FIRST AID PROVISIONS IN WORKERS COMPENSATION STATUTES AND REGULATIONS
(as of 8-12-19)

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ARKANSAS

Arkansas Administrative Rules
Title 099. Workers’ Compensation Commission
Division 00.
Rule 1. Rules of the Commission
099.00.1-099.36 A voluntary program for drug-free workplaces
...
III. DEFINITIONS
...
O. “First aid” treatment” means treatment as defined by U.S. Department of Labor, Occupational Safety and Health Administration in 29 CFR 1904.
...
Q. "Injury" means any work-related accident requiring more than first-aid treatment.
...

CALIFORNIA

California Statutes
Labor Code - LAB
Division 1. Department of Industrial Relations
Chapter 5. Division of Workers’ Compensation
§138.4. Injuries involving loss of time; duties of administrative director; plain language informational material and notices
...
(b) With respect to injuries resulting in lost time beyond the employee's work shift at the time of injury or medical treatment beyond first aid:
(1) If the claims administrator obtains knowledge that the employer has not provided a claim form or a notice of potential eligibility for benefits to the employee, it shall provide the form and notice to the employee within three working days of its knowledge that the form or notice was not provided.
(2) If the claims administrator cannot determine if the employer has provided a claim form and notice of potential eligibility for benefits to the employee, the claims administrator shall provide the form and notice to the employee within 30 days of the administrator’s date of knowledge of the claim.
...
California Statutes
Labor Code - LAB
Division 4. Workers' Compensation and Insurance
Part 4. Compensation Proceedings
Chapter 2. Limitations of Proceedings
§5401. Claim forms; notification and filing
(a) Within one working day of receiving notice or knowledge of injury under Section 5400 or 5402, which injury results in lost time beyond the employee’s work shift at the time of injury or which results in medical treatment beyond first aid, the employer shall provide, personally or by first-class mail, a claim form and a notice of potential eligibility for benefits under this division to the injured employee, or in the case of death, to his or her dependents. As used in this subdivision, “first aid” means any one-time treatment, and any followup 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 followup visit for the purpose of observation, is considered first aid even though provided by a physician or registered professional personnel. “Minor industrial injury” shall not include serious exposure to a hazardous substance as defined in subdivision (i) of Section 6302. The claim form shall request the injured employee’s name and address, social security number, the time and address where the injury occurred, and the nature of and part of the body affected by the injury. Claim forms shall be available at district offices of the Employment Development Department and the division. Claim forms may be made available to the employee from any other source.

California Code of Regulations
Title 8. Industrial Relations
Division 1. Department of Industrial Relations
Chapter 4.5. Division of Workers' Compensation
Subchapter 1. Administrative Director -Administrative Rules
Article 5. Predesignation of Personal Physician; Request for Change of Physician; Reporting Duties of the Primary Treating Physician; Petition for Change of Primary Treating Physician
§9780. Definitions.
As used in this Article:

(d) “First aid” is any one-time treatment, and a 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.
California Code of Regulations
Title 8. Industrial Relations
Division 1. Department of Industrial Relations
Chapter 4.5. Division of Workers' Compensation
Subchapter 1.5. Injuries on or After January 1, 1990
Article 2. Claims Administration and Recordkeeping
§10103.2. Claim Log-Contents and Maintenance.
This section shall govern claim log maintenance on or after January 1, 2003.
(a) The claims administrator shall maintain annual claim logs listing all work-injury claims, open and closed. Each year's log shall be maintained for at least five years from the end of the year covered. Separate claim logs shall be maintained for each self-insured employer and each insurer for each adjusting location.
(b) Each entry in the claim log shall contain at least the following information:
(1) Name of injured worker.
(2) Claims administrator's claim number.
(3) Date of injury.
(4) An indication whether the claim is an indemnity or medical-only claim. Indemnity claims shall be differentiated from medical-only claims or any other claim where no indemnity payment(s) has been made. Claims that only require the provision of first aid, as defined by California Code of Regulations, title 8, section 9780(d), should not be included in the claim log.
Florida Administrative Code
Title 69. Department of Financial Services
Subtitle 69I. Workers' Compensation
Chapter69L-3. Workers' Compensation Claims
When used in this chapter, the following terms have the following meanings:

(13) “First Aid Case” means a work injury or illness which is treated at the work place, does not require medical treatment for which charges are incurred, and does not cause the employee to miss work for more than one day.

Florida Administrative Code
Title 69. Department of Financial Services
Subtitle 69I. Workers' Compensation
Chapter69L-56. Electronic Data Interchange (EDI) Requirements for Proof of Coverage and Claims (Non-Medical)
(1) An employer shall record all industrial injuries and diseases as follows:
(a) For a first aid case that is not required to be reported to the claim administrator, the employer shall maintain a record of the following information regarding the injury or illness:
1. The employee’s name.
2. Social security number or other identifying number pursuant to paragraph 69L-3.003(3)(b), F.A.C.
3. Date and time of the accident or injury.
4. Occupation of the employee.
5. Who the injury was reported to and when.
6. Description of the accident or illness, including the cause of injury.
7. Injury or illness that occurred and affected body part.
8. Location address of the injury if different than the employer’s address.
(b) For a medical only case, lost time case, or death case, the employer shall complete Form DFS-F2-DWC-1, as adopted in rule 69L-3.025, F.A.C., or report the information regarding the injury or illness by other means as provided by the claim administrator.
(2) An employer shall report on Form DFS-F2-DWC-1, as adopted in rule 69L-3.025, F.A.C., information concerning an industrial injury or disease to its claim administrator as follows:
(a) An employer shall report all cases, except first aid cases, to its claim administrator within 7 days after the employer’s knowledge of an industrial injury or disease. The employer shall not delay reporting the injury or illness to the claim administrator because the employee’s signature is unavailable.

