

CHAPTER 10 – PERSONNEL

Section 15 – COMPENSATION FOR INJURY/ILLNESS

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Section 15 – COMPENSATION FOR INJURY/ILLNESS

15 – COMPENSATION FOR INJURY/ILLNESS. This section gives specific direction on the role of incident personnel in authorizing and documenting medical treatment.

15.01 – Authorities - There are three separate and distinct programs in this section, each with separate authorities. They are the federal workers' compensation program (Section 15.1), Agency Provided Medical Care (APMC) program (Section 15.2) and state workers' compensation program (Section 15.4). Authorities and procedures for use are explained in each specific section.

15.04 – Responsibilities.

1. Incident agency is responsible for:
 - A. Ensuring that appropriate federal and state workers' compensation procedures outlined in this directive are implemented and followed.
 - B. Providing a local contact and local guidelines/procedures for the Compensation/Claims Unit Leader (COMP).
 - C. Providing local treatment center information.
 - D. Establishing agreements with medical providers for Agency Provided Medical Care (APMC), if appropriate.
2. Incident management team is responsible for:
 - A. Providing appropriate and authorized medical attention to injured or ill individuals.
 - B. Forwarding their claims to the home unit in a timely manner so further treatment and medical authorization is not delayed once the employee leaves the incident.
3. Finance/Administration Section Chief is responsible for:

- A. Overseeing the Compensation/Claims Unit to ensure appropriate injury/illness treatment, authorizations, documentation, and timely transmittal of information to the home unit.
- B. Ensuring appropriate utilization of the APMC program and coordinating with the Medical Unit Leader, medical providers, the incident agency, and others who may be involved.

4. Compensation/Claims Unit Leader or Compensation for Injury Specialist is responsible for:

- A. Ensuring the appropriate state or federal forms are properly completed for all work related injuries or illnesses beyond first aid.
- B. Authorizing medical treatment, as appropriate, using state workers' compensation forms, form CA-16, Authorization for Examination or Treatment, or form FS-6100-16, APMC Authorization and Medical Report.
- C. Reviewing medical treatment documentation for work restrictions and informing the individual's supervisor of these restrictions.
- D. Ensuring that necessary paperwork is completed, processed, and forwarded and faxed to the individual's home unit.
- E. Advising individuals of their rights and responsibilities when injured or ill.
- F. Providing information to the Time Unit Leader (TIME) for accurate posting of timesheets for injured/ill individuals.
- G. Providing information to the Time Unit Leader for payroll deduction of non-work related medical expenses.
- H. Following up on the status of hospitalized or medical evacuated incident personnel.
- I. Informing Finance Administration Section Chief (FSC) and Safety Officer of injury/illness and trends occurring on the incident.

5. Supervisor is responsible for:
 - A. Obtaining first aid/medical treatment for the injured person.
 - B. Completing the supervisory portion of claim forms in a timely manner and giving receipt copy of the form to the injured person.
 - C. Following up with the Compensation/Claims Unit for work restrictions and follow-up medical treatment.
 - D. Coordinate with the FSC and the Planning Section for work assignment modifications or recommendations for release from incident.
 - E. Reporting time for injured/ill individual on a Crew Time Report (CTR).
6. Employee is responsible for:
 - A. Notifying the supervisor of injury/illness and requesting first aid or medical treatment if necessary.
 - B. Timely completion of the employee portion of claim forms.
 - C. Obtaining a witness statement.
 - D. Promptly reporting to supervisor any time loss due to injury/illness.
7. Home unit is responsible for:
 - A. Following applicable workers' compensation procedures in cases where follow-up medical care is required and/or when the injury or illness results in lost time beyond the date of injury.
 - B. Submitting claims and medical documentation, as appropriate, to the appropriate workers' compensation office in a timely manner.
 - C. All other case management responsibilities.

15.05 – Definitions. Definitions used throughout this handbook are located in the Zero Code.

1. First Aid. First aid is emergency care or treatment given to an ill or injured person before regular medical care can be obtained. First aid is generally provided by someone other than a physician. On incidents, most first aid is provided in the field or camp by Medical Unit personnel such as Emergency Medical Technicians (EMT).

