




# Management Instruction

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Originating Organization & OCC Code Employee Relations Department ER250	
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Title  Job-Related First Aid Injuries
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## I. Purpose

This Instruction updates information that establishes policy and procedures for reporting injuries to the Office of Workers' Compensation Programs (OWCP), Department of Labor, for determining choice of physician, and for paying medical bills to contract physicians for the initial treatment of job-related first aid injuries.

## II. Scope

The policy and procedures in this Instruction apply to all installations which have postal medical officers, health unit nurses, and/or contract physicians.

## III. Compliance

The field division general manager/postmaster or designee must ensure that field personnel comply fully with the policies and procedures specified in this Instruction.

## IV. Definitions

### A. First Aid Case or First Aid Injury

A *first aid case* is normally any work-related minor injury that requires no more than two medical visits, the second of which is to confirm full recovery. The term *first aid injury* is an abbreviated reference to such a case. Examples of treatment are outlined in Item 44, No. 6, of Form 1769, *Accident Report*.

### B. Contract Physician

*Contract physician* refers to any duly licensed physician currently under agreement with the USPS and designated to perform specific medical duties on a fee basis in the area outlined in *Employee and Labor Relations Manual* (ELM) 863.33.

## C. Postal Medical Officer

*Postal medical officer* refers to any duly licensed physician who is employed on a full-time or part-time basis by the USPS to perform medical duties outlined in ELM 863.324.

## V. Policy

### A. Reportability of Cases

**1. Nonreportable First Aid Cases.** In both *reportable* and *nonreportable* first aid cases, treatment is limited to two visits and results only in first aid care, and no medical disposition of disability and/or limited duty assignment results. Cases that need not be reported to OWCP are those which meet all the following conditions in addition:

a. Treatment is provided by the postal medical officer, contract physician, or medical unit nurse.

b. Treatment is such that:

(1) The initial visit occurs during work hours on the day or shift of injury or during nonwork hours thereafter.

(2) The followup visit for confirmation of complete recovery occurs during nonwork hours.

**2. Reportable First Aid Cases.** Cases which must be reported to OWCP include:

a. Cases not meeting *all* of the conditions listed for nonreportable cases.

b. Cases not considered first aid because treatment requires more than two visits or results in other than first aid care or the injury results in medical disposition of disability and/or limited duty assignment.

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## B. Free Choice

**1. Physician.** Under the Federal Employees' Compensation Act (FECA), an employee is guaranteed the right to a free choice of physician. The employee's immediate supervisor is responsible for fully explaining this right to the employee. The following provisions apply:

a. The postal medical officer or contract physician's evaluation is not required before an employee makes an initial choice of physician or receives continuation of pay. If an employee declines first aid treatment or medical evaluation by the postal medical officer or contract physician, authorization for first aid medical examination and treatment by the physician of the employee's choice must not be delayed or denied. An employee's declination in such cases may not be used as a basis to discontinue pay or to controvert a claim.

b. If the postal medical officer, contract physician, or health unit nurse provides initial evaluation and/or first aid treatment to an employee and then further medical care for the injury is needed, such an initial evaluation or treatment does not constitute the employee's initial choice of physician. An employee may elect either to continue medical treatment with the contract physician beyond the first aid treatment or to select a physician of his or her own choice,

c. If an employee elects to continue medical treatment with the postal medical officer or contract physician beyond the first aid treatment, that physician becomes the employee's initial physician of choice.

**2. Timing.** An employee cannot be required or compelled to undergo medical examination and/or treatment during nonwork hours.

## VI. Report Processing

### A. Form 2491, *Medical Report-First Aid Injuries*

Form 2491 must be completed by the postal medical officer or contract physician to document medical evaluations for job-related first aid injuries (see Attachment B). If treatment meets or exceeds the criteria established for a nonreportable first aid injury, copies of Form 2491 are submitted to OWCP.

**Note:** OWCP Form CA-16 (or other OWCP-approved form) must not be used to refer an injured employee to the postal medical officer or contract physician for a medical evaluation

resulting from a job-related first aid injury. OWCP Form CA-17 (or other OWCP-approved form) must not be used to furnish a report of such an evaluation from the postal medical officer or contract physician.

### B. Form 1769, *Accident Report*

Form 1769 must be completed for all first aid injury cases, both reportable and nonreportable. First aid cases must be logged and coded "6" in Item 44. First aid care not exceeding two visits provided by the postal medical officer or contract physician is recorded as *nonreportable* in the Human Resources Information System (HRIS), Safety and Health Subsystem. The following cases, however, are logged, numbered and recorded as *reportable* in the HRIS:

a. All motor vehicle accidents resulting in property damage or personal injury.

b. All cases involving treatment provided by the postal medical officer or contract physician which exceeds two visits or results in other than first aid care, whether or not treatment was provided during duty hours.

c. All cases involving medical treatment by a private physician chosen by the employee.

d. All cases resulting in a medical disposition of disability and/or limited duty assignment.