(b) If a first aid case later becomes a medical only or lost time case, the employer shall report the injury or illness to the claim administrator within 7 days after the employer’s knowledge of the change in status.

HAWAII

Hawaii Revised Statutes
Division 1. Government
Title 21. Labor and Industrial Relations
Chapter 386. Workers Compensation Law
Part III. Administration
§386-95. Reports of injuries, other reports, penalty
Every employer shall keep a record of all injuries, fatal or otherwise, received by the employer's employees in the course of their employment, when known to the employer or brought to the employer's attention.
Within seven working days after the employer has knowledge of such injury causing absence from work for one day or more or requiring medical treatment beyond ordinary first aid, the employer shall make a report thereon to the director. The report shall set forth the name, address, and nature of the employer's business and the name, age, sex, wages, and occupation of the injured employee and shall state the date and hour of the accident, if the injury is produced thereby, the nature and cause of the injury, and such other information as the director may require.

ILLINOIS

Illinois Compiled Statutes
Chapter 820. Employment
(820 ILCS 305/) Workers' Compensation Act.
(820 ILCS 305/6)
§6.

(b) Every employer subject to this Act shall maintain accurate records of work-related deaths, injuries and illness other than minor injuries requiring only first aid treatment and which do not
involve medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job and file with the Commission, in writing, a report of all accidental deaths, injuries and illnesses arising out of and in the course of the employment resulting in the loss of more than 3 scheduled work days. In the case of death such report shall be made no later than 2 working days following the accidental death. In all other cases such report shall be made between the 15th and 25th of each month unless required to be made sooner by rule of the Commission. In case the injury results in permanent disability, a further report shall be made as soon as it is determined that such permanent disability has resulted or will result from the injury. All reports shall state the date of the injury, including the time of day or night, the nature of the employer's business, the name, address, age, sex, conjugal condition of the injured person, the specific occupation of the injured person, the direct cause of the injury and the nature of the accident, the character of the injury, the length of disability, and in case of death the length of disability before death, the wages of the injured person, whether compensation has been paid to the injured person, or to his or her legal representative or his heirs or next of kin, the amount of compensation paid, the amount paid for physicians', surgeons' and hospital bills, and by whom paid, and the amount paid for funeral or burial expenses if known. The reports shall be made on forms and in the manner as prescribed by the Commission and shall contain such further information as the Commission shall deem necessary and require. The making of these reports releases the employer from making such reports to any other officer of the State and shall satisfy the reporting provisions as contained in the Safety Inspection and Education Act, the Health and Safety Act, and the Occupational Safety and Health Act. The reports filed with the Commission pursuant to this Section shall be made available by the Commission to the Director of Labor or his representatives and to all other departments of the State of Illinois which shall require such information for the proper discharge of their official duties. Failure to file with the Commission any of the reports required in this Section is a petty offense.

Illinois Compiled Statutes
Chapter 820. Employment
(820 ILCS 305/) Workers' Compensation Act.
(820 ILCS 305/7)
§7. The amount of compensation which shall be paid for an accidental injury to the employee resulting in death is:

(f) ... In the event the employer failed to provide necessary first aid, medical, surgical or hospital service, he shall pay the cost thereof to the person or persons entitled to compensation under paragraphs (a), (b), (c) or (d) of this Section, or to the person or persons incurring the obligation therefore, or providing the same.
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... Illinois Compiled Statutes Chapter 820. Employment (820 ILCS 305/) Workers' Compensation Act. (820 ILCS 305/8) §8. The amount of compensation which shall be paid to the employee for an accidental injury not resulting in death is: (a) The employer shall provide and pay the negotiated rate, if applicable, or the lesser of the health care provider's actual charges or according to a fee schedule, subject to Section 8.2, in effect at the time the service was rendered for all the necessary first aid, medical and surgical services, and all necessary medical, surgical and hospital services thereafter incurred, limited, however, to that which is reasonably required to cure or relieve from the effects of the accidental injury, even if a health care provider sells, transfers, or otherwise assigns an account receivable for procedures, treatments, or services covered under this Act. If the employer does not dispute payment of first aid, medical, surgical, and hospital services, the employer shall make such payment to the provider on behalf of the employee. The employer shall also pay for treatment, instruction and training necessary for the physical, mental and vocational rehabilitation of the employee, including all maintenance costs and expenses incidental thereto. If as a result of the injury the employee is unable to be self-sufficient the employer shall further pay for such maintenance or institutional care as shall be required.
...
Notwithstanding the foregoing, the employer's liability to pay for such medical services selected by the employee shall be limited to: (1) all first aid and emergency treatment; plus ...

