Table of Contents

I. STEPS TO MAINTAINING A SAFE PROJECT 2

II. PREPARE 2

III. INCIDENT RESPONSE PROCEDURES 2

IV. DOCUMENTATION 2

V. SUBCONTRACTOR INCIDENT RESPONSE PROCEDURES 3

VI. DOCUMENTATION 3

VII. PURPOSE 8

VIII. SCOPE 8

IX. PROVISIONS 8

X. WORK PLACEMENT & COMPLIANCE 9

XI. RELATED PROCEDURE(S) 9

Zero Safety Incidents – that's our goal at **GALLANT BUILDERS.** We must work together to achieve this goal. This simple guide will help you ensure that your projects are prepared to respond in the event of a safety incident.

I. STEPS TO MAINTAINING A SAFE PROJECT

Be Prepared – know where your first aid kit is, know where the nearest hospital is, and know where this packet is at all times.

Create a Safety-Conscious work crew by requiring workers to actively look for job hazards and correct them. No job hazard is acceptable.

Remind your workers **DAILY** that safety is **ALWAYS** first and there is no excuse to perform unsafe work.
Remind your workers **DAILY** that any accident, no matter how small, must be reported to you immediately.
Read this guide to know what to do in case of an injury.

II. PREPARE

- Have a first aid kit stocked & readily available
- Identify the nearest Occucare location and an alternative first aid clinic in case Occucare is closed (contact HR if you need assistance) **Occucare contact information listed below.**

III. INCIDENT RESPONSE PROCEDURES

- Secure the Scene
- Provide 1st Aid Assistance
- **If the injury requires advanced medical attention, call 911!**
- Report the Incident to your supervisor immediately. The supervisor shall report the incident to the controlling contractor/ owner immediately no matter how minor.
- Contact **Noe Mejia, Safety Manager 713.907.8614** immediately.
- Secondary Contact **Derik Lundy, Partner 713.907.2787 or Adam Wheeless, Partner 713.855.8959**
- Drive injured employee to Occucare for treatment. **Do not allow the injured employee to drive themselves to the clinic.** Occucare locations provided below**.**
- **24 Hour Clinic** is available for weekend & after hour treatment. **24 Hour Clinic** location provided below.
- Inform the physician of the company light duty program. **Refer to the Return to Work Program below.**
- Request drug and alcohol test at clinic.

IV. DOCUMENTATION

- Complete an Incident Report Form and forward a copy to the Safety Director
- If witnesses were present, have them complete a Witness Statement
- Provide copies of the completed incident investigation report, witness statements, doctor status report and drug & alcohol test results to the office & safety department for records.

V. SUBCONTRACTOR INCIDENT RESPONSE PROCEDURES

- Secure the Scene
- Assist the Subcontractor's site supervisor in providing 1st Aid to their personnel as needed.
- **If the injury requires advanced medical attention, call 911!**
- Report the Incident to the subcontractor's project management team immediately. The supervisor shall report the incident to the controlling contractor immediately no matter how minor.
- The subcontractor's site supervisor shall drive the injured employee to their medical facility for treatment. **Do not allow the injured employee to drive themselves to the clinic.**
- Request verification of a drug and alcohol test for the injured employee. Do not request or accept a copy of the drug and alcohol results.

VI. DOCUMENTATION

- The subcontractor shall complete an Incident Investigation Summary Form
- If witnesses were present, have them complete a Witness Statement
- The subcontractor shall provide copies of their completed incident investigation report for our records.

Occucare INTERNATIONAL

HOURS: MONDAY THRU FRIDAY (7:30 AM TO 4:30 PM)