Examples of first aid treatment include cleaning, flushing, or soaking wounds on the skin surface; using wound coverings such as bandages; using hot or cold therapy; using any totally non-rigid means of support such as elastic bandages, wraps, non-rigid back belts; using temporary immobilization devices while transporting an accident victim such as splints, slings, neck collars, or back boards; using eye patches; using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye; using finger guards; drinking fluids to relieve heat stress.

2. Home Unit. Agency office responsible to process and manage the workers' compensation claim

3. Medical Care. Treatment including managing and caring for a patient for the purposes of combating disease or disorder. Care is generally provided by a physician.

Examples of medical care include examination of the injured employee, stitches, x-rays, medical tests such as blood work, surgery, hospitalization, etc.

4. Occupational Disease or Illness. A condition produced by the work environment over a period longer than a single workday or shift. It may result from systematic infection, repeated stress or strain, exposure to toxins, poisons, or fumes, or other continuing conditions of the work environment. (20 CFR Subpart A, 10.5(q); OWCP Publication CA-810, 2-3).

5. Physician. The term “physician” includes doctors of medicine (MDs), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practices as defined by state law. Any treatment by a

nurse practitioner or physician's assistant must be countersigned by a physician as defined in the previous sentence and in DOL Publication CA-810.

6. Third-Party Case. An injury or illness/disease caused by a person or object under circumstances that indicate there may be a legal liability on a party other than the federal or state government. Contact the home unit for case management advice.

7. Timely Submission to the Home Unit. Incident personnel will fax and mail the original claim of injury or illness, along with supplemental information and medical documentation, to the home unit within two days.

8. Traumatic Injury. A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a single day or work shift. (20 CFR Subpart A, 10.5(ee); OWCP Publication CA-810, 2-2).

15.1 - Federal Workers' Compensation

15.1-1 – The Federal Employees' Compensation Act (FECA). The FECA provides compensation benefits to civilian employees of the United States for disability due to personal injury or disease sustained while in the performance of duty. The FECA is the exclusive remedy for federal workers suffering a work related injury/illness. All related medical care including first aid; physician services; surgery; hospitalization; drugs and medicines; orthopedic, prosthetic, and other appliances and supplies; are covered under the FECA. The U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP), administers the FECA (20 CFR Part 10). OWCP has delegated agencies limited medical authorization authority through the proper use of form CA-16, Authorization for Examination and/or Treatment.

15.1-2 – Coverage Under FECA. Included in coverage are civilian federal employees of the United States including those under a permanent, seasonal, temporary appointment, or casual hire. Those excluded from coverage include contractors and employees of contractors, inmate crews and their custodians, National Guard mobilized by a Governor's order and active duty military personnel.

Generally, federal employees are covered under FECA while in travel status away from their home unit unless they are engaged in non-work related activities or deviate from the authorized course of travel for personal reasons. In such cases, the individual may file a claim to obtain a determination from OWCP. Do not authorize medical treatment in these circumstances.

15.1-3 – Authorizing Medical Care.

1. Traumatic Injuries - OWCP has authorized agencies to issue form CA-16, Request for Examination and/or Treatment, to medical facilities/providers authorizing medical treatment for work related traumatic injuries. This form can only be issued once by the agency and provides for treatment up to 60 days, or until OWCP rules otherwise on the case. Issuance of the CA-16 allows the medical provider to refer the injured employee to specialists as necessary. CA-16 instructions direct the medical provider as to the type of treatment authorized and how to obtain further authorization from OWCP if necessary. The FSC, COMP, or the Injury Compensation Specialist (INJR) or other appropriate authorizing official may issue the CA-16. (See Section 15.5, Exhibit 03) The authorizing official shall ensure the appropriate U.S. Department of Labor OWCP District Office address (based on the injured employee's personal home mailing address) is indicated in Block 12 of the CA-16. (See Section 15.5, Exhibit 04)

If verbal authorization is given to the medical provider in an emergency situation, the CA-16 must be issued within 48 hours after the medical treatment is obtained.

When there is doubt whether the injury is work related check Block 6.B.2 of the CA-16 to let the physician know of the concern.