...
(c) Except for the provisions of subsection (a)(4) of Section 8 and for injuries occurring on or after the effective date of this amendatory Act of the 97th General Assembly, an employee of an employer utilizing a preferred provider program shall only be allowed to select a participating network provider from the network. An employer shall be responsible for: (i) all first aid and emergency treatment; (ii) all medical, surgical, and hospital services provided by
the participating network provider initially selected by the employee or by any other participating network provider recommended by the initial participating network provider or any subsequent participating network provider in the chain of referrals from the initial participating network provider; and (iii) all medical, surgical, and hospital services provided by the participating network provider subsequently chosen by the employee or by any other participating network provider recommended by the subsequent participating network provider or any subsequent participating network provider in the chain of referrals from the second participating network provider. An employer shall not be liable for services determined by the Commission not to be compensable. An employer shall not be liable for medical services provided by a non-authorized provider when proper notice is provided to the injured worker. …

Illinois Compiled Statutes
Chapter 820. Employment
(820 ILCS 305/) Workers' Compensation Act.
(820 ILCS 305/8.7)
§8.7. Utilization review programs.
(a) As used in this Section:
"Utilization review" means the evaluation of proposed or provided health care services to determine the appropriateness of both the level of health care services medically necessary and the quality of health care services provided to a patient, including evaluation of their efficiency, efficacy, and appropriateness of treatment, hospitalization, or office visits based on medically accepted standards. The evaluation must be accomplished by means of a system that identifies the utilization of health care services based on standards of care of nationally recognized peer review guidelines as well as nationally recognized treatment guidelines and evidence-based medicine based upon standards as provided in this Act. Utilization techniques may include prospective review, second opinions, concurrent review, discharge planning, peer review, independent medical examinations, and retrospective review (for purposes of this sentence, retrospective review shall be applicable to services rendered on or after July 20, 2005). Nothing in this Section applies to prospective review of necessary first aid or emergency treatment. …

(j) When an employer denies payment of or refuses to authorize payment of first aid, medical, surgical, or hospital services under Section 8(a) of this Act, if that denial or refusal to authorize complies with a utilization review program registered under this Section and complies with all other requirements of this Section, then there shall be a rebuttable presumption that the employer shall not be responsible for payment of additional compensation pursuant to Section 19(k) of this Act and if that denial or refusal to authorize does not comply with a utilization review program registered under this Section and does not comply with all other requirements of this Section, then that will be considered by the Commission, along with all other evidence
and in the same manner as all other evidence, in the determination of whether the employer may be responsible for the payment of additional compensation pursuant to Section 19(k) of this Act.

...
shall require such information for the proper discharge of their official duties. Failure to file with the Commission any of the reports required in this Section is a petty offense.

... INDIANA

Indiana Code
Title 22. Labor and Safety
Article 3. Worker’s Compensation System
Chapter 4. Worker’s Compensation: Administration and Procedures
§22-3-4-13 Reports of injuries and deaths; violations of article
§13. (a) Every employer shall keep a record of all injuries, fatal or otherwise, received by or claimed to have been received by the employer's employees in the course of their employment and shall provide a copy of the record to the board upon request. Within seven (7) days after the employer's knowledge of the injury, either actual, alleged, or reported under IC 22-3-3-1, that causes an employee's death or the need for medical care beyond first aid, a report concerning the injury shall be made in writing and mailed, or submitted electronically, to the employer's insurance carrier or, if the employer is self insured, delivered to the worker's compensation board in the manner provided in subsections (b) and (c). The reporting requirements under this subsection are intended to be consistent with the recording requirements set out in the United States Occupational Safety and Health Administration (OSHA) regulations found at 29 CFR 1904.7. The insurance carrier shall deliver the report to the worker's compensation board in the manner provided in subsections (b) and (c) not later than seven (7) days after receipt of the report or fourteen (14) days after the employer's knowledge of the injury, whichever is later. An employer or insurance carrier that fails to comply with this subsection is subject to a civil penalty under section 15 of this chapter.

... LOUISIANA

Louisiana Revised Statutes
Title 23. Labor and Workers’ Compensation
Chapter 10. Workers’ Compensation
Part IV. Administration of Claims
Subpart A. Office of Workers’ Compensation Administration
§1292. Statistical data; required reports; penalties
A. Every employer of more than ten employees who is subject to recordkeeping under the provisions of 29 U.S.C. 655 shall, within ninety days of any occupational death of an employee, any non-fatal occupational illness, or any non-fatal occupational injury involving either loss of
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consciousness, restriction of work or motion, transfer to another job, or medical treatment other than first aid, send to the records management section the following information:
(1) Employer's name.
(2) Employee's name.
(3) Employee's occupation.
(4) A description of employee's duties.
(5) A description of employee's workplace.
(6) Date of death, injury, or onset of illness.
(7) A description of the accident or occurrence resulting in death, injury, or illness.
(8) The number of work days lost or days of restricted activity involving the employee and resulting from the accident, occurrence, or illness.
...

Louisiana Administrative Code
Title 40. Labor and Employment
Part I. Workers' Compensation Administration
Subpart 1. General Administration
Chapter 1. General Provisions
§111. Restricted Work Notification
A. Every employer of more than 10 employees who is subject to record keeping under the provisions of U.S.C. Section 655 shall, within 90 days of any occupational death of an employee, any nonfatal occupational illness, or any nonfatal occupational injury involving either loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment other than first aid, report to the statistical data section of the office on Form OSHA-200.

MISSOURI

Missouri Annotated Statutes
Title XVIII. Labor and Industrial Relations
Chapter 287. Workers' Compensation Law
§287.380. Employer or insurer to make report to division, requirements — information not to be disclosed — failure to report, penalty
1. Every employer or his insurer in this state, whether he has accepted or rejected the provisions of this chapter, shall within thirty days after knowledge of the injury, file with the division under such rules and regulations and in such form and detail as the division may require, a full and complete report of every injury or death to any employee for which the employer would be liable to furnish medical aid, other than immediate first aid which does not result in further medical treatment or lost time from work, or compensation hereunder had he accepted this chapter, and every employer or insurer shall also furnish the division with such
supplemental reports in regard thereto as the division shall require. All reports submitted under this subsection shall include the name, address, date of birth and wages of the deceased or injured employee, the time and cause of the accident, the nature and extent of the injury, the name and address of the employee's and the employer's or insurer's attorney of record, if any, the medical cost incurred in treating the injured employee, the amount of lost work time of the employee as a result of the injury and such other information as the director may reasonably require in order to maintain in the division, accurate and complete data on the impact of work-related injuries on the workers' compensation system. The division shall collect and maintain such data in such a form as to be readily retrieved and available for analysis by the division. Employers shall report all injuries to their insurance carrier, or third-party administrators, if applicable, within five days of the date of the injury or within five days of the date on which the injury was reported to the employer by the employee, whichever is later. Where an employer reports injuries covered pursuant to this chapter to his insurer or third-party administrator, the insurer or third-party administrator shall be responsible for filing the report prescribed in this section.

