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Gulf of Mexico



Operations: HSE Health and Industrial Hygiene

GoM Region Case Management Policy

3	03/30/2017	Revised- Issued for GoM Use	Diana Haines	Valerie Murray
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AMENDMENT RECORD

Amendment Date	Revision Number	Amender Initials	Amendment
03/30/2017	3	Diana Haines	<p>Changed Title. Format updated.</p> <p>Added Work Related Illness / Injury Process for Verification of Contractor Fitness and 5.10 Non Work Related Illness / Injury Process for Verification of Contractor Fitness to Section 3. Separated Process in to Employee and Contractor. Other minor revisions made involving no change in process</p>
6/15/2013	2		<p>1.0 Include reference to OMS.</p> <p>2.0 Defined Health Care Provider and Health Care Preferred Provider. Further defined illness. Added definition of impairment. Defined Worker’s Compensation Insurance and Worker’s Compensation Third party Administrator. Added abbreviations: FFD, HCP, HCPP, HCPR, OHP, SMS, SWP, TPCM, WCTPA.</p> <p>3.0 Added additional responsibilities to BP Supervisor regarding TPCM. Contractor information removed from this section and added to section 6.0. Added more information in regard to contacting ESIS. Added “Site and Houston” HSE to notification when transported to shore. Added additional notification for Supervisors regarding employees on their off hitch. Added info in regard to who determines employee FFD. Changed Title “HSE Advisor to “HSE Site Lead”. Reworded HSE Site Lead responsibilities that reflect a shift to Medic and TPCM. Added additional responsibilities to offshore Medic due to the expanded roles with case management. GoM Case Manager responsibilities updated. Added responsibilities for GoM Occupational Health Nurse, GoM Occupational Health Physician, Third Party Case Manager, Health & Industrial Hygiene Team Leader, Manager of Worker’s Compensation Insurance, Health Care Preferred Provider for FFD testing. Updated HR responsibilities. 4.0 Changed “occupational” to work-related. Further defined “work-relatedness” 4.1 Changed title to Medical Transportation. Added TPCM to this process. Other rewording in this section. 4.2 Changed this section to reflect the shift to responsibilities of TPCM. 4.3 Changed this section to reflect new protocol. Added new standardized Medical Information Form. 4.4 Changed this section to update to present process. 4.5 Minor word changes. 5.0 Minor word changes to update. 5.1 Changed from “First Aid or Med-evac to Medical Transportation” 5.2 Added some verbiage to reflect need to assure fitness for duty for the offshore worker regardless of absences. 5.3 Added Return to duty:” It is the employee’s... shall approve any limited duty” 6.0 Changed title; added: “The contractor company shall meet their employee at the heliport and assist with case management”. Added information concerning treatment by SMS. Added that BP shall conduct an investigation of incident. 7.1 Updated Medical Provider flowchart. 7.4 -7.10 Added documents: Worker’s Compensation Procedure, Revised Offshore Medical Information Form, Health Care Provider Report, HIPAA Release, Employee Instructions for FFD, Medical</p>

			Release FFD, FFD Request. Added links 7.11 – 7.14. Added documents 7.15 – 7.19: Injured Employees Rights and Responsibilities, , Notice to Employees Employee Notice of Ombudsman Program Concerning Workers' Compensation in Texas, Workers' Compensation (LA posting for Workers' Compensation), Compliance Spreadsheet,
12/31/2009	1	Authority: Curtis Jackson Custodian: Dennis JOHAson	Four definitions added, change in Texas W/C, links added for D& A policies, health website information added.
04/08/2009	0	Authority: Curtis Jackson Custodian: Dennis JOHAson	Finalize/Approved - Issued
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1 Purpose / Scope

This Case Management Policy outlines the process for case management of occupational and non-occupational injuries and illnesses for BP GoM Region employees and contractors. For BP employees, the GoM Occupational Health Advisor and Case Manager are responsible. For contractor employees, the responsibility for case management resides with the employer of the contractor and when appropriate, assurance by the offshore Medic or Occupational Health Advisor.

2 Key Responsibilities

2.1 Injured/Ill Employee

- A. Reports immediately all injuries and illnesses to the Supervisor. If offshore, the Medic needs to be notified also.
- B. Notifies initially the Supervisor of any anticipated absences or medical restrictions related to medical conditions, evaluations, or treatment. Keeps the Supervisor aware of return to work plans.
- C. Informs GoM Case Manager of status of medical leave and return to work plans. Obtains necessary medical documents for GoM Case Manager to administer medical leave.
- D. Follows return to work procedures which may include medical evaluation and fitness for duty testing.

2.2 Injured/Ill Contractor

- A. Reports immediately all injuries and illnesses to their Supervisor and BP Line Representative/HSE. If offshore, the Medic needs to be notified also.
- B. Notifies Contract Company of any anticipated absences or medical restrictions related to medical conditions, evaluations, or treatment. Follows Contract Company procedures regarding medical leave and return to work. For contractors, notify contract employer or BP Direct Supervisor.
- C. Contractor provides proof of medical clearance to Medic prior to arrival for offshore work or to BP Line Representative/HSE if onshore when requested.

2.3 Health, Safety, and Environmental (HSE) Site Lead or Advisor

- A. For work related incidents:
 - 1. Shall receive notification of personnel that leave onshore or offshore facility.
 - 2. Documents recordable illnesses/injury on the OSHA 300 log and OSHA 301 form for employee cases, and where required, contractor recordable case.
 - 3. Follows the case until initial work status is determined by Medic, Occupational Health Advisor (OHA) or onshore Health Care Preferred Provider (HCPP).
- B. Follows Region incident notification requirements.
- C. For non-work related events, shall receive notification of personnel that leave offshore facility for medical reasons.