2. Occupational Disease or Illness – OWCP rarely allows agencies to authorize medical treatment related to an occupational disease or illness. The employee is responsible for the cost of treatment and can file a claim (CA-2, Notice of Occupational Disease and Claim for Compensation) with OWCP for adjudication of the claim. Do not complete a CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or issue a CA-16 for occupational disease or illness.

15.1-4 – Continuation of Pay (COP).

1. Definition and Entitlement. When a federal employee, including casuals, sustains a traumatic injury (CA-1 is filed) and seeks medical treatment from a physician, the individual may claim continuation of regular pay (COP) for any wage loss due to the injury. The intent of COP is to avoid interruption of the employee's income while the claim is being adjudicated by OWCP. A disability exists only when determined by the physician and time loss must be documented by medical records for an individual to be eligible for COP.

COP is available for a maximum of 45 calendar days and begins with the first day or shift of disability or medical treatment after the date of injury, provided the absence starts within 45 days after the injury. The individual is responsible to coordinate with their home unit for specific direction (20 CFR, Subpart B, 10.200 – 10.224; OWCP Publication CA-810, 5-1).

COP may not be paid after a termination date that was established prior to the injury. For casuals, COP ends when the casual leaves the incident, the original length of commitments ends, or when the casual is released back to duty, whichever occurs first.

There is no entitlement to COP for an occupational disease or illness (CA-2 is filed).

2. Controversion. In questionable situations, the agency may wish to controvert (not pay) COP. The instructions on the back side of the CA-1, item 36, identify the only reasons COP may be controverted. Any issues beyond those described should be communicated to the home unit for action.

3. COP Recording Procedures. Time loss due to disability and medical treatment on the day of injury is not charged to COP. The individual is kept in regular pay status to meet base hour requirements or paid the guarantee hours (8, 9, or 10) for that calendar day. COP begins with the first day of absence for disability or medical treatment following the date of injury and should be identified on the Emergency Firefighter Time Report, OF-288.

The only exception is when the injury occurs before the beginning of the workday or shift. For example, while on incident assignment, an individual is scheduled to work 0700-1900 and incurs a traumatic injury at 0630. Medical treatment is provided and the physician notes disability for that day. Charge COP for base hour requirements beginning the shift immediately following the injury.

COP is charged for each day the individual is absent from work due to disability including intermittent periods or partial days. For example, an individual is treated and released by the doctor to return to work on the date of the injury, but is required to return for follow-up treatment during regular work hours on a subsequent day. Use COP to pay time for this follow-up treatment.

Work performed during a period of COP is recorded as regular hours of work. Return travel to the home unit from an incident assignment is considered work time and is not charged to COP.

Travel to and from a medical provider and/or time spent receiving medical treatment is compensable as work hours if it falls within the normal guaranteed work schedule (guaranteed 8 hour day for casuals). FECA does not allow payment of overtime for either of these activities.

- A. COP recording guidance for regular government employees.
The COP rate for a regular government employee is determined by the individual's home unit.

To record COP, initiate a separate column on the Emergency Firefighter Time Report, OF-288. Note "COP" in the Firefighter Classification block. Record "COP" in the Start/Stop columns without clock hours for each full day of disability. Record, in the Hours column, the total time needed to complete the guarantee hours (8, 9, or 10) for that day. Indicate partial days of disability with clock hours and total COP hours in the Hours column. Note date and time of injury and return to duty information in the Remarks block. (See Section 15.5, Exhibit 07)

- B. COP recording guidance for casuals. The COP rate for a casual is the AD hourly rate under which the casual was working at the time of injury. Casuals are entitled to payment of COP for

traumatic injuries for 8 hours per day, 7 days per week, for periods of disability for traumatic injuries, (See Section 15.1-4 regarding length of eligibility).

To record COP, initiate a separate column on the Emergency Firefighter Time Report, OF-288. Note: "COP" in the Firefighter Classification block.

Indicate "COP" in the Start/Stop columns, and record "8" in the Hours column for each full day of disability. Indicate partial days of disability with clock hours and total COP hours in the Hours column. Note date and time of injury and related information in the Remarks block.