Missouri Code of State Regulations
Title 8. Department of Labor and Industrial Relations
Division 50. Division of Workers' Compensation
Chapter 2. Procedure
8 CSR 50-2.010. Procedures for Non-contested and Contested Workers' Compensation Cases
PURPOSE: This rule sets forth the procedures relating to workers’ compensation injuries in noncontested and contested cases.
(1) Any injury which requires medical aid, other than immediate first aid with no lost time from the employment, shall be fully reported to the division, by the insurer or third-party administrator, as a Report of Injury (in accordance with section 287.380.1, RSMo). The employer, if selfadministered and self-insured, shall submit the Report of Injury. The Report of Injury may also be filed electronically with the approval of the division.
(A) Employers shall report injuries, other than immediate first aid with no lost time from the employment, to their insurance carrier, or third-party administrator, if applicable, within five (5) days of the date of the injury or within five (5) days of the date on which the injury was reported to the employer by the employee, whichever is later.

NEBRASKA

Nebraska Revised Statutes
Chapter 48. Labor
Article 1. Workers’ Compensation
Part II. Elective Compensation

(e) Settlement and Payment of Compensation

§48-144.01. Injuries; reports; time within which to file; terms, defined.

(1) In every case of reportable injury arising out of and in the course of employment, the employer or workers’ compensation insurer shall file a report thereof with the Nebraska Workers’ Compensation Court. Such report shall be filed within ten days after the employer or insurer has been given notice of or has knowledge of the injury.

(2) For purposes of this section:
(a) Reportable injury means an injury or diagnosed occupational disease which results in: (i) Death, regardless of the time between the death and the injury or onset of disease; (ii) time away from work; (iii) restricted work or termination of employment; (iv) loss of consciousness; or (v) medical treatment other than first aid;
(b) Restricted work means the inability of the employee to perform one or more of the duties of his or her normal job assignment. Restricted work does not occur if the employee is able to perform all of the duties of his or her normal job assignment, but a work restriction is assigned because the employee is experiencing minor musculoskeletal discomfort and for the purpose of preventing a more serious condition from developing;
(c) Medical treatment means treatment administered by a physician or other licensed health care professional; and
(d) First aid means:
(i) Using a nonprescription medication at nonprescription strength. For medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed health care professional to use a nonprescription medication at prescription strength is not first aid;
(ii) Administering tetanus immunizations. Administering other immunizations, such as hepatitis B vaccine and rabies vaccine, is not first aid;
(iii) Cleaning, flushing, or soaking wounds on the surface of the skin;
(iv) Using wound coverings, such as bandages and gauze pads, and superficial wound closing devices, such as butterfly bandages and steri-strips. Using other wound closing devices, such as sutures and staples, is not first aid;
(v) Using hot or cold therapy;
(vi) Using any nonrigid means of support, such as elastic bandages, wraps, and nonrigid back belts. Using devices with rigid stays or other systems designed to immobilize parts of the body is not first aid;
(vii) Using temporary immobilization devices, such as splints, slings, neck collars, and back boards, while transporting accident victims;
(viii) Drilling of a fingernail or toenail to relieve pressure or draining fluid from a blister;
(ix) Using eye patches;
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(x) Removing foreign bodies from the eye using only irrigation or a cotton swab;  
(xi) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means;  
(xii) Using finger guards;  
(xiii) Using massages. Using physical therapy or chiropractic treatment is not first aid; and  
(xiv) Drinking fluids for relief of heat stress.

NEVADA

Nevada Administrative Code  
Chapter 616C - Industrial Insurance: Benefits for Injury or Death  
Accident Benefits Provided by Employers  
§616C.052. Contents of arrangement by employer.  
An arrangement by an employer to provide accident benefits must include, without limitation:  
1. Written instructions to his or her employees specifying procedures to be followed for the payment of accident benefits to injured employees or employees with occupational diseases;  
2. A written notification to his or her employees that the employees are not required to accept the services of a physician or chiropractor provided by the employer and may seek professional medical services from providers that the employees choose pursuant to NRS 616C.090;  
3. A written explanation or a copy of instructions covering the procedures to be followed in determining the amount of fees charged by providers of medical care to be reimbursed by the employer;  
4. Identification of the offices or locations in this State which are responsible for the administration and payment of accident benefits;  
5. A copy of any contract between the employer and a provider of medical or hospital services; and  
6. A written statement in which the employer, as a condition precedent, agrees to assume liability for the costs of transporting an injured employee to the nearest place of proper treatment and for the costs of administering first aid to the employee while the employee is being transported.

NEW HAMPSHIRE

New Hampshire Statutes  
TITLE XXIII: LABOR  
Chapter 281-A: Workers' Compensation  
§281-A:23 Medical, Hospital, and Remedial Care.  
...
V....