2.4 BP Supervisor

- A. Verifies that the injured or ill employee receives immediate medical attention and, if necessary, is transported to an appropriately selected health care facility.

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- B. For offshore, notifies the OIM, HSE Site Lead, HR, and Medic of all reported injuries and illnesses when transported to shore or medical facility. For onshore, notifies H&S Advisor and OHA.
 - C. For work-related incidents,
 - 1. Consults with OIM regarding need for drug and alcohol testing, consistent with internal BP policy and government regulations. For Westlake incidents, this decision is made by the Supervisor in conjunction with OHA.
 - 2. For BP employees
 - a) Notifies Workers' Compensation Third Party Administrator (ESIS- 888-499-5522) of the event the day it occurs. See [Section 6.4](#).
 - b) If known, notifies OHA of significant injury/illness or medical treatment obtained by employee while off work.
 - c) Provides options for restricted duty when requested and if available.
 - d) Confirms with OHA that BP employees returning to duty have been deemed fit for duty.
 - 3. For contractors,
 - a) Consult with OHA if contacted by contractor or contract company regarding return to work after medical leave.
 - b) Confirms with OHA that contractor has provided validation of medical clearance to return to work.
 - D. For personal health conditions,
 - 1. For BP employees
 - a) If known, notifies GoM Case Manager of significant injury/illness or medical treatment obtained by employee while off work.
 - b) Confirms with GoM Case Manager that BP employees returning to duty have been deemed fit for duty.
 - c) Notifies HR and GoM Case Manager of personal health condition when not able to return to work.
 - 2. For contractors,
 - a) Consults with Medic if contacted by contractor or contract company regarding return to work after medical leave.
 - b) Consults with Medic that contractor has provided validation of medical clearance to return to work.

2.5 GoM Case Manager (Nurse)

- A. Case manage BP employees on medical leave:
 - 1. Communicates with the injured or ill BP employee regarding details of injury/illness.
 - 2. Provides Supervisor and HR notification and status updates on BP employees as appropriate.
 - 3. Verifies the Healthcare Provider Report (HCPR) and Authorization to Use and Disclose Protected Health Information Form (e.g., HIPAA) is completed.
 - 4. Assists HR in advising employee regarding medical benefits including Short Term Disability, Family Medical Leave and Long Term Disability.
 - 5. Schedules and verifies the Fitness for Duty (FFD) evaluation is completed when required.
 - 6. For complex cases, may work with Occupational Health Physician (OHP), OHA, HR, and/or Legal.
 - 7. Communicates to Supervisor and HR when an employee is fit to return to work.

2.6 GoM Occupational Health Advisor (Nurse)

- A. Works with Workers' Compensation Third Party Administrator (WC TPA) and Third Party Case Manager (TPCM) on BP employee work-related incidents.

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- B. Sets expectations regarding initial or urgent medical care and drug testing.
 - C. Assures TPCM has the most current forms and contact information from BP.
 - D. Serves as back up GoM Case Manager.
 - E. Updates GoM Region Case Management Policy.
 - F. Verifies “Injured Employee Rights and Responsibilities” are posted annually.
 - G. Obtains OSHA recordability information (diagnosis, treatment, lost days, restrictions) for injured/ill employees and contractors and reports back to H&S Advisor.
 - H. Assists contractor companies with fitness (physical, mental, medication) expectations for offshore work for contractors returning from medical leave. Coaches and assures Medic is managing return to work issues.

2.7 GoM Occupational Health Physician

- A. Provides consultation on important matters or complex work-related incidents, injuries, medical leave, fitness for duty, and disability.
- B. Assists in updates of GoM Region Case Management Policy.
- C. Medical resource for collaboration with Legal and HR.

2.8 Third Party Case Manager (TPCM)

- A. TPCM works with BP employees only
- B. Available 24/7/365 with immediate access via dedicated number: 1-855- HELPBPP1. (1-855-435-7271).
- C. Understands OSHA Regulations in regard to work-related injury/illness.
- D. Meets BP employee at heliport.
- E. Arranges transportation to Healthcare Preferred Provider (HCPP) as needed.
- F. Communicates with employee and HCPP regarding treatment, diagnosis, follow-up, prognosis, and return to duty.
- G. Assures that drug and alcohol testing is completed if required (may have been completed offshore).
- H. Assists employee in obtaining initial prescribed medications.
- I. Obtains HCPR form from HCPP. See [Section 6.6](#) for HCPR form.
- J. Within HIPAA guidelines, reports back to Medic, OHA, and Supervisor after initial treatment.
- K. Notifies Supervisor to report injury/illness into ESIS by calling in the First Report of Injury and Occupational Illness to Worker’s Compensation at (888) 499-5522. See [Section 6.4](#).
- L. Transports employee to hotel, as needed.
- M. Works with leadership regarding modified duty if required.
- N. If requested, accompanies employee to follow-up medical appointments.

2.9 Medic

- A. Provides offshore medical care for individuals using medical protocols. Works under the direction of the Medical Control Physician.
- B. In case of an injury or illness, determines with OIM and Medical Control Physician if the individual should be evacuated or transported to a health care facility or should receive treatment at the worksite.
- C. Communicate with OHA and HSE Site Lead regarding all work related or potentially work related incidents or medical complaints.
- D. Communicate with OHA on medevacs (medical evacuation helicopter) and medemoves (transport on routine fieldship helicopter for medical reasons) from offshore.

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- E. Within HIPAA guidelines, assures necessary leadership is kept current on status of injured/ill person.
 - F. Consults with OIM regarding need for drug and alcohol testing consistent with internal BP policy and government regulations (USCG Serious Marine Incident). Performs testing. Informs Third Party Drug Testing company and OHA when performing drug and alcohol testing.
 - G. For work-related incidents involving BP employees, arrange services with TPCM. Ensure communication regarding location for employee arrival (i.e., heliport, emergency room) is clear to TPCM. See [Section 3.1](#).
 - H. For non-work related personal health conditions involving,
 - 1. BP employees, communicates with OHA regarding any information received about personal health conditions affecting or potentially affecting fitness to work or resulting in medical leave. See [Section 3.2](#).
 - 2. contractors, coordinates return to work in accordance with [Section 4.2](#).