Example: if on a day subsequent to the date of injury and initial treatment, a casual worked 4 hours and was then transported to a doctor for follow-up treatment (2 hours round trip travel and medical treatment time), the COP entitlement would be 2 hours (4 hours work + 2 hours travel/medical + 2 hours COP = 8 hours guarantee). The two hours of medical time is compensable as work time as it falls within the guaranteed 8 hours. Record "COP" in the Start/Stop columns and "2" in the Hours column. Record the 4 hours of work time and two hours of travel/medical time in a separate column. (See Exhibit 08.)

If a casual works 8 or more hours prior to seeking medical treatment, there is no charge to COP for the day. If the casual is assigned work during the time under medical restrictions, this time is not COP and must be recorded as regular work time, whether within or exceeding 8 hours of compensation for the day.

Do not confuse COP with the guaranteed 8 hours per day for casuels. They are two different sets of guidance for entirely different purposes. For instance, COP is not allowed for an occupational disease or illness. However, if a casual has a cold and misses work, the casual still may be entitled to their guaranteed 8 hours of pay if not released from the incident (See Chapter 10, Section 13).

15.1-5 – Selection of Physician. Under FECA, employees may elect a physician of their choice. Emergency incidents that dictate securing medical services from the nearest available facility does not constitute selection or choice of physician. The election is still available, should further treatment be necessary, when the employee returns to the home unit.

15.2 – Agency Provided Medical Care (APMC). This is a program under which the agencies pay for limited first aid costs for minor injuries or illnesses that involve only one treatment.

This coverage is separate from the provisions of the Federal Employee's Compensation Act (FECA). APMC is not intended to pay for medical treatment beyond first aid and is not to interfere with employee's rights under FECA for treatment of work related injuries and illness. Treatment under APMC may be disadvantageous to the employee and the COMP/INJR is responsible to counsel the employee on their options. Because OWCP has a fee schedule, costs associated with claims through FECA are significantly lower than APMC treatment costs.

15.2-1 – Authority for APMC. The Department of Agriculture Organic Act of September 21, 1944, and the Granger-Thye Act of April 24, 1950 authorize appropriated funds to be used to purchase necessary medical supplies, services, and other assistance for the immediate relief of individuals engaged in hazardous work. These authorities should not be interpreted to circumvent OWCP procedures for FECA, which provides the exclusive remedy for medical care and other benefits related to all work-related injury or illness.

15.2-2 – APMC Coverage.

1. Appropriate Use. The use of APMC is appropriate for injury/illness first aid cases involving only one APMC visit which occurs on the day of the injury/illness. One follow-up visit is permissible if it occurs during non-duty hours and the employee is agreeable to this. APMC can only be used while the employee remains at the site of the incident. Injury/illness cases treated under APMC cannot have lost time charged to sick leave, annual leave, or Continuation of Pay (COP). If initial treatment by a medical provider occurs after the date of injury, follow-up treatment is necessary after the individual is released from the incident, and/or lost time occurs or is expected, the claim must be processed under FECA.

Medical treatment for traumatic injury claims are most appropriately processed following the FECA procedures described earlier, rather than APMC procedures. This will establish a record for the employee with OWCP and provides the greatest protection and timely service should further treatment be necessary upon return to the home unit.

2. Employee Choice of Processes. Injured federal employees do not have a right to treatment under APMC as they do under FECA. It is the agency's choice whether or not to offer APMC. Per OWCP, the employee's use of APMC instead of FECA is voluntary. The COMP/INJR is responsible to counsel the employee on the difference between APMC and OWCP treatment and allow the employee to choose.

3. APMC Use for Treatment of Traumatic Injuries. Use of APMC for traumatic injuries must be limited to first aid type of treatment and may not include authorization for therapy, stitches, x-rays, or other non-first aid treatments.

4. APMC Use for Treatment of Occupational Disease and Illness Claims. APMC may be used to authorize first aid treatment only for illnesses such as respiratory infections, colds, sore throats and similar conditions associated with exposure to smoke, dust, and weather conditions, etc. Authorization of APMC treatment is at the discretion of the agency and should be minimal, only to relieve suffering. APMC is appropriate as an interim measure until the employee can arrange for private medical attention, at the individual's expense, or file a claim under FECA and await OWCP's approval to incur medical expenses.

5. Non-Work Related Injuries/Illness. APMC should not be authorized for non-work related injuries or illnesses. However, in situations where it is deemed necessary by the incident agency, counsel the employee and ensure that a payroll deduction is made to cover the cost. The incident agency is responsible for paying the medical provider and for resolving any disputed matters with the individual treated for all APMC services authorized.