Houston

5151 Katy Freeway #170

Houston, TX 77007

Phone: (713) 802-0801

Fax: (713) 802-0105

The Woodlands/ Spring

17030 Nanes, Suite 108

Houston, TX 77090

Phone: (281) 893-0521

Fax: (281) 893-0537

North Houston

15621 Blue Ash Drive, Suite 170

Houston, TX 77090

Phone: (281) 893-0521

Fax: (281) 893-0537

Port Arthur

3717 Royal Meadow Boulevard

Port Arthur, TX 77642

Phone: (409) 722-0600

Fax: (409) 724-1928

Deer Park

321 West San Augustine

Deer Park, TX 77536

Phone: (281) 476-4616

Fax: (281) 476-0827

Corpus Christi

1500 Wildcat Drive, Suite M

Portland, TX 78374

Phone: (361) 643-3075

Fax: (361) 643-3078

AFTER HOURS CLINIC

ER 24/7 Plus

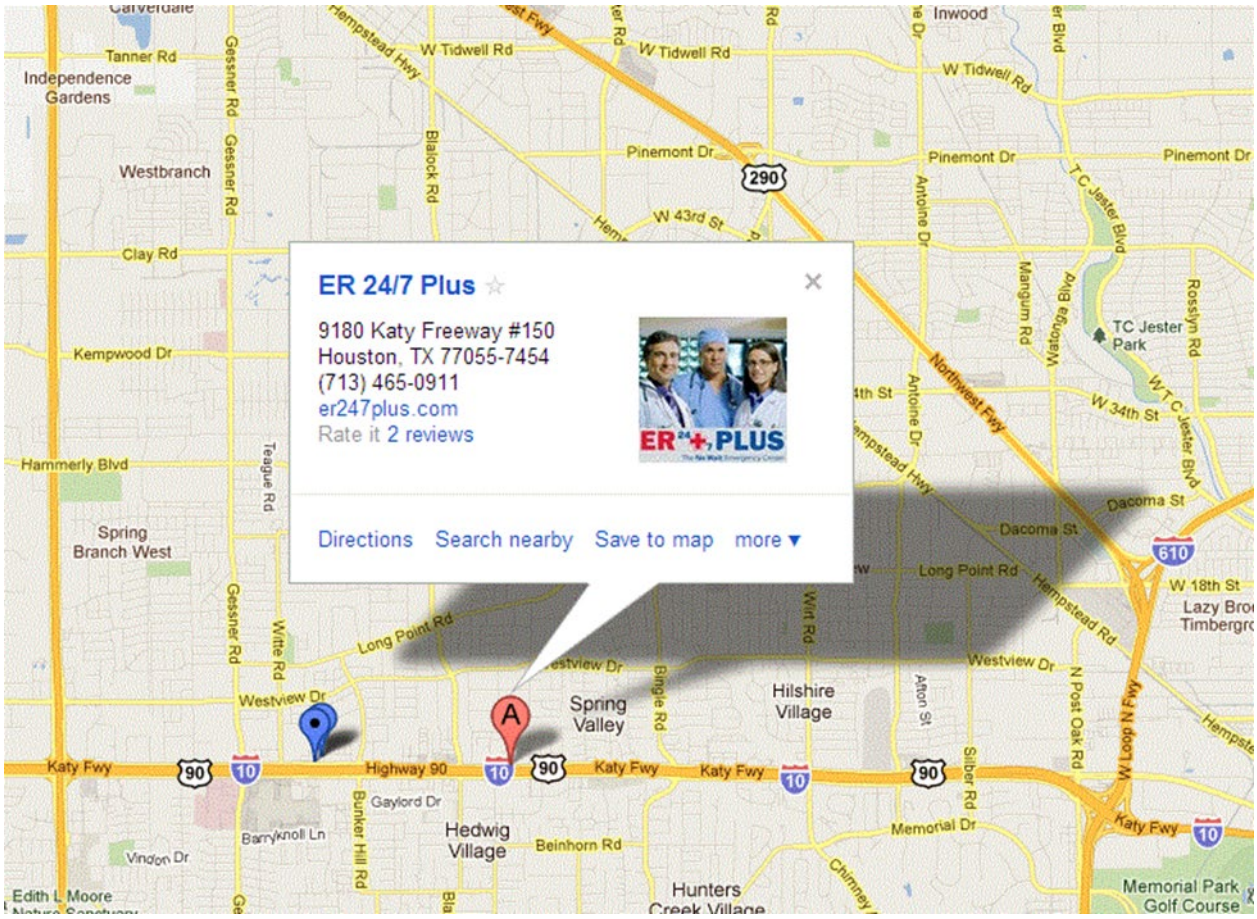
Point of Contact: Tammy Ford

Address: 9180 Katy Freeway #150

Houston, TX 77055

Phone: (713) 465-0911

Email: jbowning@er24plus.com



A Note to our Clients…

GALLANT BUILDERS has partnered with Occucare and ER 24/7 Plus because of their Recordable & Lost Time Prevention Protocols.

Listed below are the protocols followed by both health care providers,

1. **Return to Work Program-** Both facilities have been instructed of our return to work program and will work with our company to achieve full duty status.

2. **Verbal Instructions-** Verbal instructions are communicated not prescribed by the doctors for light duty.

3. **Medical Procedures-** The doctors will use a non-recordable procedure for medical treatment when possible.

4. **Sample Medications-** Sample medications are provided when possible, to prevent doctor's from writing prescriptions.