2.10 Medical Control

A physician who provides medical protocols and orders for the offshore Medics.

2.11 Human Resources for BP employees

- A. Verifies the GoM Case Manager or OHA has been notified of the case.
- B. Records employee's time away from work.
- C. Initiates Family Medical Leave Act (FMLA) paperwork.
- D. Manages payroll while on medical leave.
- E. Participant in discussions regarding case progress, accommodation, and return to work issues as needed.

2.12 Health Manager

- A. Updates GoM Region Case Management Policy
- B. Conducts periodic review to determine if case management protocols are effective.
- C. Provides recommendations regarding OSHA recordability.
- D. Available for consultation and resource for complex cases.

2.13 Manager of Worker's Compensation Insurance for BP employees

- A. Manages workers compensation for BP North America.
- B. Provides consultation and support on complex cases.
- C. Liases with WC TPA and BP stakeholders.
- D. Communicates any changes with WC TPA.

2.14 Health Care Preferred Provider (HCPP)

- A. For BP employees,
 - 1. HCPP (Physician) is the preferred location for medical treatment for work related injuries and medical evaluations of BP employees
 - 2. HCPP (Physical Therapist) is the preferred location for agility (Fitness For Duty) testing.
 - a) Provides FFD testing for injured/ill employee after being released for duty from HCPP.
 - b) Shall possess credentials and qualification in the discipline of physical therapy.

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- c) Shall maintain current job descriptions, Essential Functional Demands, and corresponding agility test criteria based on input from BP.
 - B. For contractors, companies select their own provider.

3 Procedures For BP Employees

3.1 Process for Work-Related Injury & Illness

3.1.1 Medical Transportation Decisions Offshore

- A. Following assessment of injured/ill BP employee, the Medic shall review **all** work-related injuries with the Medical Control Physician to determine treatment, restrictions, and need for transport to shore.
- B. The OIM in consultation with Medic, shall finalize all transportation decisions.
- C. The Medic shall notify the OHA and TPCM for BP employees returning to shore due to work-related injuries/illnesses and certain non-work-related conditions as needed. For Wells work-related incidents, the Wells H&S Advisor is to notify the OHA. Transportation onshore to HCPP for shall be arranged by the TPCM as needed. See Section 6.1 Medical Provider Flowchart.

3.1.2 Onshore Treatment

- A. Injured/ill BP employee shall be accompanied by the TPCM to the HCPP or emergency room.
- B. With permission of the BP employee, the HCPP or emergency room doctor; the TPCM shall accompany the employee during the evaluation. The TPCM will review discharge and return to work instructions for the employee.
- C. TPCM shall discuss the diagnostic outcome as well as the treatment plan with the HCPP. This discussion generates information needed to explore all options of treatment including return to duty, light duty, or no duty.
- D. To better determine work status, TPCM shall provide the Essential Functional Job Demands to HCPP. Refer to GoM Region Fitness for Duty Policy (Offshore) ([UPS-US-SW-GOM-HSE-DOC-00204-2](#)).
- E. For office locations (Westlake, HOLC/PMF), the OHA and Supervisor discuss transportation decisions.

3.1.3 Records, Reports, and Forms

- A. The BP employee will be provided the HCPR and the Authorization to Use and Disclose Protected Health Information form by the OHA.
 - 1. The HCPR is sent from the medical provider to the OHA upon completion.
 - 2. The Authorization to Use and Disclose Protected Health Information form will be signed by the employee and sent to the OHA.
- B. The BP Supervisor shall initiate a worker's compensation claim by following appropriate procedures. See [Section 6.4](#) for Worker's Compensation Procedure.
- C. The OHA will provide the BP employee the following documents upon return to work.
 - 1. When a Fit for Duty test is not required, the OHA may provide **Essential Functional Demands** document to the treating physician to determine fitness.
 - 2. When a Fitness for Duty / Return to Work evaluation is required prior to returning to work offshore (for reasons such as prolonged disability, musculoskeletal disorders, cardiac disorders, physical impairments, ongoing restrictions, etc.):

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- a. The **Essential Functional Demands** document is a list of the physical demands required during the evaluation and is provided to the treating physician for consideration when completing the Medical Release FFD.
 - b. The **Medical Release FFD** (Medical Release Request for WorkSaver Pre-work Functional Testing) is the document completed by the treating physician after reviewing the Essential Functional Demands.
 - c. The **Employee Instructions for FFD** (Information for the: Post-Offer Pre-placement Test Recipient or Fit-For-Duty (Return to Work) Test Recipient) document gives detailed instructions to the employee to help him/her have a successful test.
 - d. The OHA will schedule the FFD evaluation and forward a **Worksaver Functional Evaluation Request** form to the testing facility when a completed Medical Release FFD is received.
- D. The Medic shall provide and collect the **Offshore Medical Information Form** from each individual on the platform. The purpose of this form is to alert the Medic to the presence of serious health conditions in the case of emergency and to identify the use of Dangerous or Restricted medication offshore. The Offshore Medical Information form shall be kept current on both visitors, short term personnel, and core staff. This information is confidential and shall be treated as a medical record.
 - E. All employees who present to Medic for assessment or treatment of injuries and illnesses will sign the sickbay log.
 - F. When treating a patient the Medic shall complete the **Pre-Medical Control Patient Assessment** Form (Safety Management Systems form) or other electronic progress note and update with follow up information.
 - G. Medical and exposure records are locked and stored electronically and in the Medic office. BP employees requesting their medical records should refer to the Access to Exposure and Medical Records ([UPS-US-SW-GOM-HSE-DOC-00090-2](#)).