6. APMC Use for Dental Work. Do not authorize APMC for dental treatment, e.g., toothache due to cavity, where there is any question whether it relates to a work related injury. Upon return to the home unit, the individual can obtain treatment and file a claim for reimbursement from OWCP if they feel the condition was work related. However, in situations

where it is deemed necessary by the incident agency, counsel the employee and ensure that a payroll deduction is made to cover the cost.

7. Contractors. Contract employees may not utilize APMC services.

8. State and Other Non-Federal Employees. State authorities vary and may not allow APMC for state employees under APMC. The sending unit geographic area state or federal incident business management coordinator should be contacted for the state's policy in this matter if the injured individual does not have the information. (State and National Guard employee's coverage is dependent on the contract and/or agreement under which they are dispatched.)

9. Military Personnel. Military medical units will provide treatment for military personnel. (Reference Military Use Handbook, Chapter 100.)

15.2-3 – Procedures to Establish APMC. The FSC coordinates the establishment of APMC through the incident agency.

15.2-4 - Payment of APMC Costs. Appropriate APMC costs, as authorized by the FSC or COMP, are paid by incident personnel or the incident agency per agency policy.

15.2-5 - Procedures for Using APMC

1. Medical Resource Request Number. A medical resource request number (M#) is assigned for treatment under APMC. The M# is issued to the medical provider by the Finance/Administration Section. Requests are numbered sequentially, prefixed by the resource category alpha code, e.g., M-1, M-2, M-3. Each incident is assigned a unique incident/project order number. For example, MT-LNF-076 stands for: Montana, Lolo National Forest. The "076" is the sequential incident number. The medical resource request number consists of the incident order number, followed by the request number, e.g., MT-LNF-076, M-1. This combination is referred to as an M#. One M# is issued to cover APMC treatment associated with a specific injury or illness.

2. The COMP or INJR issues the APMC Authorization and Medical Report, Form FS-6100-16, is used to authorize APMC treatment and for the medical provider to document patient evaluation and diagnosis. The

FS-6100-16 is returned to the COMP/INJR so duty status and disability determinations can be made.

3. All APMC cases must have the M# entered on the top of all reporting forms with a notation “Paid by APMC”.
4. All authorized services must be summarized on the Incident Injury/Illness Log. The FSC/COMP provides a copy of the log to the incident agency to support payment for APMC and to facilitate follow-up. (See Section 15.6, Exhibit 06.)
5. Do not confuse APMC procedures with either state or federal workers' compensation programs. Do not issue a form CA-16, Authorization for Examination and Treatment for APMC.

15.3 – Procedures and Documentation Requirements for Federal Workers' Compensation (FECA) or APMC.

1. TRAUMATIC INJURY.

Form Required – CA-1, Report of Traumatic Injury and Claim for Compensation.

Action Taken:

- A. Individual completes the front of form as soon as possible and preferably within 48 hours of the injury. Supervisor completes the reverse side, signs, and gives receipt to individual. Individual/supervisor should obtain witness statement(s) if appropriate. Supervisor is responsible for completion if employee is incapacitated.
- B. Leave blocks titled “Occupational code”, “Type code”, “Source code”, “OWCP Agency Code”, and “OSHA Site Code” blank. Home unit is responsible to complete.
- C. Compensation for Injury Specialist (INJR) advises individual of rights, benefits, and responsibilities.
- D. INJR authorizes medical care, if appropriate, by issuing:

1. If using FECA procedures: CA-16, Authorization for Examination and/or Treatment, if the case requires any medical treatment. Only one form per injury is issued to the medical provider. OR;
2. If using APMC procedures: FS-6100-16, APMC Authorization and Medical Report for one first aid type of treatment. If a follow-up appointment, after duty hours, is required, INJR issues another FS-6100-16.
3. If verbal authorization is given to the medical provider, forward the authorization form to provider within 24 hours.

E. Injured individual or individual acting on their behalf returns completed form to the INJR.

F. COMP/INJR faxes **and** mails original injury/illness forms, supporting documentation and medical treatment records to the individual's home unit compensation specialist within two days of receipt of the CA-1.