(c) The commissioner may assess a civil penalty of up to $2,500 on any health care provider who without sufficient cause, as determined by the commissioner, bills an injured employee or his or her employer for services covered by insurers or self-insurers under this chapter. There shall be no reimbursement for services rendered, unless the health care provider or health care facility giving medical, surgical, or other remedial treatment furnishes the report required in subparagraph (b) to the employer, insurance company, or claims adjusting company within 10 days of the first treatment. First aid treatment is excluded from the 10-day reporting requirement. Additionally, for good cause, a hearing officer may waive the 10-day reporting requirement and order remuneration paid. The employer, claims adjustment company, self-insurer or insurer shall pay the health care provider or health care facility within 30 days of receipt of a bill for services.

New Hampshire Code of Administrative Rules
Chapter Lab 500. Workers' Compensation Claims
Part Lab 502. Definitions
Lab 502.10. First Aid Treatment.
"First aid treatment" means any one-time treatment that generates a bill less than $2,000.

New Hampshire Code of Administrative Rules
Chapter Lab 500. Workers' Compensation Claims
Part Lab 504. Responsibilities of Employers and Their Representatives
Lab 504.02. Record Keeping and Filing of Reports.

(g) Unless the employer disputes the compensability or the amount of the bill, for any injury that required only first aid treatment, the employer may choose not to send the first report to the carrier required by (c) if that employer pays the bill within 30 days.
(h) If the injury that resulted in first aid treatment requires further treatment or, results in lost time from work, the employer shall notify the carrier of the injury.
(3) For all non-first aid claims, as defined in Lab 502.10, notify the insurer, third party administrator, managed care organization, and department of labor of all injuries to employees; and

NEW JERSEY

New Jersey Administrative Code
Title 12. Labor and Workforce Development
Chapter 235. Rules of the Division of Workers' Compensation
Subchapter 11. Accident Reports
§12:235-11.1 Employer's first notice of accidental injury or occupational disease
(a) Every employer subject to N.J.S.A. 34:15-96 shall file a first notice of accidental injury or occupational disease under the procedures set forth in (b) below when:
1. The injury causes a loss of time from regular duties beyond the working day or shift on which the accident occurred; or
2. Medical treatment beyond ordinary first aid is required; or
3. Occupational disease exists whether or not time is lost.

NEW YORK

New York Consolidated Laws
WKC - Workers' Compensation
Article 7 Miscellaneous Provisions
§110. Record and report of injuries by employers

2. An employer, or a third party designated by the employer, shall file with the chair of the workers' compensation board and with the carrier if the employer is insured, upon a form prescribed by the chair, a report of any accident resulting in personal injury which has caused or will cause a loss of time from regular duties of one day beyond the working day or shift on which the accident occurred, or which has required or will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid. Such report shall state the name and nature of the business of the employer, the location of its establishment or place of work, the name, address and occupation of the injured employee, the time, nature and cause of the injury and such other information as may be required by the chair. Such report shall be filed within ten days after the occurrence of the accident. An employer shall furnish a report of an occupational disease incurred by an employee in the course of his or her employment, to the chair of the workers' compensation board, and to the
carrier if the employer is insured, upon the same form. The carrier, within fourteen days of receipt of the report or accompanying the initial check forwarded to the employee, whichever is earlier, or a self-insured employer, within fourteen days of transmitting the report to the chair or accompanying the initial check forwarded to the employee, whichever is earlier, shall provide the injured employee or, in the case of death, his or her dependents with a written statement of their rights under this chapter, in a form prescribed by the chair. An employer shall file a report of any other accident resulting in personal injury incurred by its employee in the course of employment, upon the same form, whenever directed by the chair.

...  

New York Codes, Rules and Regulations  
Title 12. Department of Labor  
Chapter V. Workers' Compensation  
Subchapter A. General Provisions  
Part 300. Procedure Before the Board  
§300.22. Procedure by carrier, special fund, or TPA following disability event when compensation controverted and when no controversy, including temporary payments of compensation without prejudice  
(a) Definitions. The following terms shall have the following meanings when used herein:  
(1) Disability event means any accident, including death resulting therefrom, occurring in the course of employment or any alleged accident, including death resulting therefrom, that results in personal injury which has caused or will cause a loss of time from regular duties of one day beyond the working day or shift on which the accident or alleged accident occurred, or which has required or will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid; or any disease or alleged disease, including death resulting therefrom, claimed to have been caused by the nature of the employment and contracted therein.

...  

New York Codes, Rules and Regulations  
Title 12. Department of Labor  
Chapter V. Workers' Compensation  
Subchapter C. Medical Treatment and Care  
Part 325. Medical and Surgical Care and Treatment  
Subpart 325-1. General  
§325-1.8. Emergency medical aid  
In the event of a serious accident requiring immediate emergency medical aid, an ambulance or any physician may be called to give first aid treatment.
New York Codes, Rules and Regulations
Title 12. Department of Labor
Chapter V. Workers' Compensation
Subchapter C. Medical Treatment and Care
Part 325. Medical and Surgical Care and Treatment
Subpart 325-1. General
§325-1.15. License for emergency treatment not required
No license is required for an employer to operate a first aid station for emergency treatment, but no subsequent treatments are to be rendered by anyone, other than a qualified physician on the minimum fee schedule basis.

New York Codes, Rules and Regulations
Title 12. Department of Labor
Chapter V. Workers' Compensation
Subchapter C. Medical Treatment and Care
Part 325. Medical and Surgical Care and Treatment
Subpart 325-3. Licensing and Operation of Compensation Medical Bureaus
§325-3.7 First-aid stations
No license is required to operate a first-aid station by an employer of labor. Such first-aid or emergency station should be properly equipped for first aid in accordance with the type of hazard encountered at the particular place of employment.