3.1.4 Return to Duty

- A. The TPCM shall notify and provide the completed HCPR to the OHA prior to the employee's planned return to duty and prior to communicating duty status to supervision.
- B. After reviewing the HCPR, the OHA shall determine the employee's need for further review or a fitness for duty test. Refer See GoM Offshore Fitness for Duty Policy ([US-SW-GOM-HSE-DOC-00204-2](#)) and its Appendix Medical Aspects of Offshore work, and Appendix 7 Notice for Physicians for Offshore Work in the GoM Medication Policy [UPS-US-SW-GOM-HSE-DOC-00109-2](#)
- C. The OHA shall notify HR if an employee does not provide the needed documentation, is not responding to inquiries regarding medical leave, or does not return to duty following a medical release.
- D. Medical restrictions, transitional duty, intermittent medical absences, and medical accommodations will be coordinated by the OHA.
- E. In order to "work from home" after an injury/illness, the OHA must have a written release from the employee's treating physician. The Supervisor and HR must also approve of this type of transitional duty.

3.1.5 Drug Testing

Following a work-related incident, the employee may be required to submit to a drug and alcohol test consistent with internal BP policy and government regulations. The OIM in consultation with OHA makes the final determination whether drug and alcohol testing is required.

3.2 Process for Non-Work-Related Injury or Illness

The following guidelines are used in the event a BP employee has a non-work-related injury or illness. Refer to the flowchart, Case Management for Non-Work-Related Injury or Illness, for an understanding of the various roles and responsibilities. See [Section 6.3](#).

3.2.1 Medical Transportation Decisions

Refer to [Section 3.1.1](#) for Medical Transportation Decisions Offshore. The same medical transportation guidelines for work-related injuries or illnesses may also apply to non-work-related injury or illness. See [Section 6.1](#) Medical Provider Flowchart. For non-work related injuries/illnesses, employee may choose to see their own personal treating physician.

3.2.2 Absence from Work

- A. BP employees with injuries or illnesses that are not attributable to the workplace shall advise their Supervisor immediately if they require absence from work or if their ability to perform their job is adversely affected.
- B. Employees shall contact their Supervisor if injured/ill (non-minor) while off work.
- C. The Supervisor shall contact the Case Manager and HR if the employee will be absent from work.
- D. For situations where a BP employee working offshore has missed one or more work days due to personal injury or illness, the employee may be required to have a HCPR form completed by their treating physician. If the HCPR is required, the employee shall send the report to the Case Manager for review prior to return to work.

3.2.3 Return to Work

- A. It is the employee's responsibility that all medical documentation (e.g. HCPR) is completed by their treating physician and received by Case Manager.
 - 1. After reviewing the HCPR, the Case Manager shall determine the employee's duty status and need for fitness for duty test.
 - 2. Case Manager should consult GoM Offshore Fitness for Duty Policy ([US-SW-GOM-HSE-DOC-00204-2](#)) and its Appendix Medical Aspects of Offshore work, and Appendix 7 Notice for Physicians for Offshore Work in the GoM Medication Policy ([UPS-US-SW-GOM-HSE-DOC-00109-2](#)) as needed.
- B. The Case Manager shall notify HR if an employee does not provide the needed documentation, is not responding to inquiries regarding medical leave, or does not return to duty following a medical release.
- C. Medical restrictions, transitional duty, intermittent medical absences, and medical accommodations will be coordinated by the Case Manager
- D. In order to "work from home" after an injury/illness, the Case Manager must have a written release from the employee's treating physician. The Supervisor and HR must also approve of this type of transitional duty.

4 Procedures For Contractors

4.1 Process for Work-Related Injury & Illness

- A. A contractor must notify their Supervisor and/or BP Supervision immediately of any suspected work-related illness or injury.

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- B. The Medic shall stabilize injured/ill worker, then discuss worker status, further treatment, and disposition with the designated contactor company representative, BP Supervision, Contractor's HSE representative, and BP HSE Site Lead. The Medic contacts the OHA and Medical Control for **all** work-related injuries/illnesses.
 - C. The BP HSE Site Lead shall copy the Medic and OHA on any correspondence and notifications related to the incident.
 - D. For Wells work-related incidents, the contract company will follow their case management process and the Wells H&S Advisor will follow the case to closure. The Wells H&S Advisor may consult with the OHA regarding fitness for duty and return to work status.

4.1.1 Medical Transportation Decisions Offshore

- A. In emergency situations, BP supervision shall take immediate steps to ensure the well-being of the injured/ill contractor.
- B. Following assessment of the injured/ill contractor, the Medic shall review **all** work-related injuries with the Medical Control to determine treatment, restrictions, and need for transport to shore.
- C. The OIM in consultation with Medic, shall finalize all transportation decisions.
- D. The Medic and/or BP HSE Site Lead shall notify the contract company representative for contractor returning to shore due to injury or illness.
- E. The Medic will contact the OHA for all medemoves or medevacs. For Wells, the Wells H&S Advisor will contact the OHA.
 - 1. Medic provides OHA with contractor company representative contact information.
 - 2. When appropriate, OHA (or Medic) notifies Security to add worker to the No-Access ("No-fly") list by email.
 - 3. OHA contacts contract company's designated representative (i.e., Human Resources, Health Department, or Safety) who is authorized to discuss medical information. Contractor representative must provide immediate and ongoing communication regarding status of IP to OHA and Medic. This representative will be notified that they will be required to provide medical clearance to the OHA for consideration of removal from the No-Access ("No-fly") list.
 - 4. OHA will provide updates to OIM, Medic, Health Manager, and H&S Team Lead.

