**Table 1 Definitions**

Term	Description
Day Away Rate	Total number of days away incidents (including fatalities) x 200,000 ÷ total hours worked.
Days Away from Work Incident	Work-Related injuries that result in the employee or contractor being away from work for at least one calendar day after the day of the injury as determined by a physician or other licensed health care professional. This is an abridged version of the definition used to report days away from work injuries for OSHA.
Directly Supervised Contractor (DSC)	A contractor under the day-to-day supervision of a MPC employee. Day-to-day supervision occurs when, in addition to specifying the output, product or result to be accomplished by the person's work, the employer supervises the details, means, methods and processes by which the work is to be accomplished.
Exposure Hours	Hours worked by an employee or contractor on an MPC-owned or leased site.

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**Table 1 Definitions**

Term	Description
First Aid Treatment	<p>The following is OSHA's list of treatments that are defined as first aid. Any procedure beyond first aid is considered medical treatment for the purposes of this Standard. Additional interpretations and updates may apply (see <a href="#">OSHA's Letters of Interpretations</a>).</p> <ul style="list-style-type: none"> <li>• Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment).</li> <li>• Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment).</li> <li>• Cleaning, flushing or soaking wounds on the surface of the skin.</li> <li>• Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, or glue, etc., are considered medical treatment).</li> <li>• Using hot or cold therapy.</li> <li>• Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, kinesiology tape, etc. (Devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment).</li> <li>• Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).</li> <li>• Drilling of a fingernail or toenail to relieve pressure or draining fluid from a blister.</li> <li>• Using eye patches.</li> <li>• Removing foreign bodies from the eye using only irrigation or a cotton swab.</li> <li>• Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.</li> <li>• Using finger guards.</li> <li>• Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).</li> <li>• Drinking fluids for relief of heat stress.</li> </ul> <p>The administration of oxygen when there are no signs or symptoms of a Work-Related injury or illness.</p>
Illness	Any abnormal physical condition or disorder, other than one resulting from an injury, caused by an occupational exposure to environmental factors associated with employment.
Incident	Any unplanned event that negatively impacts or could have impacted safety, the environment, regulatory compliance, reliability or security of an asset.
Injury	Any cut, fracture, sprain, repetitive trauma/motion or other trauma to the body, that results from a Work-Related incident or from an exposure involving a single incident in the work environment.

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**Table 1 Definitions**

Term	Description
Marathon Safety Performance Index	Severity based injury and illness rate that includes Fatality Cases (FC), Day Away Cases (DA), Restricted Duty Cases (RD), and Recordable Cases (RC) as defined by OSHA. The rate is calculated as follows: $[(FC \times 100) + (DA \times 4) + (RD \times 2) + (RC \times 1)] \times 200,000 \div \text{Exposure Hours}$
Medical Observation	Injury that includes minor scrapes, cuts or abrasions. Examples include paper cuts, splinters and other minor injuries. Can also include minor strains and sprains or other complaints that do not require treatment, as determined by the Marathon Medical Clinic or Medical Provider.
Recordable Injury or Illness Incident	A Work-Related injury or illness that results in any of the following: death, days away from work, restricted work activity or transfer to another job, medical treatment beyond first aid, loss of consciousness, or a significant injury or illness diagnosed by a physician or other licensed health care professional. This is an abridged version of the OSHA definition.
Restricted Duty Incident	A Work-Related incident resulting in an injury or illness that causes an employee or contractor to be unable to perform all or any part of his/her routine work assignment during all or any part of the workday or shifting employee's routine functions are those work activities the employee regularly performs at least once per week.
Work-Related	Work-Related is determined according to the OSHA Recording and Reporting Occupational Injuries and Illnesses requirements in 29 C.F.R. 1904.

**Note:** Often, it can be difficult to determine if a minor injury needs to be reported. All injuries, regardless of severity need to be reported to, and followed up by, a member of the Health & Safety Department.

## 4.0 ROLES AND RESPONSIBILITIES


### 4.1 Injured Person

Injured persons are responsible for reporting the actual or suspected injuries immediately to their appropriate Supervisor and to the Medical Clinic. The injured person is also responsible for filling out the First Aid/Injury Report Form (see Attachment 1) and completing the initial injury statement.