New York Codes, Rules and Regulations
Title 12. Department of Labor
Chapter V. Workers' Compensation
Subchapter M. Pharmacy and Durable Medical Goods Fee Schedules and Appendices
Part 441. Formulary
§441.1 Definitions
... (b) Accident or injury means any accident occurring in the course of employment or any alleged accident that results in personal injury which has caused or will cause a loss of time from regular duties of one day beyond the working day or shift on which the accident or alleged accident occurred, or which has required or will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid; or any disease or alleged disease claimed to have been caused by the nature of the employment and contracted therein. An accident or injury may also be referred to as a disability event. ...
NORTH DAKOTA

North Dakota Administrative Code
Title 4. Office of Management and Budget
Article 4-11. Risk Management
Chapter 4-11-02. Risk Management Workers' Compensation Program

4-11-02-02. Definitions.
Terms used in this chapter are as defined in North Dakota Century Code title 65, except that "employee" is limited to an employee who is employed by the state at the time the employee sustains a compensable work injury. Additionally:

2. "First aid" means any one-time treatment of minor bruises, scratches, cuts, burns, splinters, and other incidents, which do not ordinarily require medical care. Treatment is considered first aid even when provided by registered professional personnel employed by the employing authority.

4-11-02-03. Reporting a work-related injury.

2. For injuries requiring treatment other than first aid, the employee or the employing authority, or both, shall complete a North Dakota workers' compensation claim for injury form (SFN 2828) and shall file both parts C1 and C2 of the SFN 2828 electronically with the bureau as soon as possible and no more than forty-eight hours after the employee seeks medical treatment from the preferred provider or the provider selected by the employee prior to the alleged injury.

4-11-02-04. Medical treatment.

2. An employing authority may not render medical care beyond first aid except for emergency response by qualified personnel unless the employer has chosen an onsite provider as its designated medical provider. The designated medical provider must be staffed by licensed
This document is provided solely as a reference tool regarding various state statute and regulation references/cites to “first aid” in workers compensation. The content is a compilation of state statutes and regulations, which are subject to change, and does not include review or analysis of the statute or regulation, or of relevant caselaw or other guidance. The end user is responsible for ensuring the accuracy of the information contained herein prior to use for any purpose.

physicians and x-ray and laboratory personnel whose job description and qualifications include treatment of employees.

...  

PENNSYLVANIA  

Pennsylvania Code  
Title 34. Labor and Industry  
Part VIII. Bureau of Workers’ Compensation  
Chapter 121. General Provisions  
§121.3b. Providing workers' compensation information.  
(a) The workers' compensation information specified in subsection (b) shall be provided to every employee at the time of hire and immediately after the injury, or as soon thereafter as possible under the circumstances of the injury. If the employee's injuries are so severe that emergency care is required, the information shall be given as soon after the occurrence of the injury as is practicable.  
(b) The information shall be entitled “Workers' Compensation Information” and include the following:  
(1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.  
(2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.  

...  

SOUTH DAKOTA  

South Dakota Codified Laws  
Title 62. Workers’ Compensation  
Chapter 62-6. Employers’ Records and Reports  
§62-6-2. Employer's report of injury--Failure to report as misdemeanor.  
An employer covered by the provisions of this title who has knowledge of an injury that requires medical treatment other than minor first aid or that incapacitates the employee for seven or more calendar days shall file a written report with:  
(1) The Department of Labor and Regulation when the employer is self-insured under § 62-5-5; or  
(2) The employer's insurer when the employer has insured the liability under § 62-5-2 or 62-5-3.
The report shall be filed within seven calendar days, not counting Sundays and legal holidays, after the employer has knowledge of the injury, unless the employer had good cause for failing to file the written report within the seven-day period. The report shall be made on a form approved by the Department of Labor and Regulation. Any employer who fails to file a report as required by this section is guilty of a Class 2 misdemeanor and is subject to an administrative fine of one hundred dollars payable to the Department of Labor and Regulation.

Administrative Rules of South Dakota
Title 47. Department of Labor and Regulation
Article 47:03. Workers’ Compensation
Chapter 47:03:04. Case Management Plans for Workers' Compensation
47:03:04:04. Access to medical providers and other case management services.

For the purpose of this chapter, access to a medical provider within a reasonable distance from the employee’s home or place of employment requires consideration of the geographic area involved, the number of medical providers in the area, and the normal patterns of travel for medical care. The employer must notify the case management plan of any compensable injury or disability that requires medical treatment other than minor first aid within 24 hours after obtaining knowledge of the injury or disability. An employee who requests treatment for a compensable injury or disability from the case management plan must receive treatment by a participating medical provider or by referral to a qualified medical provider who is not a member of the managed plan within 48 hours after the employee’s request for treatment unless it is impracticable considering the circumstances of the case.

TENNESSEE

Tennessee Rules and Regulations
0800. Department of Labor and Workforce Development
0800-02. Division of Workers’ Compensation
Chapter 0800-02-14. Claims Handling Standards
0800-02-14-.04. Claims Reporting Requirements.

(4) Every adjusting entity shall submit Tennessee’s First Report of Work Injury form to the Bureau as soon as possible in all cases where the reported injury results in the need for medical treatment, restricted work, the inability to work, or death, but no later than the time frames listed below.

(c) Minor injuries such as scratches, scrapes, paper cuts and/or other injuries treated solely by minor first aid are not required to be reported to the Bureau. More serious
injuries such as sprains, strains or bruising must be reported.

