First Aid Injuries

First Aid or Medical Treatment?

First aid is medical care that all employers must provide to their employees. The difference between first aid and medical treatment is based on the type of treatment an employee receives. It does not depend on whether a physician provides the treatment or another licensed health-care professional.

The California Labor Code, Section 5401(a) defines first aid as "any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which do not ordinarily require medical care. This 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."

Treatment is not considered first aid in either of the following circumstances:

- Medical care goes beyond a one-time treatment and follow-up visit.
- The injury causes an employee to lose time from work beyond his or her work shift.

Employer/Employee Reporting Not Required for First Aid

Another difference between first aid and medical treatment is the employer and employee's reporting responsibilities. Specifically:

- If treatment is considered first aid, the employer is not required to submit an Employer's Report of Occupational Injury or Illness to State Fund nor provide a Workers' Compensation Claim Form to the employee.
- If additional care is needed beyond first aid, both the injury report and claim form must be submitted. The two forms must also be submitted for injuries that result in lost time beyond the date of the incident.

Doctor's Report Required if Physician Provides First Aid

Physicians who provide first aid treatment must comply with Section 6409(a) of the California Labor Code regarding first aid injury treatment reporting. The physician is required to submit a Doctor's First Report of Injury or Illness (DFR form 5021) to State Fund within five calendar days of the initial examination. A DFR is not required if a physician is not involved in the first aid treatment.

State Fund is required to send a copy of the DFR to the Division of Labor Statistics and Research of the Department of Industrial Relations. At that point, State Fund will determine whether the injury/illness meets the Labor Code definition of first aid. If it does, a copy of the completed DFR will be sent to the employer with related bills, upon confirmation that the employer wishes to make payments for the first aid treatment.

If, at the request of an employer, a first aid treating physician fails to submit a DFR to the workers’ compensation carrier, the Department of Insurance and the Department of Industrial Relations may consider the arrangement improper. This arrangement can be viewed as contributing to possible criminal violations related to premium fraud and the fraudulent denial of workers’ compensation benefits to an injured worker.

For more information, contact your claims representative or call our 24-hour Claims Reporting Center.
First Aid

First aid is any one-time treatment and one follow-up visit (even if provided by a physician or health care professional) of minor scratches, cuts, burns, splinters, or other minor industrial injury.

Who makes the Determination of First Aid?

Only the examining physician or other health care providers can make the determination that the injury or illness requires medical treatment beyond first aid.

First Aid does not include injuries involving the following:

- Pesticide Poisoning: Any one-time treatment administered for pesticide poisoning or suspected pesticide poisoning is not included in the definition of first aid. Therefore, all pesticide poisoning claims must be reported irrespective of the level or number of treatments.
- Hazardous Substances: First aid does not include any one-time treatment by a physician for any serious exposure to a hazardous substance.
- Loss of Consciousness.
- Restriction from Work or Transfer to Another Job.

Reporting Requirements

Policyholders are required to report every occupational injury or illness resulting in lost time or requiring medical treatment beyond first aid (as defined).

What Claims are Reported to the WCIRB?

All claims are reported to Workers’ Compensation Carriers are reported to Workers’ Compensation Insurance Rating Bureau.

What Claims are Cal-OSHA Recordable?

The insured is required to record all occupational injuries or illness, other than first aid, on the Cal-OSHA #300 log.