4.1.2 Onshore Treatment

- A. If contractor is transported for treatment via medemove or medevac, the contractor company shall meet their employee at the heliport and assist with case management.
- B. BP can make recommendations regarding a Health Care Provider familiar with the offshore environment and return to work requirements.

4.1.3 Records, Reports, and Forms

- A. The Medic shall provide and collect the **Offshore Medical Information Form** from each individual on the platform. The purpose of this form is to alert the Medic to the presence of serious health conditions in the case of emergency and to identify the use of Dangerous or Restricted medication offshore. The Offshore Medical Information form shall be kept current on both visitors, short term personnel, and core staff. This information is confidential and shall be treated as a medical record.
- B. All contractors who present to Medic for assessment or treatment of injuries and illnesses will sign the sickbay log.

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- C. When treating a patient the Medic shall complete the **Pre-Medical Control Patient Assessment** Form (Safety Management Systems form) or other electronic progress notes and update with follow up information.
 - D. Medical and exposure records are locked and stored electronically in the Medic's office.

4.1.4 Return to Duty

- A. The contract company (employer) shall have a written policy and process in place that provides for work-related injury/illness case management.
- B. The contract company shall have a FFD program to verify injured/ill employee's fitness to work.
- C. When the contractor is ready to return, the OHA obtains a RTW medical release. For Wells, the Wells H&S Advisor receives the RTW medical release and may consult with the OHA.
 - 1. The RTW release should be in writing and ideally include diagnosis, treatment, and work status for work-related injuries. RTW should come from a licensed health care provider or the company's representative managing the case.
 - 2. OHA should assess if the physical and functional requirements of the specific job, as well as general risk of offshore work environment, are considered. See GoM Offshore Fitness for Duty Policy ([US-SW-GOM-HSE-DOC-00204-2](#)) and its Appendix Medical Aspects of Offshore work, and Appendix 7 Notice for Physicians for Offshore Work in the GoM Medication Policy ([UPS-US-SW-GOM-HSE-DOC-00109-2](#)).
 - 3. OHA notifies Security to remove from No-Access ("No Fly") list.
 - 4. OHA notifies OIM, Medic, Health Manager, H&S TL regarding work status (return to work date).
- D. Upon return offshore, Medic meets with returning contractor, reviews offshore medical information form and confirms medical status.
- E. A contractor who requests accommodation in connection with medical restrictions shall make the request to his/her employer. An authorized representative of the contract employer shall inform BP supervision of the return to work status.

4.1.5 Drug Testing

Following a work-related incident, the contractor may be required to submit to a drug and alcohol test consistent with internal BP policy and government regulations. The OIM in consultation with the OHA makes the final determination whether drug and alcohol testing is required with consultation from contract company.

4.2 Process for Non-Work-Related Injury or Illness

- A. Ill or injured contractor notifies direct Supervisor or Medic of a non-work related illness/injury. Medic assesses worker and contacts Medical Control as needed.
- B. The contract company (employer) shall have a written policy and process in place that provides for non-work-related injury/illness case management.
- C. The contract company shall have a FFD program to verify injured/ill employee's fitness to work.

4.2.1 Medical Transportation Decisions Offshore

- A. In emergency situations, BP supervision shall take immediate steps to ensure the well-being of the injured/ill contractor.
- B. Following assessment of injured/ill contractor, the Medic shall contact Medical Control to determine treatment, restrictions, and need for transport to shore.

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- C. The OIM in consultation with Medic shall finalize all transportation decisions.
 - D. The Medic shall notify the contract company representative for contractors returning to shore due to injury or illness.
 - E. Upon Medemove or Medevac, Medic:
 - 1. Notifies worker's designated contractor company representative and OIM of the worker's status and disposition.
 - 2. Notifies Security and OHA to add worker to the No-Access ("No-fly") list by email. For Wells, the Wells H&S Advisor will notify the OHA to add worker to No-Access ("No-fly") list.
 - 3. Contacts contract company's designated representative (i.e., Human Resources, Health Department, or Safety and say, "*I need to speak to someone authorized to discuss personal health information.*"). Notifies this representative that they will be required to provide medical clearance to the Medic for consideration of removal from the No-Access ("No-fly") list. The Wells H&S Advisor or OHA contacts the contract company's designated representative.
 - 4. Requests update from the contractor representative after 3 days if there has been no communication.

4.2.2 Records, Reports, and Forms

- A. The Medic shall provide and collect the **Offshore Medical Information Form** from each individual on the platform. The purpose of this form is to alert the Medic to the presence of serious health conditions in the case of emergency and to identify the use of Dangerous or Restricted medication offshore. The Offshore Medical Information form shall be kept current on both visitors, short term personnel, and core staff. This information is confidential and shall be treated as a medical record.
- B. When treating a patient the Medic shall complete the **Pre-Medical Control Patient Assessment Form** (Safety Management Systems form) or other electronic progress note and update with follow up information.
- C. Medical and exposure records are locked and stored electronically in the Medic's office.
- D. At crew change, Medic will:
 - 1. Notify his/her relief of any medemove or medevac and provide contract company's designated representative (i.e., HR) contact information.
 - 2. Communicate information related to contractor fitness (i.e., contractor missed hitch due to surgery).
 - 3. Document latest medical and return to work status using the electronic progress note.

4.2.3 Return to Work

- A. Prior to Return to Work (RTW), Medic obtains a medical release. The medical release should be in writing and ideally include diagnosis, treatment, and work status. The clearance should come from a licensed health care provider or the company's representative managing the case.
- B. Medic should assess if the physical and functional requirements of the specific job, as well as general risk of offshore work environment, are considered and if needed, explain these to the medical provider (Refer to Appendix 7, Notice for Physicians for Offshore Work in the GoM Medication Policy)([UPS-US-SW-GOM-HSE-DOC-00109-2](#)). Medic should consult with OHA if questions remain and See GoM Offshore Fitness for Duty Policy ([US-SW-GOM-HSE-DOC-00204-2](#)) and its Appendix Medical Aspects of Offshore work.
- C. A contractor who requests accommodation in connection with medical restrictions shall make the request to his/her employer. An authorized representative of the contract employer shall inform BP supervision of the return to work status.