... UTAH

Utah Code Annotated
Title 34A. Utah Labor Code
Chapter 2. Workers' Compensation Act
Part 4. Compensation and Benefits
§34A-2-407. Reporting of industrial injuries -- Regulation of health care providers

(5)(a) An employer and the employer's workers' compensation insurance carrier, if any, shall file a report in accordance with the rules made under Subsection (5)(b) of a:
   (i) work-related fatality; or
   (ii) work-related injury resulting in:
         (A) medical treatment;
         (B) loss of consciousness;
         (C) loss of work;
         (D) restriction of work; or
         (E) transfer to another job.
   (b) An employer or the employer's workers' compensation insurance carrier, if any, shall file a report required by Subsection (5)(a), and any subsequent reports of a previously reported injury as may be required by the commission, within the time limits and in the manner established by rule by the commission made after consultation with the workers' compensation advisory council and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act. A rule made under this Subsection (5)(b) shall:
      (i) be reasonable; and
      (ii) take into consideration the practicality and cost of complying with the rule.
   (c) A report is not required to be filed under this Subsection (5) for a minor injury, such as a cut or scratch that requires first aid treatment only, unless:
      (i) a treating physician files a report with the division in accordance with Subsection (9); or
      (ii) a treating physician is required to file a report with the division in accordance with Subsection (9).
   (6) An employer and its workers' compensation insurance carrier, if any, required to file a report under Subsection (5) shall provide the employee with:
      (a) a copy of the report submitted to the division; and
      (b) a statement, as prepared by the division, of the employee's rights and responsibilities related to the industrial injury.

...
Utah Code Annotated
Title 34A. Utah Labor Code
Chapter 3. Utah Occupational Disease Act
§34A-3-108. Reporting of occupational diseases -- Regulation of health care providers

(4)(a) An employer and the employer's workers' compensation insurance carrier, if any, shall file a report in accordance with the rules described in Subsection (4)(b) of any occupational disease resulting in:
(i) medical treatment;
(ii) loss of consciousness;
(iii) loss of work;
(iv) restriction of work; or
(v) transfer to another job.

(b) An employer or the employer's workers' compensation insurance carrier, if any, shall file a report required under Subsection (4)(a) and any subsequent reports of a previously reported occupational disease as may be required by the commission within the time limits and in the manner established by rule by the commission made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, under Subsection 34A-2-407(5).

(c) A report is not required:
(i) for a minor injury that requires first aid treatment only, unless a treating physician files, or is required to file, the Physician's Initial Report of Work Injury or Occupational Disease with the division;
(ii) for occupational diseases that manifest after the employee is no longer employed by the employer with which the exposure occurred; or
(iii) when the employer is not aware of an exposure occasioned by the employment that results in an occupational disease as defined by Section 34A-3-103.

Utah Administrative Code
Title R612. Labor Commission, Industrial Accidents.
R612-100-2. Definitions.

... J. "First Aid" is medical care that is:
1. administered on-site or at an employer-sponsored free clinic; and
2. limited to the following:
   a. non-prescription medications at non-prescription strength:
   b. tetanus immunizations;
   c. cleaning and applying bandages to skin surface wounds;
d. hot or cold packs, contrast baths and paraffin;
e. non-rigid support, such as elastic bandages, wraps, and back belts;
f. temporary immobilization devices for transporting an accident victim, such as splints, slings, neck collars, or back boards;
g. drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
h. eye patches or use of simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhering to an eye;
i. use of irrigation, tweezers, or cotton swab to remove splinters or foreign material;
j. finger guards;
k. massages;
l. drinking fluids to relieve heat stress.

3. "First aid" is limited to initial treatment and one follow-up visit within a seven-day period after the initial treatment, except that if first aid treatment was provided by a licensed health professional in an employer-sponsored free clinic, first aid includes initial treatment and two follow-up visits within a fourteen-day period after the initial treatment.

4. "First aid" does not include any treatment of a work injury that results in:
a. loss of consciousness;
b. loss of work;
c. restriction of work;
d. transfer to another job.

Utah Administrative Code
Title R612. Labor Commission, Industrial Accidents.
R612-100-3. Forms Used By Industrial Accidents Division.
A. Physician's Initial Report of Work Injury or Occupational Disease - Form 123. This form is used by physicians to report initial treatment of injured employees as required by Subsection R612-300-4.A. This form must be completed by the physician for any treatment for which a bill is generated, and for any treatment beyond "first aid" as that term is defined in Section R612-100-2.

Utah Administrative Code
Title R612. Labor Commission, Industrial Accidents.
R612-200-1. Reporting and Investigating Injuries.
1. An employer is not required to report an injury that requires only first aid treatment, as defined by Subsection R612-100-3.A.
2. Except for injuries treated only by first aid, an employer shall report each employee work injury within 7 days after receiving initial notice of the injury, as follows:
   a. An employer that has obtained workers' compensation insurance shall report the injury to its insurance carrier.
   b. An employer that has received Division authorization to self-insure shall report the injury to its claims administrator.
   c. An employer that has failed to obtain worker's compensation coverage shall report the injury by contacting the Division directly.
3. An employer has notice of a work injury upon the earliest of:
   a. Observation of the injury;
   b. Verbal or written notice of the injury from any source; or
   c. Receipt of any other information sufficient to warrant further inquiry by the employer.
B. Submitting Reports of Injury to the Division.
1. Except for injuries treated only by first aid as defined by Subsection R612-100-3.A, an insurance carrier, self-insured claim administrator, or uninsured employer shall submit a First Report of Injury to the Division within fourteen days after receiving initial notice of the injury.
   a. An insurance carrier or self-insured claim administrator has notice of a work injury upon receipt of verbal or written information that includes the name of the employer, the name of the employee and the date of injury.
   b. The insurance carrier or self-insured claim administrator shall submit the First Report of Injury to the Division electronically in compliance with the content and formatting requirements of the Industrial Accidents Division Claims EDI Implementation Guide ("EDI Guide" V2.2, 04-19-13) and the Utah Claims R3 EDI Tables ("EDI Tables"; 04-19-13) adopted and incorporated by this reference as part of these rules.
   c. An uninsured employer shall report the information required by this subsection as part of the employer’s initial contact with the Division required by subsection A.2.c of this rule.