Cal-OSHA Non-recordable

The following are examples of First Aid treatment:

- Application of antiseptics during first visit to medical personnel.
- Treatment of first degree burns.
- Application of bandage during first visit to medical personnel.
- Use of elastic bandage during first visit to medical personnel.
- Removal of foreign bodies not embedded in eye, if only irrigation is required.
- Removal of foreign bodies from wound, if procedure is uncomplicated and is, for example, by tweezers or other simple techniques.
- Use of non-prescription medications.
- Soaking therapy on initial visit to medical personnel or removal of bandages of soaking.
- Application of hot or cold compress during first visit to medical personnel.
- Application of ointment to abrasions to prevent drying or cracking.
- Application of heat therapy during first visit to medical personnel.
- Use of whirlpool bath therapy during first visit to medical personnel.
- Negative x-ray diagnosis.
- Brief observation of injury during visit to medical personnel. Note: The administration of a Tetanus shot or booster, by itself, is not considered medical treatment. However, injuries requiring Tetanus shots may be recordable for other reasons.
Medical Treatment Vs First Aid Treatment

The following classifications list certain procedures as either medical treatment or first aid treatment.

Medical Treatment:
The following are generally considered medical treatment. Work-related injuries for which this type of treatment was provided or should have been provided are almost always recordable:

- Treatment of INFECTION
- Application of ANTISEPTICS during second or subsequent visit to medical personnel
- Treatment of SECOND OR THIRD DEGREE BURN(S)
- Application of SUTURES (stitches)
- Application of BUTTERFLY ADHESIVE DRESSING(S) or STERI STRIP(S) in lieu of sutures
- Removal of FOREIGN BODIES EMBEDDED IN EYE
- Removal of FOREIGN BODIES FROM WOUND; if procedure is COMPLICATED because of depth of embedment, size, or location
- Use of PRESCRIPTION MEDICATIONS (except a single dose administered on first visit for minor injury or discomfort) Use of hot or cold SOAKING THERAPY during second or subsequent visit to medical personnel
- Application of hot or cold COMPRESS(ES) during second or subsequent visit to medical personnel
- CUTTING AWAY DEAD SKIN (surgical debridement)
- Application of HEAT THERAPY during second or subsequent visit to medical personnel
- Use of WHIRLPOOL BATH THERAPY during second or subsequent visit to medical personnel
- POSITIVE X-RAY DIAGNOSIS (fractures, broken bones, etc.)
- ADMISSION TO A HOSPITAL or equivalent medical facility FOR TREATMENT.

First Aid Treatment:
The following are generally considered first aid treatment (e.g., one-time treatment and subsequent observation of minor injuries) and should not be recorded if the work-related injury does not involve loss of consciousness, restriction of work or motion, or transfer to another job:

- Application of ANTISEPTICS during first visit to medical personnel
- Treatment of FIRST DEGREE BURN(S)
- Application of BANDAGE(S) during any visit to medical personnel
- Use of ELASTIC BANDAGE(S) during first visit to medical personnel
- Removal of FOREIGN BODIES NOT EMBEDDED IN EYE if only irrigation is required
- Application of HEAT THERAPY during first visit to medical personnel
- Use of WHIRLPOOL BATH THERAPY during first visit to medical personnel
- NEGATIVE X-RAY DIAGNOSIS
- OBSERVATION of injury during visit to medical personnel.

The following procedure, by itself, is not considered medical treatment:

1. Administration of TETANUS SHOT(S) or BOOSTER(S). However, these shots are often given in conjunction with more serious injuries; consequently, injuries requiring these shots may be recordable for other reasons.
2. Loss of consciousness. If an employee loses consciousness as the result of a work-related injury, the case must be recorded no matter what type of treatment was provided. The rationale behind this recording requirement is that loss of consciousness is generally associated with the more serious injuries.

3. Restriction of work or motion. Restricted work activity occurs when the employee, because of the impact of a job-related injury, is physically or mentally unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift. The emphasis is on the employee's ability to perform normal job duties. Restriction of work or motion may result in either a lost work-time injury or a non-lost-work-time injury, depending upon whether the restriction extended beyond the day of injury.

4. Transfer to another job. Injuries requiring transfer of the employee to another job are also considered serious enough to be recordable regardless of the type of treatment provided. Transfers are seldom the sole criterion for recordability because injury cases are almost always recordable on other grounds, primarily medical treatment or restriction of work or motion.