5. **Over the Counter Medications** – The doctors will recommend over the counter medications when possible as a substitution for prescription medications.

We are *resolute* in our commitment to our employees' health, safety, and well-being as well as our recordable & lost time rates.

A Note to the Treating Physician…

GALLANT BUILDERS Offers a Return to Work Program for Injured or Ill employees that will comply with *ANY* work restrictions.

Dear Treating Physician,

1. **GALLANT BUILDERS** offers ALL employees an opportunity to return to work following a work-related injury or illness.

   We believe that meaningful work assignments are a real step in helping employees recover and transition back into prior job assignments. **All work restrictions will be strictly adhered to!**

2. Before suggesting time away from work, please consider that very few injuries or illnesses are outside of the scope of work opportunities that we provide at **GALLANT BUILDERS**

   From management training programs to pre-fabrication work in our shop – we will work hard to find an accommodating job assignment for an injured employee. We will issue a modified job description and extend a new job offer letter. We strongly feel that meaningful work will contribute to a quicker recovery.

3. Please consider providing an over-the-counter medication or samples instead of prescribing medication.

   We want the employee to be able to return to a suitable position after this visit is complete, and we will find a meaningful, safe assignment for the employee to return to.

Our Return to Work / Light Duty Policy is attached. We hope you will agree that we are *resolute* in our commitment to employees' health, safety, and well-being.

If you require assistance or have questions regarding our Return-to-Work Program, please contact the Gallant Builders Safety Manager or Noe Mejia at 713.907.8614 or email at noe@gallantbuilders.com.

Return to Work / Light Duty Policy

VII. PURPOSE

Restricted (**Light**) Duty provides work to an employee who has experienced illness or injury on the job. Employees are our most valued asset! Safety, well-being, and work sustainability are key objectives at **GALLANT BUILDERS** when an employee is injured or ill, **GALLANT BUILDERS** will assist him/her in a quick recovery by allowing the employee to return to a temporary, meaningful, and safe job assignment.

VIII. SCOPE

Commencing on the first day of employment or any day thereafter, any employee who is injured or ill as a result of working shall be eligible to participate in the Return to Work / Light Duty Program.

IX. PROVISIONS

A Return to Work / Light Duty Program is in effect to assist any injured or ill employee in maintaining a meaningful job assignment until he/she has fully recovered – at which point, the employee shall return to the same or similar job assignment prior to injury/illness. **Immediately following initial treatment, GALLANT BUILDERS will issue a meaningful job assignment with full pay that is consistent with the Treating Physician's requirements to any employee who is injured or ill as a result of working.**

A Return to Work program is mutually beneficial to the employee and to GALLANT BUILDERS:

The Employee Benefits

- Engaging and accommodating work
- Transitioning back to the prior roll
- Increased self-esteem
- Maintaining and building new relationships at work
- No lost wages

GALLANT BUILDERS Benefits

- Retain a trained and experienced worker
- Reduce cost of lost production
- Improving work ethic and morale
- Building better communication

Provisions of the Return to Work / Light Duty Program

ELIGIBILITY

1. The employee's medical condition temporarily prevents the employee from performing full regular duties including full-time work

2. The Treating Physician's provisions:
   a. Feels the condition is temporary, so far as can be determined and will likely improve
   b. Feels that maximum medical improvement has not taken place yet

c. Has provided instructions for specific restrictions in writing to Human Resources

X. WORK PLACEMENT & COMPLIANCE

1. A Bona-fide Job Offer Letter will be created based on work restrictions and provided to the employee for acceptance. This assignment is temporary.
2. All Return to Work / Light Duty job assignments **MUST** comply with a treating physician's written restrictions – an employee who feels that he/she is being asked to perform work outside of the guidelines must immediately notify his/her supervisor and Human Resources.
3. An employee who feels that he/she is being retaliated against or treated differently should talk with Human Resources immediately to resolve the problem.
4. The employee may be required to attend follow-up visits with the treating physician. The Company will accommodate the need for check-ups. However, it is the employee's responsibility to notify his/her Supervisor and Human Resources as soon as the appointment has been scheduled.
5. If the employee will miss work, he/she must contact his/her supervisor and Human Resources at least 1 hour prior to the scheduled beginning of shift. If the absence is related to the injury or illness, tell Human Resources.

