

## III-20. OCCUPATIONAL INJURY AND ILLNESS

- I. Relevant Occupational Medical Service (OMS) Procedure Manual Sections:
  - A. Workers' Compensation. Chapter I Section 10
  - B. Nonhuman Primate Body Fluid Exposure. Chapter III Section 18
  - C. Return to Work Evaluation. Chapter III Section 29
  - D. Retrovirus Exposure. Chapter III Section 28
  
- II. Definitions
  - A. Occupational Injury: an injury that occurs during a single work shift that can be identified by time and place.
  - B. Occupational Illness: a continued or repeated injury or exposure that occurs over more than a single work shift (e.g. repetitive motion injury).
  
- III. Eligibility
  - A. All work-related injuries and illnesses that occur at the NIH must be reported to OMS.
  - B. NIH employees
    1. NIH employees are eligible to receive initial and follow up medical care by OMS for presumed work related injuries and illnesses (see IV and V below).
    2. If a work-related injury occurs when OMS is closed and the employee seeks emergent care with the first follow-up visit at OMS the same services will be offered.
  - C. Non-NIH employees (e.g. Contractors, Visitors, Volunteers)
    1. If a non-NIH employee reports an occupational injury to OMS within 24 hours of the occurrence, he or she will receive the same medical care provided to NIH employees at the initial clinic visit (see IV below).
    2. If a non-NIH employee reports his or her occupational injury to OMS more than 24 hours from the time of the injury or if the report is for an occupational illness, an OMS clinician takes the individual's report of the occurrence, completes an Occupational Injury/Illness Report in the OMS electronic record application, Clinical Access Manager (CAM), and notifies a safety specialist of the incident, if indicated (see IV.F and G below).
    3. Non-NIH employees are
      - a. Eligible for follow-up clinical care only if the injury involves a potentially significant exposure to a highly pathogenic biologic agent (e.g., HIV-1, B virus, highly pathogenic avian influenza, etc.) or a radioisotope.
      - b. Will be referred to medical resources in their community such as their company health care provider for all other follow-up care.

IV. Initial Clinic Visit

- A. An OMS clinician obtains and records a standard history including:
  - 1. The sequence of events leading to, and the circumstances of, the injury or illness, including potential exposures and safety equipment in use at the time of the incident.
  - 2. The identity of any research animals, biological agents, chemicals or radioisotopes involved in the accident and related information.
  - 3. First aid or other treatment that the worker has used.
  - 4. Any relevant past medical and occupational health history.
- B. If the worker is unable to visit OMS (e.g., the worker is hospitalized), he or she may give the report of injury or illness by phone following the same guidelines as a report made in person except that the physical examination is deferred.
- C. After the OMS clinician obtains the history, he or she:
  - 1. Performs a targeted physical examination;
  - 2. Forms a clinical assessment;
  - 3. Orders appropriate diagnostic studies, as clinically indicated.
  - 4. Consults with medical specialists, as needed;
  - 5. Provides medical care (e.g. first aid, medications, surgical repair of minor lacerations, splints, crutches, etc.);
  - 6. Provides relevant health and safety counseling; and
  - 7. Develops a treatment plan.
- D. The OMS clinician completes an Occupational Injury/Illness Report in CAM for all reports of occupational injury or illness. The OMS clinician prints three copies of the injury report and provides the worker with two copies with instructions that the worker should keep one copy and deliver the second to his or her supervisor. The third copy is kept in the worker's OMS clinical record.
- E. The OMS clinician issues the appropriate Workers' Compensation forms to Federal employees and instructs the worker to complete the claimant's portion of the claim form and deliver it to his or her supervisor for completion. The supervisor has 48 hours to return the completed forms back to the OMS Office for Workers' Compensation and OSHA.
  - 1. FDA CBER employees are issued an FDA-designated form that is returned to the FDA office of Workers' Compensation.
  - 2. Commission Corps personnel do not receive Worker's Compensation forms; in addition, they are directed to their Patient Care Coordinator to make a report of the injury or illness.
- F. OMS does not issue or complete State Workers' Compensation forms.
- G. The OMS clinician notifies the Safety Specialist responsible for the Institute or Center, if:
  - 1. Additional information about the circumstances of the injury is needed;
  - 2. The injury is especially severe; or
  - 3. An immediate intervention will reduce the risk of a similar injury to others.
- H. The OMS clinician requests an ergonomic evaluation from a specialist in the

Safety Operations Section, DOHS, if warranted.