If the injury is not recognized until the injured person is off-shift, they will report it immediately upon their awareness or suspicion to their Supervisor and Safety Duty Representative.

### 4.2 Front Line Foreman

Foreman is responsible for immediately contacting a member of the Health & Safety (H&S) Department. Ensure the injured person is either seen by the on-site Medical Officer or contact has been made to a Safety Representative for injury management.

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Ensure notification is made to appropriate line management. Communication includes Supervisor, and if the person is escorted to the hospital, Operations Manager, ESS Manager, and Plant Manager.

\*Near/Miss Incident Investigation Reporting protocols are also required per R-12-007.

### 4.3 Safety Department Representative

The H&S Department maintains a Duty Roster which ensures at least 1 member of the H&S Department will be available for after-hours response. The available Safety Representative is responsible for ensuring proper care is taken for the injured person.

The best way to contact a Safety Representative:

- During day shift M-F
  - Plant Radio
  - Cell Phone
  - Office Phone
- During off-shift and weekends, contact Safety via the Duty Roster.
- If for some reason a Safety Representative cannot be reached, contact the Safety Supervisor (Andrew Johnson 330-413-2049).

### 4.4 Onsite Health Services

The onsite Health Services Department is staffed with trained and qualified medical professionals responsible for providing high quality, on-site medical service. As appropriate, the site Health Services Staff will ensure that the Workers' Compensation process is initiated, and completion of the Self-Insurer Accident Report Form (SIF-2). The site Health Services staff or other qualified medical personnel (MPC Nurse Injury Line, other clinic staff personnel) is on-call for off-hours response. Health Services provides medical recommendations to EHS regarding classification of injuries/illnesses.


The best way to contact a Health Services Representative:

- During day shift M-F
  - Plant Radio Channel 12
  - Office Phone x142

During off-shift and weekends, contact Zone C Supervisor to provide initial first aid support. Zone C Supervisor will contact MPC Nurse Injury Line (877-627-5463 or 877-MAPLINE) for further medical support. The Safety Duty Representative can be contacted if the on-call Health Services Representative is needed onsite.

The onsite Health Services will work with the Site Safety Supervisor to initiate and document the Case Management Plan. A Case Management Plan is developed for each patient who necessitates follow up care as determined by Health Services.

Maintaining the OSHA 300 log is the Safety Supervisors responsibility.

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#### **4.5 Zone C Supervisor**

The Zone C Supervisor will provide initial first aid support for any off-shift and weekend injuries, until either Health Services or Safety Representative arrive on-site or until transport to an off-site medical facility has been completed. The Zone C Supervisor will confer with the MPC Nurse Injury Line for initial injury triage and support. The Safety Representative and/or the Health Services personnel can be brought onto the call as needed. The Zone C Supervisor will ensure that the First Aid/Injury Form is completed (see Attachment 1). All other paperwork will be completed by Medical.

The Zone C Supervisor will provide initial support to contract personnel, if required, and if Contractor Front Line Supervision or Safety Support is unavailable.

#### **4.6 Safety Administrative Support**

The Safety Administrative Assistant will update Injury Logs and ensure all necessary paperwork is completed.

#### **4.7 Contractor Employees & Supervision**

Upon discovery, contractors will report all injuries to the Marathon Representative they are working for and to the H&S Department. Contractors are responsible for providing first aid and injury management to their personnel. All contractors are strongly encouraged to utilize the Health Services Clinic for an initial assessment and first aid. Further treatment to a contract employee should follow contract companies' policy.

### **5.0 IMMEDIATE INVESTIGATION AND FORMS**

#### **5.1 Medical Observation/First Aid Investigations**

Immediate investigation is critical to prevent recurrence to other personnel. The Front-Line Foreman is responsible for contacting a member of the H&S Department immediately. Upon making contact, the Safety Specialist will visit the site to ensure the cause or contributing factors that led to the injury are mitigated. The Safety Specialist will also gather any other important information that would be used in the investigation. This information will be shared with incident investigation personnel as appropriate.

The Front-Line Foreman are responsible for initiating an incident report per R-12-007.