XI. RELATED PROCEDURE(S)

REPORTING AN INJURY

1. Any employee injured on the job, no matter how small the injury, must report the injury to their supervisor immediately. It is the supervisor's responsibility to assess the nature of the injury and determine if the employee should be seen by a treating physician. An employee who refuses to abide by the supervisor's decision will be subject to disciplinary action.
2. It is the supervisor's responsibility to report the injury to the project management team and safety department. The supervisor shall also report the incident to the controlling contractor no matter how minor.

WORKING AFTER AN INJURY HAS OCCURRED

1. After an employee has seen the Treating Physician for the first time, he/she will be contacted by Human Resources for a Light Duty job placement. The employee will be given a bona-fide job offer letter to review and sign. This offer letter abides by all job restrictions set forth by the Treating Physician.

2. The employee will return to work. A modified assignment will allow the employee to work at full pay and up to 40 hours as allowed by physician's written comments.

3. The employee is subject to all job rules and will still be subject to the Company's discipline policy as detailed in the Employee Handbook.

4. When the employee is cleared to return to full-duty or has reached maximum medical improvement, **GALLANT BUILDERS** will make every effort to return the employee to his/her previous assignment or a similar one if allowed by Treating Physician. If maximum medical improvement has occurred, and the employee must work with restrictions, then the

company will allow the employee to work in the modified job assignment set forth in the bona-fide offer letter.

5. If at any time an employee feels that he/she is being discriminated against or retaliated against as a result of the injury, it is the employee's responsibility to notify Human Resources immediately for a full investigation.

Incident Report

Foreman / Supervisor: _____ **Date of Report:** _____

Site Location: _____

Contact the Noe Mejia (713.907.8614) the Gallant Builders Safety Manager Immediately. Complete this form after a safety incident has occurred. Submit to the Safety Director upon completion for company records.

Name of Person(s) Injured/ Involved & Contact (Also identify the Employer)	_____ _____
Date & Time of Incident (a.m. or p.m.)	Date:_____ Time: _____
Work History	Date of Hire:_____ Experience: _____
Type of Incident? Check all that apply	☐ **NEAR MISS** ☐ **PROPERTY DAMAGE** ☐ **1ST AID- Non-Recordable** ☐ **OTHER:**_____ ☐ **MEDICAL- Non-Recordable EXPLAIN:** _____ _____ ☐ **MEDICAL- Recordable EXPLAIN:** _____ _____
Severity of the Injury / Incident Check all that apply ☐ N/A	☐ **HIGH** Life Threatening / Property Loss ☐ **MEDIUM** Serious Injury / Property Damage ☐ **LOW** Minor Injury / Minor Damage Additional Notes: _____ _____
Part of Body Injured Check all that apply ☐ N/A	☐ Left Hand or Wrist ☐ Right Hand or Wrist ☐ Neck ☐ Left Arm ☐ Right Arm ☐ Head ☐ Left Leg ☐ Right Leg ☐ Back ☐ Left Foot or Ankle ☐ Right Foot or Ankle ☐ Other:_____ Additional Notes: _____ _____

1st Aid / Medical Treatment Received ☐ N/A	_____ _____ _____
Drug Screen Conducted	☐ Yes ☐ No ☐ N/A
Follow Up Required?	☐ Yes ☐ No If Yes, Explain: _____ _____ _____ **PG 2 OF 3**
Controlling Contractor- G.C. ☐ N/A	_____ _____
Location of Incident E.G. room, stairs, hallway, north side, etc.	_____ _____ _____ _____ _____ _____ _____
Description of the Incident.	_____ _____

	PG 3 OF 3
Description of Root Cause ☐ N/A	
Measures to Prevent Reoccurrence ☐ N/A	
Who Observed the Injury / Incident Witnesses? ☐ No Witnesses	
What PPE Was Worn?	
Additional Notes: ☐ N/A	

Other Information Is there any other information or recommendations that are pertinent to this incident?	_____ _____ _____ _____
Name, Title & Contact of Person Completing Form	_____ _____
Signature of Person Completing Report	
Date	

Witness Statement

Foreman / Supervisor: _____Date: _____

Site Location: _____

Contact the Safety Director Immediately. Complete this form after an incident has occurred. Submit to Safety Director upon completion for company records.

Name & Phone Number	Name: _____Phone: _____
Company & Title	Company: _____Title: _____
Relation to Incident	☐ Injured ☐ Involved ☐ Witness ☐ Other: _____
Controlling Contractor-G.C.	_____

Date and Time of Incident	_____
Location of Incident (e.g.) stairs, hallway, etc.	_____ _____
Description of Incident.	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
What PPE Was the Affected Employee Wearing?	_____ _____
Signature:	