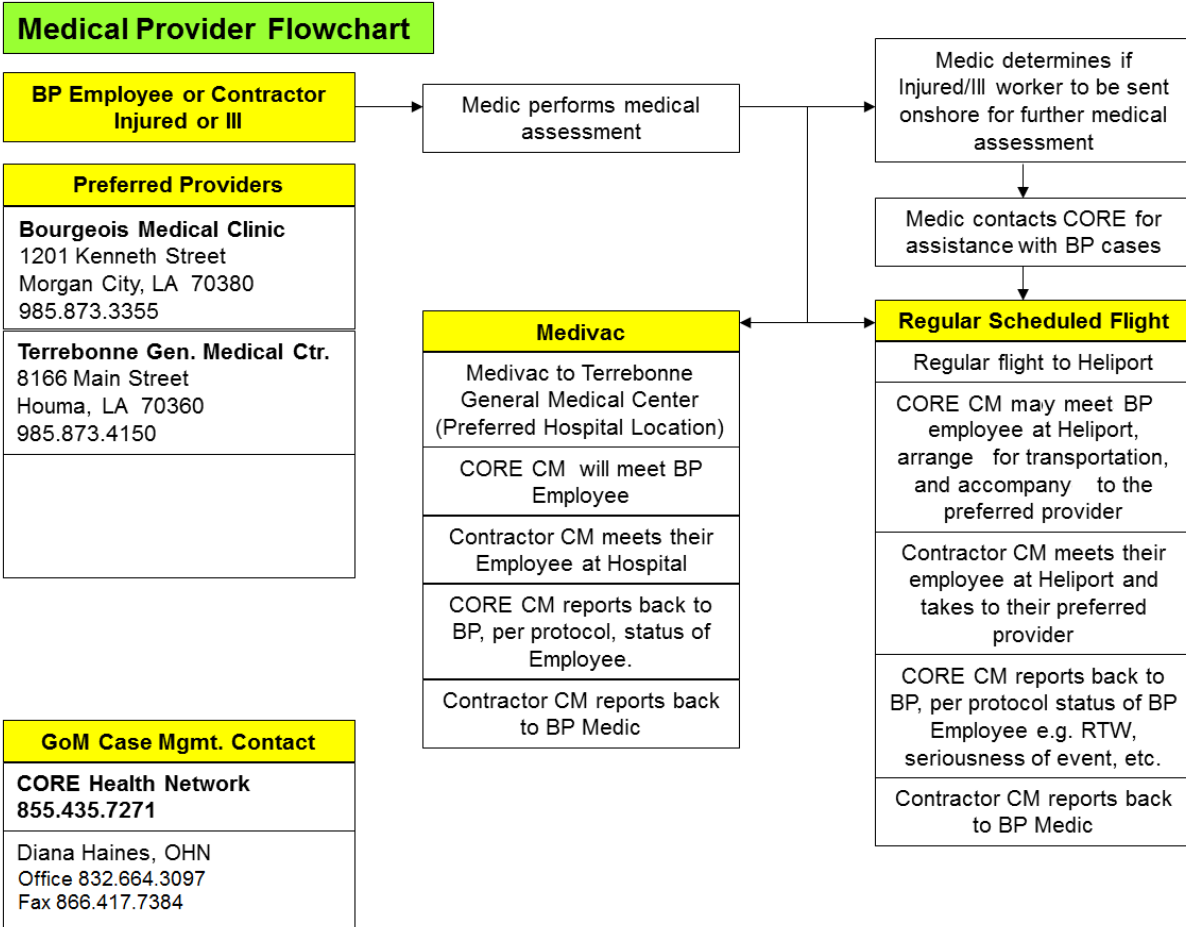
5 Definitions/Acronyms

Term	Description
Family Medical Leave (FML), Family Medical Leave Act (FMLA)	A federal regulation that allows eligible employees to take up to 12 work weeks of unpaid leave during any 12 month period for the serious health condition of the employee, parent, spouse, or child, or for pregnancy or care of a newborn child, or for adoption or foster care of a child. This runs concurrent with short term disability.
Fitness For Duty (FFD) testing	Functional testing, also known as ability or agility testing, used to provide reasonable assurance that an employee is able to do the essential physical job functions.
Treating Physician	This is a personal medical provider chosen by an individual such as such a family doctor or specialist.
Health Care Preferred Provider (HCPP)	Health care provider that has met the minimum standards for GoM. This is evidenced by BP Occupational Health clinic visit, observation, and quality review, such as an Occupational Medicine specialist or Physical Therapist.
Health Care Provider Report Form (HCPR)	Completed by employee and HCP or HCPP to elicit the pertinent information needed to understand an employee's condition, need for medical leave and work status.
Injury	An Injury is a consequence of instantaneous events. Instantaneous events are characterized by a sudden and unexpected physical change which occurs over a short time and which results in immediate harm to people.
Illness	Poor health or sickness resulting from a disease of body or mind.
Work-Related	<p>An incident must be considered work-related if an event or exposure in the work environment caused or contributed to that incident occurring. For injury or illness, an incident must be considered work-related if the event or exposure caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment unless one of the following exceptions applies in its entirety:</p> <ul style="list-style-type: none"> • Occurs when the employee was present in the work environment as a member of the general public. • Results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity. • Involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure. • Is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption. • Is solely the result of an employee doing personal tasks at the establishment outside of the employee's assigned working hours. • Is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted. • Is caused by a vehicle accident and it occurs on a company owned parking lot or road while the employee is commuting. • Is the common cold or flu. • Is a mental illness (unless it is post-traumatic stress syndrome where it can be tied to a specific workplace incident, or are incidents where the employee voluntarily provides an opinion from a physician or other licensed health care professional stating the employee's mental illness is work-related).
Worker's Compensation	A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for negligence.