#### **5.2 First Aid/Injury Report Form**

The First Aid/Injury Report Form must be completed for all medical injuries (see Attachment 1). This form ensures that proper care is provided, and that the injury is recorded.

#### **5.3 Decontamination of Personnel Visiting Medical Clinic**

Decontamination is a critical process to minimize the potential exposure to injured personnel and minimize exposure to medical professionals that are providing treatment.

All personnel exposed to hazardous chemicals shall remove all contaminated PPE and clothing as soon as reasonably possible. Cold showers are recommended to minimize the

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amount of absorption through the dermal layers. Shower kits are available for personnel that need clothing after the shower.

A “phenol test” for possible benzene exposure may be required if the person is exposed to liquid hydrocarbon. The administration of this test will be completed under the guidance of Health Services.

The Industrial Hygienist or Safety Representative can help determine if a urine phenol test is required. Use Attachment 1 flow chart in R-14-011 (Products Containing Benzene) for further guidance if needed.

**Important:** Safety Data Sheet (SDS) information should be immediately available and provided to Health Services in the event of chemical exposure.

#### 5.4 Injuries Involving Death, Probable Death or Employee Hospitalization

Site Preservation: Do not move any equipment until a representative of the Department of Labor & Industries investigates the incident unless moving the equipment is necessary to remove victims or prevent further incidents and injuries.

Within 8 hours of the incident the site must report in-patient hospitalization, probable death, or known death to Washington Labor & Industries by phone at 1-800-321-6742. If the injury was due to a release, the site must also notify the Chemical Safety Board (CSB) within 8 hours. For CSB notification please see R-13-027 Section 6.8 and Attachment 3. An RLT member or a designated member of the HESS Department will be responsible for making these calls, and a call to Corporate via MAPLINE (1-877-MAPLINE).

**MAPLINE:** The Marathon Anacortes Refinery Manager or Management Duty Person will make notifications to the Marathon Corporate Duty Officer through MAPLINE at 877-627-5463 (877-MAPLINE) within the first hour of an incident, if appropriate to do so. When dialing into MAPLINE ask the emergency operator to put you in contact with the CERT leader on-call.

### 6.0 AFTER HOURS RESPONSE

The H&S Department has a 24 hour on-call Duty Roster. The Duty Roster can be found on SharePoint.


**Important:** The H&S Department must be contacted for all injuries, regardless of the severity and time of day. The H&S Department will either call out Health Services or escort the injured person to the emergency room if the injury is not life threatening.

The Zone C Supervisor will provide initial first aid support, with support from the MPC Nurse injury Line (877-627-5463 or 877-MAPLINE) and confer with the Safety Representative or Health Services on a treatment plan as soon as possible.

### 7.0 EMERGENCY ROOM TRANSPORT/NOTIFICATIONS

A Safety Representative must escort or meet all personnel that are transported to the hospital. If the Safety Representative is not available to escort the injured person, such as off-hours, then the Zone C Supervisor will escort the injured person. If the injury is significant, life threatening or the injured person is deemed unstable, transport by EMS should be initiated by calling 333.

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**Important:** The SDS should accompany the injured person being transported and be made available to the attending Medical Physician.

## 8.0 RECORDKEEPING

Decisions on recordability status will be reviewed and approved by the Safety Supervisor, the ESS Manager, and the Refinery Manager.

The Refinery Safety Supervisor will establish a process for maintaining OSHA 300, 300A, and 301 Forms as required by OSHA (29 CFR 1904), obtaining the Refinery Manager or their designee signature annually, distributing the OSHA 300 Form (Log of Work-Related Injuries and Illnesses) and OSHA 300A Form (Annual Summary of Work-Related Injuries and Illnesses) to the appropriate facility or field office by February 1, posting the OSHA Forms until April 30, and retaining the OSHA Forms for the current and prior 5 years.

## 9.0 TRAINING

Training is required upon initial employment and each year thereafter

## 10.0 REVIEW AND REVISION HISTORY

Revision #	Preparer	Date	Description
0	Mark Willand	12/5/2021	Reformatted and Numbered per Document Control Policy, R-63-001.
1	Andrew Johnson	2/22/2023	Updated; Role and Responsibilities, Titles, Contact info, Urine Phenol Testing, updated Content Custodian from Darick Brewer to Andrew Johnson. Line by line review.


