The OWCP nurse intervention program utilizes private registered nurses to coordinate claimants’ medical care, facilitate OWCP’s medical management of the claim, and enhance the injured employee’s recovery and return to a more productive and functional life.

OWCP may utilize either a COP (continuation of pay) nurse (CN) or a field nurse (FN). In some cases, a FN will be assigned to take over a case from a CN. OWCP nurses are under contract and are provided training in Federal Employees’ Compensation Act benefits, procedures, forms and OWCP’s guidelines for intervention in individual compensation cases. Functionally, the CN and FN generally serve the same purposes. According to OWCP, the nurses have seven basic tasks:

- Establish a supportive relationship with the injured employee and family either telephonically or through face-to-face contact. Instill confidence that the nurse intervention effort can be effective and beneficial, and that it can lead to a more productive and functional life.

- Secure sufficient information about the injured employee’s condition and medical treatment to recommend and coordinate appropriate medical services, which will expedite recovery.

- Assist the treating physician and the injured employee to establish the best choice of and timing for medical services and treatments for the work-related condition.

- Monitor the employee’s medical condition and treatment.

- Assist the injured employee in completing forms and securing information about medical services available for the job-related disability.

- If necessary, assist the injured employee in obtaining authorizations or other services from OWCP personnel, and provide information to OWCP about non-work-related conditions that may affect recovery.

- Encourage the injured employee to cooperate with medical treatment and other efforts to prepare for return to a higher level of activity and, as feasible, a return to work.

In traumatic injury cases, OWCP may begin CN intervention after the employee has stopped work for seven days. However, most catastrophic cases, which include head trauma, spinal cord injuries, strokes, multiple trauma/fractures, severe burns and other conditions that involve prolonged hospitalization and significant physical impairment, are immediately referred to an FN.

Non-catastrophic cases likely to involve FN intervention include but are not limited to back sprain/strain, neck or shoulder sprain/strain, knee injuries, dislocations (except fingers and toes), carpal tunnel syndrome, some fractures, certain contusions and disfiguring injuries. While occupational-illness cases are not routinely referred to an FN, they may be referred for advice and assistance with specific issues.

OWCP nurses are normally introduced to the injured employee by way of a letter or telephone call to the injured employee from the OWCP district office.

Contact by an OWCP nurse is accomplished either by phone or in person, with the injured employee, treating physician, employing agency, and the OWCP claims examiner assigned to the case. The nurse may ask the employee for a brief history of the injury and current work status, as well as the attending physician’s information. The nurse may contact the employing agency to confirm work status and find out if limited duty is available.

The assigned OWCP nurse also may contact the attending physician to obtain a history of treatment and expected treatment plan. That nurse also may advise the treating physician of job accommodations that may be available with the employing agency and request that a form CA-20, Attending Physicians Report, be completed and submitted to OWCP. However, matters such as the diagnosis, the presence or absence of objective findings, and causal relationship are considered adjudicatory in nature, and queries addressing such matters should be posed only by the claims examiner. The claims examiner cannot delegate the managing of a claim to a nurse.

All OWCP nurses carry identification showing that they are under contract with OWCP. Injured employees are expected to fully cooperate with the nurses—who essentially are agents of OWCP. By most reports, OWCP’s use of nurses has been well received by those NALC members who have been participants.

OWCP nurses should not be confused with Postal Service nurses or “OWCP specialists.” OWCP has no direct control over Postal Service nurses or specialists; however, all of the Postal Service’s rights and responsibilities regarding OWCP claims are based on the law, federal regulations and contractual provisions.