Utah Administrative Code
Title R612. Labor Commission, Industrial Accidents.
Rule R612-300. Workers' Compensation Rules – Medical Care.
R612-300-3. Required Reports.
A. Form 123, Physician's Initial Report. Within one week after providing initial medical care to an injured worker, a health care provider shall complete "Form 123 - Physicians' Initial Report." The provider shall fully complete Form 123 according to its instructions. The provider shall then file Form 123 with the Division and payor.
1. Form 123 must be completed and filed for every initial visit for which a bill is generated, including **first aid**, when the worker reports that his or her medical condition is work related.
2. If initial medical care is provided by any health care provider other than a physician, Form 123 must be countersigned by the supervising physician.

**VERMONT**

Vermont Statutes Annotated
Title 21 : Labor
Chapter 009 : Employer's Liability And Workers' Compensation
§ 640. Medical benefits; assistive devices; home and automobile modifications

(e) In the case of a work-related, **first-aid**-only injury, the employer shall file the first report of injury with the Department of Labor. The employer shall file the first report of injury with the workers' compensation insurance carrier or pay the medical bill within 30 days. If the employer contests a claim, a first report of injury shall be forwarded to the Department of Labor and the insurer within five days of notice. If additional treatment or medical visits are required or if the employee loses more than one day of work, the claim shall be promptly reported to the workers' compensation insurer, which shall adjust the claim. "Work-related, **first-aid**-only-treatment" means any one-time treatment that generates a bill for less than $750.00 and for which the employee loses no time from work except for the time for medical treatment and recovery not to exceed one day of absence from work.

Code of Vermont Rules
Agency 24. Department of Labor
Sub-Agency 010. Administrative Division
Chapter 003. Workers' Compensation and Occupational Disease Rules
24 010 003. Workers' Compensation and Occupational Disease Rules

... Rule 2.0000. Definitions.

... 2.2200 "**First-aid only injury**" means an injury for which the injured worker loses no time from work (except for the time, not exceeding one day of work, related to medical treatment and recovery), and which requires only one treatment that generates a bill for less than $750.00. 21 V.S.A. §640(e). See Rule 3.1300.

... Rule 3.0000. Reporting the Injury and Adjusting Claims.
3.1100 First Report of Injury; when filed. Except for first-aid only injuries, every employer shall file a First Report of Injury (Form 1) with its insurance carrier (or if self-insured, with its workers' compensation claims administrator) within 72 hours (Sundays and legal holidays excluded) of receiving notice or knowledge of a claimed work-related injury that either (a) causes an absence of one day or more from work; and/or (b) necessitates medical attention. 21 V.S.A. § 701.

3.1300 First-aid only injuries. In the event of a first-aid only injury, within five days of receiving notice of its occurrence the employer shall file a First Report of Injury with the Commissioner. As promptly as possible thereafter, the employer shall give a copy of the First Report of Injury to the injured worker. 21 V.S.A. §640(e).

3.1310 In the event that the employer contests a claimed first-aid only injury, within five days of receiving notice of its occurrence the employer shall also file the First Report of Injury with its workers' compensation insurance carrier.

3.1320 If the employer accepts a first-aid only injury as compensable, it shall pay the associated medical bill within 30 days of receipt.

3.1330 In the event that an accepted injury no longer qualifies as a first-aid only injury, either because (a) the billing for the associated one-time-only medical treatment is $ 750.00 or more; or (b) the injury necessitates additional medical treatment; and/or (c) the injury causes an absence of more than one day from work, the employer shall promptly report the claim to its workers' compensation insurer, which shall adjust it accordingly.

WASHINGTON

Revised Code of Washington
Title 51. Industrial Insurance
Chapter 51.28. Notice and Report of Accident—Application for Compensation
§51.28.010. Notice of accident—Notification of worker's rights—Claim suppression

(6) Claim suppression does not include bona fide workplace safety and accident prevention programs or an employer's provision at the worksite of first aid as defined by the department. The department shall adopt rules defining bona fide workplace safety and accident prevention programs and defining first aid.
Wyoming Statutes Annotated
Title 27. Labor and Employment
Chapter 14. Worker's Compensation
Article 1. Generally
§27-14-102. Definitions
(a) As used in this act:

(xii) “Medical and hospital care” when provided by a health care provider means any reasonable and necessary first aid, medical, surgical or hospital service, medical and surgical supplies, apparatus, essential and adequate artificial replacement, body aid during impairment, disability or treatment of an employee pursuant to this act including the repair or replacement of any preexisting artificial replacement, hearing aid, prescription eyeglass lens, eyeglass frame, contact lens or dentures if the device is damaged or destroyed in an accident and any other health services or products authorized by rules and regulations of the division. “Medical and hospital care” does not include any personal item, automobile or the remodeling of an automobile or other physical structure, public or private health club, weight loss center or aid, experimental medical or surgical procedure, item of furniture or vitamin and food supplement except as provided under rule and regulation of the division and paragraph (a)(i) of this section for impairments or disabilities requiring the use of wheelchairs;