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**11.0 ATTACHMENT 1 – FIRST AID/INJURY REPORT SAMPLE (R-11-006-F01)**

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(Enter all dates in MM/DD/YY format.)

<b>EMPLOYER or COMPANY NAME &amp; ADDRESS:</b>					
<input type="checkbox"/> Marathon Anacortes Refinery <input type="checkbox"/> (Contractor)		<input type="checkbox"/> 10200 West March Point Road, Anacortes WA <input type="checkbox"/>			
<b>EMPLOYEE INFORMATION:</b>					
NAME (Last, First, Middle)		EMPLOYEE NUMBER		PHONE NO. (A/C, No.)	
ADDRESS (Include Zip)		CITY		DATE OF BIRTH	
		STATE		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> HOW LONG AT CURRENT JOB (# Years and/or Months)	
OCCUPATION		SUPERVISORS NAME		CONTACT PHONE NUMBER	
<b>OCCURRENCE:</b>					
PLACE OF ACCIDENT OR OCCURRENCE (Location where Injury Occurred i.e., Department/Area)		COUNTY OF INJURY  Skagit County	DATE OF INJURY/ILLNESS  LAST WORKDAY	TIME OF OCCURRENCE	TIME WORKDAY BEGAN
<b>DESCRIBE TYPE OF INJURY OR ILLNESS</b>					
TYPE OF INJURY:  BODY PART AFFECTED: (Be Specific)					
<b>DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURRED WITH DETAILS OF HOW EVENT OCCURRED</b>					
(Include name of other individuals involved, tools, objects, machinery, vapors, chemicals, radiations, unnatural motions of employee)					
Employee Signature _____ Date: _____					
Witness Name (If Applicable): _____ Contact Number: _____					

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<b>Safety Representative:</b> _____ <b>Immediate Supervisor:</b> _____		<b>Safety Notified on:</b> _____ <b>Immediate Supervisor Notified on:</b> _____	
<b>Safety Representatives Description/Comments/Concerns:</b> _____ _____			
Were immediate hazards mitigated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the investigation been started?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reported By: _____		Date: _____	
<b>PPE: (Check the appropriate PPE used.)</b>			
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Respiratory/SCBA	
<input type="checkbox"/> Safety Glasses/Goggles	<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Fall Protection	
<input type="checkbox"/> Chemical Resistant Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Other	
<input type="checkbox"/> FRC	<input type="checkbox"/> Steel Toed Boots		
<b>TREATMENT PROVIDED BY:</b> <input type="checkbox"/> Onsite Medical Provider <input type="checkbox"/> Other			
<input type="checkbox"/> Return to Work (RTW) <input type="checkbox"/> Other (See Medical Provider) _____ (Medical Providers Initials) & Date			
<b>SAFETY'S DETERMINATION AND SIGN OFF</b>			
<b>Safety Notes: (describe treatment)</b> _____ _____	<input type="checkbox"/> Work Related <input type="checkbox"/> Observation <input type="checkbox"/> First Aid (OSHA Recordable) <input type="checkbox"/> Medical Treatment (OSHA Recordable) <input type="checkbox"/> Restricted Duty (OSHA Recordable) <input type="checkbox"/> Lost Time	<b>Safety Signature:</b> _____	
<b>REPORTING: To be completed by Safety Representative (Attached Forms)</b>			
<input type="checkbox"/> 1 <sup>st</sup> Aid Log	<input type="checkbox"/> Corporate Reporting (Level 3)		
<input type="checkbox"/> Incident Report Submitted	<input type="checkbox"/> Medical Provider Report (if applicable – include in employee file)	<input type="checkbox"/> Copy to HR (If applicable)	
<input type="checkbox"/> Workers Compensation SIF-2 Form (If applicable – attach Washington State Self Insurer Accident Report)	<input type="checkbox"/> OSHA Database	<input type="checkbox"/> OSHA 300 Log Date entered: _____	
Safety Representative Signature: _____ Date: _____			
Follow up needed: _____			
Date Filed in Safety Filing System: _____ Date Filed with employee Medical Record: _____			

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## 12.0 ATTACHMENT 2 – WORK FLOW DIAGRAM