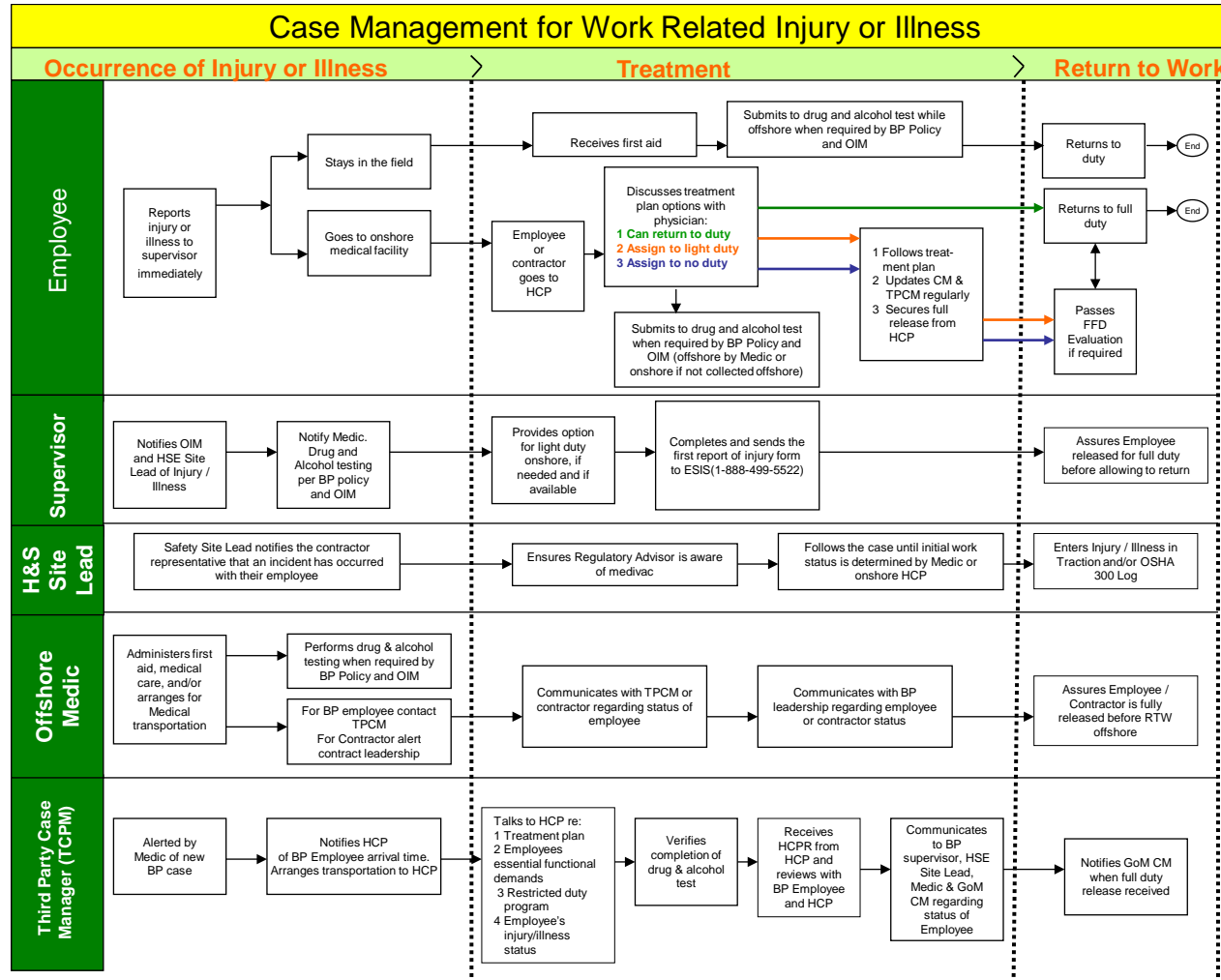
Worker's Compensation Third Party Administrator (WC TPA) Currently ESIS	Manages the Worker's Compensation Process by: <ul style="list-style-type: none">• Receives new potentially work-related cases from BP line management.• Investigates case to determine work-relatedness.• Works with stakeholders to navigate the medical needs of the injured employee in an efficient manner.• Assures that the medical providers are paid in a timely fashion.
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6 Key References, Tools, & Resources