- I. The OMS clinician completes an OMS Medical Evaluation of Functional Activities form (NIH Form 2558, see the Return to Work Evaluation procedure). The form identifies the worker, the reason and time of the visit and any recommendations for functional restrictions.
    1. If the OMS clinician suspects that the supervisor may not be able to accommodate the proposed restrictions, the clinician calls the supervisor to determine whether or not accommodations are possible and records the response in the worker's OMS clinical record and Form 2558.
    2. If the restrictions can not be accommodated, the clinician has the worker return for follow up at the earliest appropriate date for follow up care and further determination of duty status.
  - J. If the worker requests to be treated elsewhere; is ineligible for care in OMS; or the OMS clinician determines that care elsewhere is indicated, the clinician provides the worker with at least three potential community resources for further care. If the worker is a NIH employee, the OMS clinician:
    1. Gives the worker a copy of the Medical Evaluation of Work Status Form (see the OMS Return to Work Evaluation procedure);  
Instructs the worker to have it completed by the treating physician; and
    2. Gives the worker an appointment to return the completed form to OMS so that proposed functional restrictions, if any, can be communicated clearly to the worker's supervisor using Form 2558.
    3. Provides the appropriate Department of Labor forms (CA-16, OWCP 1500, etc.) with instructions to the employee.
  - K. Once medical care is transferred to an outside healthcare provider OMS clinicians no longer make treatment decisions in a given case. OMS staff continues to provide services limited to facilitating communications to the supervisor and HR OWCP regarding the worker's functional restrictions, if any, and logistical support.
  - L. The OMS Medical Director or designee immediately notifies the DOHS Director if the injury results in a death or the hospitalization of three or more workers.
  - M. At the first visit the OMS clinician enters into CAM the appropriate classification of the occupational injury or illness according to OSHA criteria based on the data available at the time of initial report, including whether the case is a privacy case.
- V. Follow-Up Clinic Visits
- A. NIH employees are offered follow-up visits for occupational injuries and illnesses by appointment, and on a walk-in basis for unexpected complications.
  - B. Clinical care is provided as described above and the OMS clinician communicates any recommendations for functional restrictions to the supervisor with the OMS Medical Evaluation of Functional Activities form.
  - C. The OMS clinician continues to gather and record relevant OSHA data that allows OMS support staff to update CAM entries after each follow-up visit.
  - D. Physical therapy services are available to NIH employees for occupational injuries and illnesses, if clinically indicated and provided that an OMS physician

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or physician assistant is the primary healthcare provider for the ailment.

1. Physical therapy through OMS is limited to six visits per occupational injury or illness.
  2. If the worker is not making significant clinical progress at the end of the fourth visit or if therapy is not complete by the end of the sixth visit, the physical therapist refers the worker to a healthcare provider in the community.
- E. The OMS clinician may also refer a worker to EAP for evaluation as indicated. The EAP counselor will determine the worker's further need for follow-up (see Chapter 5, EAP Procedures).

#### VI. Resources:

- A. <http://ecfr.gpoaccess.gov>
- B. <http://www.osha.gov/recordkeeping/handbook/index.html>
- C. <http://www.dol.gov/owcp/dfec/index.htm>
- D. <http://www.dol.gov/owcp/dfec/fec-faq.htm> - Frequently asked questions about FECA (Federal Employees' Compensation Act)
- E. <http://www.dol.gov/owcp/regs/compliance/ca-1.pdf>
- F. <http://www.dol.gov/owcp/regs/compliance/ca-2.pdf>
- G. <http://www.dol.gov/owcp/regs/compliance/ca-2a.pdf>
- H. <http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-1500.pdf>