2. OCCUPATIONAL DISEASE (ILLNESS) covered by FECA requiring medical treatment or resulting in lost time.

Form Required – CA-2, Notice of Occupational Disease and Claim for Compensation.

Action Taken:

- A. Individual completes the front of form as soon as possible and preferably within 48 hours. Supervisor completes and signs reverse side.
- B. Leave blocks titled "Occupational code", "Type code", "Source code", "OWCP Agency Code", and "OSHA Site Code" blank. Home unit is responsible to complete.
- C. INJR advises individual of rights, benefits, and responsibilities.
- D. INJR authorizes appropriate APMC medical care, using a FS-6100-16, for first aid treatment for illnesses such as respiratory

illness, colds, sore throats and similar conditions associated with exposure to smoke, dust, and weather conditions, etc. Treatment of more significant illness/disease conditions are not authorized and must be submitted to OWCP for adjudication. Do not issue a CA-16 for an occupational disease or illness.

E. COMP/INJR faxes **and** mails original injury/illness forms, supporting documentation and medical treatment records to the individual's home unit compensation specialist within two days of receipt of the CA-2.

3. **PRESCRIPTIONS** – Utilize local pharmacies that accept the Department of Labor (DOL), Office of Workers' Compensation Programs (OWCP) Fee Schedule and bill directly. Pharmacies/Medical providers not enrolled with DOL, OWCP, Division of Federal Employees Compensation (DFEC), should contact DOL, Affiliated Computer Services (ACS) <https://owcp.dol.acs-inc.com>.

4. **FATALITY** – See Chapter 60, Accident Investigation and Reporting for incident agency and IMT responsibilities. The individual's home unit processes workers' compensation claim.

15.3-1 – Forms Distribution. Federal agencies are required to submit workers' compensation claims documents to OWCP within 10 days of the date signed by the employee. In order for home units to comply, the COMP/INJR faxes **and** mails original injury/illness forms, supporting documentation and medical treatment records to the individual's home unit compensation specialist within two days of receipt of the CA-1/CA-2. This allows the home unit to review the information, contact the incident if clarification is necessary, meet OWCP reporting requirements and ensure injured workers receive timely and quality service. A temporary copy may be retained by the Compensation/Claims Unit

The Compensation/Claims Unit Leader:

1. Uses the Incident Injury Case File Envelope to file injury forms, supporting documentation, and medical treatment documentation. (See Section 15.5, Exhibit 09)
2. Completes an Incident Injury/Illness Log to document injuries/illnesses. The log may not contain any sensitive information. (S Section 15.5, Exhibit 06)

15.3-2 – Incident Records Retention. All compensation for injury documents are protected by the Privacy Act and shall not be retained in the incident records. Original documents are forwarded to the home unit (See Section 15.3-1) and all temporary copies are destroyed. Retain the Incident Injury/Illness Log in the incident records.

15.4 – State and Cooperators Workers’ Compensation Coverage

1. State Workers’ Compensation. State employees experiencing injury or illness on the incident should complete state specific forms and notify their home unit of workers’ compensation claims per agency requirements. If state forms are not available, the employee may use a CA-1 or CA-2 to initially record the necessary information. Federal references should be crossed out and the state name written at the top of the form. The state employee is responsible to contact the home unit to obtain the proper reporting forms. The COMP maintains injury compensation records and transmits documents to the home unit per state agency policy. Do not issue CA-16 for medical treatment. See Section 15.2-2 (8) for APMC coverage.
2. Cooperators. Cooperators are normally covered under their home unit workers’ compensation program, e.g., state, county, local government. Cooperators experiencing injury or illness on the incident should complete home unit specific forms and notify their home unit of workers’ compensation claims per their agency requirements. The COMP maintains injury compensation records and transmits documents to the home unit per cooperator agency policy.

If a cooperator is hired as a federal casual, follow FECA or APMC procedures as appropriate. If a cooperator is hired as a state employee, follow state workers’ compensation procedures.

Federal agencies entering into cooperative agreements do not have the authority to grant FECA coverage to individual cooperators. Some cooperative agreements require reimbursement for medical costs. This should not be interpreted as providing coverage under FECA.

15.5 - Exhibits