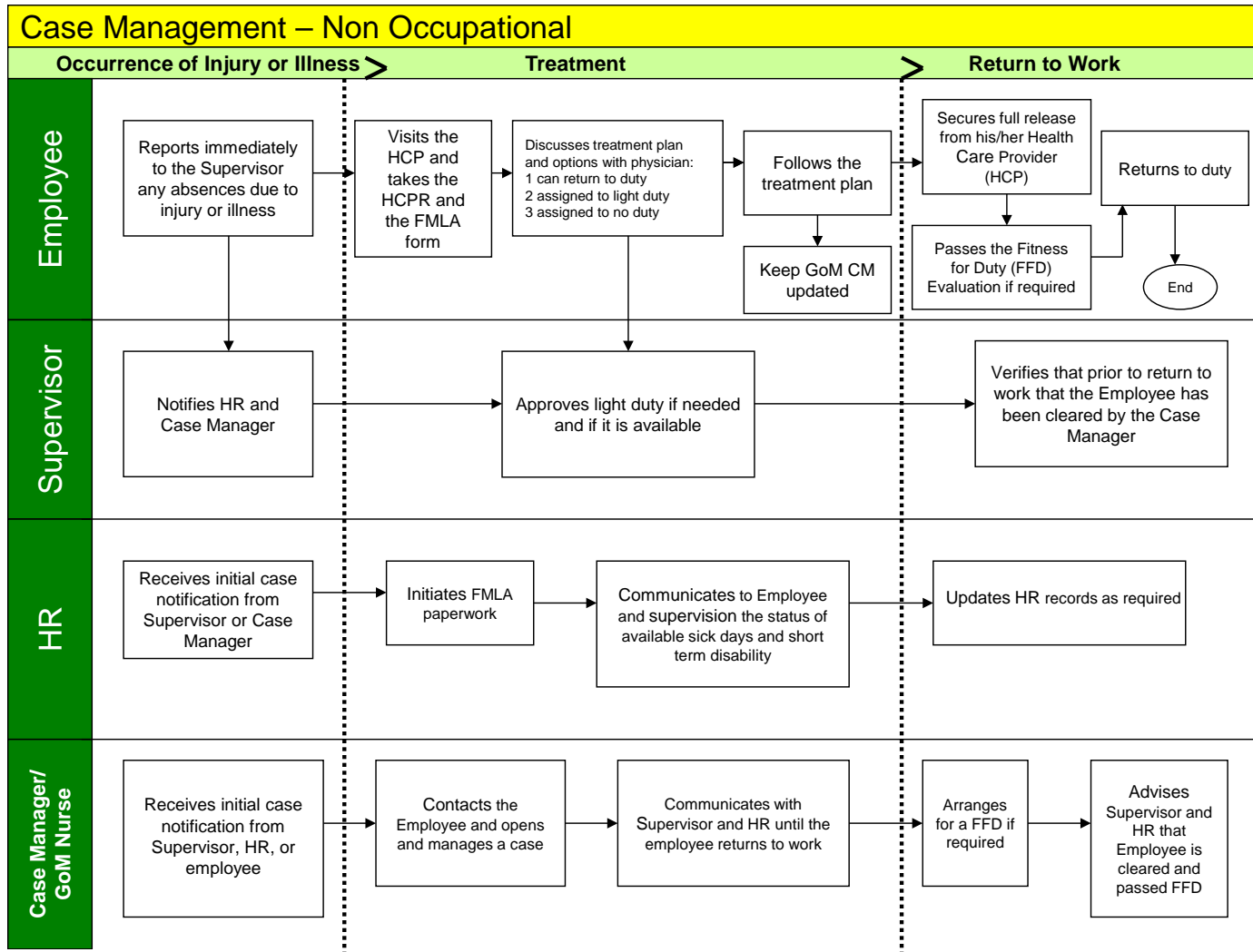
6.1 Medical Provider Flowchart



6.2 Case Management for Work-Related Injury or Illness



6.3 Case Management for Non-Work-Related Injury or Illness



6.4 Worker's Compensation Procedure

When reporting a claim, please provide the appropriate location/plant division code(s) that pertains to your area. This is an internal code for ESIS - the area is highlighted in yellow on the **BP WC ESIS Claim Intake Form** (below)

- S 3002 - GULF OF MEXICO (GOM) (3002)
- L 3005 - GOM HOUSTON CORPORATE OFFICE (03305)
- L 3007 - GOM - PRODUCTION (PLATFORMS) (03325)
- L 3009 - GOM - ALL OTHER LOCATIONS (03009)

Reporting options:

The easiest method is to have the Supervisor complete the **BP WC ESIS Claim Intake Form** (bellow) to the best of their ability and send by email or fax.

E-Mail: esisclaims@tnwinc.com

Fax: 1.800.748.6159

Alternatively, Supervisor can call the toll free number below and be prepared to answer the questions listed on **BP WC ESIS Claim Intake Form**. When reporting the claim, the caller should identify themselves and be prepared to answer questions on the form.

Toll Free Number: 1.888-499-5522

BP WC ESIS Claim Intake Form

Double click on icon below. There is no need to complete the Carrier or Industry sections of the form.



BP WC ESIS Claim
Intake Form 2016.doc

See Westlake Campus Property Management HSSE Procedure Manual for Incident Reporting and Investigation.

6.5 Offshore Medical Information Form

From GoM Medication Policy (Offshore) [UPS-US-SW-GOM-HSE-DOC-00109-2](#)



Appendix 9
Offshore Medical In

6.6 Health Care Provider Report



HealthCare Provider
Report 9 16 13 rev.p

6.7 Authorization to Use and Disclose Protected Health Information Form



Auth_to_Use_and_
Disclose_PHI_Gina.p

6.8 Medical Release Request for WorkSaver Pre-work Functional Testing Form



Worksaver_Medical
_Release_Req.pdf

6.9 Post-Offer Pre-placement Test Recipient or Fit-For-Duty (Return to Work) Test Recipient Instructions



WorkSaver_Recipie
nt_Instructions.pdf

6.10 Worksaver Functional Evaluation Request Form



WorkSaver_Systems
_Functional_Eval_Re

6.11 Notice: Onshore & Westlake Office – Medical Reporting and Clearance Requirements



GoM GOO
Communication Cas

6.12 Notice: Offshore Personnel – Medical Reporting and Clearance Requirements



GoM GOO
Communication Cas

6.13 Who Ya Gonna Call



callOHA12.pdf

6.14 Safe Work Practice References

Medical Services Safe Work Practice (SWP) ([UPS-US-SW-GOM-HSE-DOC-00096-3](#)) .
Medication Policy (Offshore) ([UPS-US-SW-GOM-HSE-DOC-00109-2](#)).
Drug and Alcohol Policy (GoM Region) (UPS-US-SW-GOM-HSE-DOC-00200-2)
BP Drug and Alcohol Misuse Policy (US)

Gulf of Mexico

Document Lifecycle Tree

Navigate through the form and click on the last box you ended through below selection process

