

## **S-260: Interagency Incident Business Management**

### **UNIT 5 – COMPENSATION FOR INJURY**

In this unit, we take a look at how incident personnel receive the medical treatment they need while on assignment, as well as the claims and compensation process.

More specifically, the unit presents:

- Programs and authorities under which incident personnel may receive medical treatment and disability compensation
- Responsibilities of personnel and units during the reporting, claims, and compensation process
- Definitions of types of injuries and illnesses and the reporting procedures and forms for each

If a worker sustains an injury or illness while on incident assignment, the medical treatment and compensation coverage will fall under one of the following programs:

- Federal workers' compensation program
- State or cooperator workers' compensation programs
- Agency Provided Medical Care (APMC) program

Each program exists because of the specific authorities in place defining who receives coverage, as well as when and where coverage applies.

In this topic, we look at the acts and authorities governing each compensation program, including:

- Federal Employees' Compensation Act (FECA)
- State or local authorities
- Medical Attention Act, Organic Act

The Federal Employees' Compensation Act (FECA) serves as the authority for the federal workers' compensation program. For qualified federal employees who sustain traumatic injuries or occupational disease during the performance of duty, FECA:

- Authorizes medical treatment
- Provides disability compensation

The U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP) administers FECA. In fact, people commonly refer to the federal workers' compensation program as "OWCP."

Coverage under FECA/OWCP has some stipulations, including:

- Who receives coverage
- When and where coverage applies

FECA/OWCP covers:

- All civilian federal government employees
- Casuals hired as federal employees

FECA/OWCP does not cover:

- Contractors and their employees
- Inmate crews and their custodians
- State personnel and other cooperators
- National Guard personnel mobilized by a governor's order
- Active duty military personnel

In Chapter 10, of the SIIBM locate the Federal Workers' Compensation section.

This section provides additional detail about FECA coverage. Please read this section to further your understanding. Then, answer the following question—do seasonal civilian federal employees receive coverage under FECA?

Civilian federal workers are eligible for FECA/OWCP coverage from the time they receive their incident assignment to the time they return to their home unit.

Personnel have coverage whenever they are:

- On government premises
- In official travel status—24 hours a day

Personnel do not have coverage in cases of:

- Intentional self-injury
- Conditions resulting from willful misconduct
- Conditions resulting from intoxication

Personnel may not have coverage if they become injured or ill:

- While engaging in non-work-related activities on an authorized day off
- While deviating from their official course of travel for personal reasons

State employees who sustain injuries or become ill while on incident assignment have their own state-specific workers' compensation programs to authorize medical treatment and disability compensation. The coverage stipulations—if coverage applies—are specific to each program. State programs usually have their own procedures and forms.

Cooperators typically have coverage for injury or illness through their home unit workers' compensation program—often a state, county, or local government program. And again, the details are specific to each program.

However, if a state hires a cooperator as an employee, the cooperator follows the state workers' compensation program. Likewise, if a cooperator hires on as a federal casual, the cooperator falls under FECA/OWCP coverage.

Locate the State and Cooperators Workers' Compensation Coverage section in the SIIBM, and answer the following question—what should state employees do if the forms for their state

workers' compensation program are not available at the incident?

The Agency Provided Medical Care (APMC) program allows incident agencies to pay the costs of medical supplies and treatment for relatively minor injuries or illnesses involving only ONE medical treatment—plus one follow-up visit. APMC coverage is separate from the workers' compensation coverage an individual may receive for more extensive injuries and illnesses and treatment.

The APMC program stems from the following authorities:

- Medical Attention Act
- Department of Agriculture Organic Act

Let's take a closer look at:

- Who receives coverage
- When and where coverage applies

The APMC program exists for the benefit of individuals engaging in the suppression of forest fires or other hazardous work for the federal government. However, it is an incident agency's choice whether it will offer APMC. If the incident agency does not offer APMC, it uses the appropriate workers' compensation program to authorize medical treatment and cover costs.

If an incident agency does provide APMC, the following personnel are eligible for coverage:

- Regular federal government employees
- All casualties
- Cooperators
- Volunteers
- Some state employees
- Some National Guard units

According to specific criteria and conditions for APMC coverage, treatment:

- Involves only ONE medical visit—plus one optional follow-up visit
- Occurs on the day of the injury or illness
- Includes only basic first aid—NO stitches, x-rays, therapy, or other more extensive procedures
- Involves no lost time

If an individual requires treatment the APMC program does not cover, the compensation/claims unit can still use APMC to authorize the initial visit. However, the individual must pay costs either directly or through payroll deduction.