### C. OWCP FORM CA-1, *Federal Employees' Report of Injury and Claim for Compensation*

Form CA-1 must be completed for all first aid injuries as well as for traumatic injuries. If the case is nonreportable, the form is kept in the employee's official personnel file; if it becomes reportable, the form is forwarded to OWCP. The report is coded as follows:

a. First aid injuries must have "First Aid Injury" on the upper right corner of the supervisor's portion of the form.

b. If initial medical care is provided by a contract physician or postal medical officer, the word "Agency" must be written in block 31. This will distinguish the contract or agency-selected physician from any provider later chosen by the employee.

c. If there are more than two medical visits or if the injury results in disability for work or assignment to limited duty, the case must be properly coded to reflect the severity of the medical disposition, assigned a number, and recorded in HRIS, Safety and Health Subsystem. Under no circumstances can such a case be coded on the CA-1 as a "First Aid Injury."

**D. OWCP Form CA-2, *Federal Employees' Notice of Occupational Disease and Claim for Compensation***

Form CA-2 must be completed for all occupational diseases or illnesses.

**E. OWCP Form CA-16, *Request for Examination and/or Treatment***

Form CA-16 must be completed for OWCP reportable cases if treatment beyond first aid is required. The injury compensation control office or point issues a Form CA-16 to the initial physician of choice.

**F. Form CA-17, *Duty Status Report***

Form CA-17 must be completed for OWCP reportable cases.

**G. Form 2490, *Medical Bill Certification for Job-Related Injuries***

Form 2490 must be completed to authorize payment of medical bills for job-related injuries that are not paid by OWCP (see Attachment A).

**VII. Use of Contract Physician**

**A. USPS Agreement**

It is necessary for the field division medical office or service center medical director to establish a medical agreement for professional services rendered by the contract physician.

**B. Initial Physician of Choice**

If treatment beyond first aid is required and the employee elects to continue treatment with the contract physician, the contract physician becomes the employee's initial physician of choice. Further treatment by the contract physician does not constitute a conflict of interest as defined in ELM 867.5.

**C. Payment**

**1. Initial Treatment.** The USPS pays medical bills only for first aid cases and management-requested medical services. In first aid cases the initial examination and/or treatment may be on the date of injury or beyond the day or shift of injury (see V for details). Medical bills arising from these visits may include office visits, X-rays, lab work, pharmaceutical bills, and miscellaneous medical expenses (see Form 1769, Item 44, for examples). Payment for these medical bills is paid locally using Account Identifier Code (AIC) 577, Medical Expenses—On-the-Job Injury or Illness. The entry to Form 1412, *Daily Financial Report*, must be supported by a properly cer-

tified Form 2490.

**Note:** Medical expenses for treatment of a first aid injury by an employee's private physician must be submitted to OWCP for payment. In cases for which the first aid treatment is provided at the expense of the USPS but the case is subsequently reported to the OWCP, the OWCP district office must be advised, in writing, to preclude dual payment for the initial visit.

**2. OWCP Reportable Cases.** Form CA-16 is issued directly to the contract physician, precluding the USPS from making direct payment for further services rendered by the contract physician for that injury. All other medical expenses incurred are paid by the OWCP under that agency's rules and regulations, including the application of OWCP's fee schedule.

**Note:** Any agreement between the USPS and the contract physician concerning fees for services rendered will not be recognized by the OWCP. A written notice advising the contract physician of limitations and the possible reduction of any additional amount billed is printed on the back of Form 2491.

**VIII. Injury Compensation Office Responsibilities**

**A. Injury Documentation**

If the employee's injury becomes reportable and is submitted to OWCP, Injury Compensation control office or point personnel must forward to OWCP Form 2491 documenting the medical evaluation of the employee's first aid injury along with all other OWCP forms.

**B. Payment Certification**

Injury Compensation control office or point personnel must complete Form 2490 to certify contract medical bills for payment.

**C. Billing Records**

Injury Compensation control office or point personnel must maintain a log of medical billings that have been certified by their office for payment by the Postal Service (see Attachment C). This form may be reproduced locally, as needed.

**D. Payment**

After medical bills are certified for payment, injury compensation control office or point personnel must route them through the finance section for payment in accordance with local procedures.