



FIRST AID CLAIMS HANDLING

Agenda

- Defining First Aid
- Reporting Requirements
- Documentation & Forms
- Examples of First Aid Claims
- Examples of non-First Aid Claims
- Q&A



Defining First Aid

- Statutory Definition:

“First Aid is any one-time treatment, and any follow up visit for the purpose of observation of minor scratches, cuts, burns, splinters, etc. which do not ordinarily require medical care. Such one-time treatment, and follow up visit for the purpose of observation, is considered first aid, even though provided by a physician or registered professional personnel.”

LC §5401 pursuant to AB 749 consistent with Title 8, California Code of regulations, Section 14311(c) and Administrative Director Rule 9780(f)



Defining First Aid

- Conceptual Definition:

Anything your Mom or Dad can do!



Reporting Requirements

- Employers
 - All losses must be reported to BHHC
 - First Aid Cases
 - The provision of a DWC-1 form is not necessary for first aid claims
 - The employer has the option to pay out-of-pocket for first aid claims



Reporting Requirements

- Physicians
 - Every work injury or illness treated must be reported to BHHC
 - First Aid Claims
 - Doctor's First Report of Injury
 - File within five days of the initial exam
 - Medical Determination
 - Indicated on the Report of Injury as a "First Aid" case



Sample Documentation & Forms



SUPERVISOR'S REPORT OF EMPLOYEE ACCIDENT

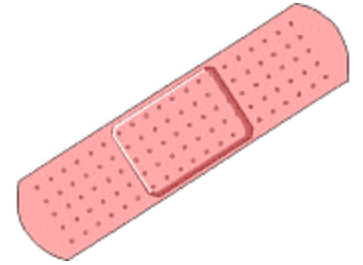
Employee name		
Employer name		
Date of accident		
Time of accident		
Date accident reported		
Did the employee report the accident immediately?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Location of accident (specify if off-site address)		
How did the injury occur? What job duties was the employee performing?		
What part(s) of the employee's body were reported as injured?		
Has the employee sought any medical treatment for these injuries? If so, specify where and when.		
What witnesses were present when the accident occurred (including self)?		
Do you have any reason to question the legitimacy of the accident? If so, please explain:		
Indicate working conditions present that led to accident (please check all that apply):		
<input type="checkbox"/> Unused/unavailable lifting equipment	<input type="checkbox"/> Wet/slippery floor	
<input type="checkbox"/> Unused/unavailable PPE (gloves, hardhat, goggles, etc.)	<input type="checkbox"/> Poor housekeeping	
<input type="checkbox"/> Unused/unavailable sharps container	<input type="checkbox"/> Interaction with co-worker	
<input type="checkbox"/> Unguarded or improperly guarded equipment	<input type="checkbox"/> Interaction with patient or resident	
<input type="checkbox"/> Electrical exposure	<input type="checkbox"/> Interaction with customer	
<input type="checkbox"/> Obstructed view	<input type="checkbox"/> Chemical exposure	
<input type="checkbox"/> Lack of training	<input type="checkbox"/> Motor vehicle accident	
<input type="checkbox"/> Defective tools or equipment	<input type="checkbox"/> Other: _____	
What changes could be made to eliminate or reduce the hazard(s) identified above?		
The above report is true and correct:		
Prepared by:	Title:	Date prepared:

OSHA CASE NO. FATALITY <input type="checkbox"/>	
Please complete in triplicate (type if possible) Mail two copies to:	
California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or teletype to the nearest office of the California Division of Occupational Safety and Health.	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.	
I. FIRM NAME a. Mailing Address (Number, Street, City, Zip) b. Location Code c. Nature of Business, e.g., Painting contractor, wholesale grocer, tavern, hotel, etc.	d. Policy Number e. Phone Number f. Location Code g. State unemployment insurance and/or
II. TYPE OF EMPLOYER: Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other (don't specify)	INDUSTRY OCCUPATION
7. DATE OF INJURY (ONSET OF ILLNESS) (month/day/year)	8. TIME INJURY/ILLNESS OCCURRED (month/day/year)
9. DATE EMPLOYEE BEGAN WORK (month/day/year)	10. IF EMPLOYEE DIED, DATE OF DEATH (month/day/year)
11. REMAINS TO NUMBER AT LEAST ONE FULL DAY AFTER DATE OF INJURY? Yes <input type="checkbox"/> No <input type="checkbox"/>	12. DATE LAST WORKED (month/day/year)
13. DATE RETURNED TO WORK (month/day/year)	14. IF STILL OFF WORK, CHECK THIS BOX:
15. IF THE EMPLOYEE WANTED TO RETURN TO WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>	16. SALARY BEING CONTINUED? Yes <input type="checkbox"/> No <input type="checkbox"/>
17. DATE OF EMPLOYER'S KNOWLEDGE/NOTICE OF INJURY/ILLNESS (month/day/year)	18. DATE EMPLOYEE HAS PROVIDED CLAIM FORM (month/day/year)
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, lacerations on left elbow, head poisoning	
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)	21. ON EMPLOYER'S PREMISES? Yes <input type="checkbox"/> No <input type="checkbox"/>
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.	23. Other Workers Injured or ill in this event? Yes <input type="checkbox"/> No <input type="checkbox"/>
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold	
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.	
26. HOW INJURY/ILLNESS OCCURRED: DESCRIBE SEQUENCE OF EVENTS, SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he braced against track wall, and burned right hand. USE SEPARATE SHEET IF NECESSARY.	
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14000.29 (b)(1)-(4) & 14000.36(a)(1)(C). Note: Stratched boxes indicate confidential employee information as defined by CCR Title 8 14000.38(a)(2)(D).	
27. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours	
28. EMPLOYMENT STATUS regular, full-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal <input type="checkbox"/>	29. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED
30. GROSS WAGES/SALARY \$ _____ per _____	31. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (i.e., SUI, health, welfare, bonus, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>
Completed By (type or print)	Signature & Title
Date (month/day/year)	
*Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14000.36), to others for the purpose of processing a workers' compensation or other insurance claim, and under certain circumstances to a public health or law enforcement agency or to a court/tribunal by the employer (CCR Title 8 14000.30, CCR Title 8 14000.46 requires provision upon request to certain state and federal workplace safety agencies).	
FORM 8002 (Rev.7) June 2003	



Examples of First Aid

- Application of antiseptics during 1st visit
- Treatment of 1st degree burn(s)
- Application of bandage(s) during any visit
- Use of elastic bandage(s)
- Removal of foreign bodies from wound; if procedure uncomplicated
 - Ex) tweezers or other simple techniques
- The use of nonprescription medications on first visit for minor injury or discomfort
- Soaking therapy on initial visit or removal of bandages by soaking



Examples of First Aid

- Application of hot or cold compress during first visit
- Application of ointments to abrasions to prevent drying or cracking
- Application of heat therapy during 1st initial visit
- Use of whirlpool bath therapy during first visit
- Observation of injury during visit to medical personnel
- Negative X-ray diagnosis
- **Tetanus Immunizations**



Examples of First Aid

- Common Over The Counter (OTC) Drugs
 - Ibuprofen (Advil)- 200 mg
 - Acetaminophen (Tylenol)- 500mg
 - Naproxen (Aleve)- 220mg
 - Double or Triple Antibiotic
 - Polar Frost Gel



Examples of Non-First Aid Cases

- A case that exceeds the definition of “First Aid” is known as a Medical Treatment
- Examples of Medical Treatment:
 - Medical care goes beyond a one-time treatment and follow-up visit
 - The injury causes an injured worker to lose time from work beyond his or her work shift
 - The injured worker is released to return to work with work restrictions or modified duties
 - The treating physician prescribes medication, Durable Medical Equipment, Physical Therapy, etc.



No Longer First Aid

- If the doctor requests physical therapy, sutures, a 3rd appointment or other treatment exceeding First Aid criteria, the claim is no longer First Aid
- This is true even if the EE declines treatment or does not attend 3rd appointment

