

# San Francisco District Injury/Medical Condition Reporting Standard Operating Procedure (National Claims Kit)

## PURPOSE:

To establish uniform procedures/responsibilities for management personnel for the timely reporting of all traumatic injuries/occupational diseases or medical conditions, and the management and submission of related injury compensation claims.

## RESPONSIBILITIES OF MANAGEMENT:

Upon report of an injury, immediately discuss the circumstances with the injured employee. Identify the appropriate CA claim form and the Management Kit SOP Checklist to be followed based on the definitions provided for "Medical Emergency", "Traumatic Injury", "Occupational Disease or Medical Condition, and "Recurrence". <http://sanfran.usps.gov/>

All employee injuries/medical conditions must be reported by the supervisor immediately on the day of or report of injury/medical condition but no later than the end of the employee's tour. The report should be made via telephone to the **Safety Office (415) 550-5369**.

The HRM office will assist the supervisor in the management of the injury/medical condition claim as necessary.

The supervisor must inform the employee of his/her right to file for Workers' Compensation benefits through the DOL-OWCP. If the employee wants to file a claim for OWCP benefits, the supervisor provides the appropriate CA form (CA-1 for traumatic injury or CA-2 for occupational disease or medical condition) to the employee. Once the employee completes their portion of the appropriate CA form, the supervisor must complete their portion of the form. ***The original completed CA form (along with all original medial and related documents) must be faxed to the HRM office (415) 550-5006 within 24 hours, then mailed/submitted to the District HRM Office on the day of receipt from the employee.***

**HEALTH AND RESOURCE MANAGEMENT OFFICE  
INJURY COMPENSATION  
P O BOX 882108  
SAN FRANCISCO CA 94188-2108  
Fax: (415) 550-5066**

If employee chooses not to file a claim for benefits the supervisor must fax employees' written statement to the Health and Resource Management (HRM) Office at **(415) 550-5066** on the date of, or report of, the injury or medical condition. The employee retains the right to seek medical attention and/or file a claim for OWCP benefits within time frames established by OWCP (normally 3 years from the date of injury or last exposure).

The supervisor must also immediately complete a PS Form 1769, Accident Report, and submit to the Safety Office in all instances.

If you have questions regarding Safety and accident reporting, contact Maria Yumul, Manager Safety at (415) 550-5369. If you have questions regarding Health & Resource, contact the Renita Jones, Manager HRM at (415) 550-5526.

**Manager, Health and Resource Management**