Locate the Agency Provided Medical Care (APMC) section and the APMC Coverage subsection in the SIIBM. Then, answer the following questions:

- If an individual chooses to go for an optional follow-up visit, when must the visit occur—during on-duty or off-duty hours?
- Can the injured worker charge lost work time to sick leave, annual leave, or continuation of

pay (COP) under the APMC program?

Identify THREE correct statements.

- The Office of Workers' Compensation Programs (OWCP) administers FECA.
- FECA covers civilian federal government employees and federal casuals.
- Civilian federal workers have FECA coverage while in official travel status.
- State employees and cooperators have FECA coverage.
- The Morrison-Krieger Act serves as the main authority for the APMC program.
- Workers receive APMC coverage for two medical visits, plus a follow-up.

In this topic, we took a closer look at medical treatment and compensation programs, as well as their corresponding acts and authorities.

This topic covers the tasks individuals and units must complete to authorize and document medical treatment when a worker gets hurt or sick while on incident assignment.

Specifically, the topic looks at the roles and responsibilities of the:

- Incident agency
- Compensation/claims unit leader (COMP)—or other authorized official
- Worker's supervisor
- Injured or ill worker
- Worker's home unit

The incident agency's medical emergency responsibilities include:

- Ensuring compliance with workers' compensation procedures
- Providing a local contact
- Establishing local guidelines and procedures
- Providing local treatment center information
- Establishing agreements with medical providers

### **Compliance**

The incident agency ensures incident personnel implement and follow appropriate federal and state workers' compensation procedures for all incident injuries and illnesses.

### **Local Contact**

The incident agency serves as the main point of contact for communications relating to the incident during normal business hours, as well as after-hours—in essence, 24 hours a day.

### **Local Guidelines**

The incident agency is responsible for establishing and communicating local guidelines and procedures to the compensation/claims unit leader. These procedures and guidelines relate, for

example, to the transportation and treatment of the injured or ill worker. Incident agencies often work on these details during the off season so everything is in place ahead of time.

### **Local Information**

The incident agency contacts local doctors, hospitals, clinics, dentists, and pharmacies ahead of time to determine which providers will accept incident personnel for treatment. The incident agency then provides this information to the compensation/claims unit leader, or other authorized member of the incident management team.

### **Provider Agreements**

If the incident agency chooses to offer the Agency Provided Medical Care (APMC) program, the incident agency needs to establish agreements for its use with each medical care provider.

Be aware, however, some states do not allow the APMC program, choosing instead to use the workers' compensation programs to cover medical treatment and supplies. For more information on these compensation programs, refer to the Authorities for Coverage topic in this module.

The responsibilities of the COMP include:

- Coordinating the incident agency, incident units, and medical providers
- Authorizing medical treatment
- Advising workers of their rights and responsibilities
- Providing state workers' compensation information
- Reviewing treatment documentation for work restrictions
- Providing information to the time and procurement units
- Following up on seriously injured or ill workers
- Informing the finance/administration section chief (FSC) and safety officer of medical trends
- Forwarding medical documentation to the home unit

### **Coordinate Incident Entities**

The COMP has the primary responsibility for coordinating all of the involved personnel and units when a worker injury or illness occurs. This includes communicating with the incident agency, the medical unit, medical providers, the worker's supervisor, the worker's home unit, and the worker.

The coordination tasks are extensive and include implementing the APMC program, if available, and providing the incident agency with a copy of the medical resource order log.

### **Authorize Medical Treatment**

Once the compensation/claims unit receives notification of a worker injury or illness, the COMP evaluates the situation. If medical treatment other than medical unit first aid is necessary, the COMP signs the appropriate authorization form and sends the form with the worker, if possible, or directly to the medical provider.

Only compensation/claims unit leaders or FSCs may sign medical treatment and payment authorization forms. We'll cover authorization forms later in this module.

### **Advise Worker of Rights**

Workers have rights and responsibilities relating to their medical treatment and compensation. The COMP informs the worker of these rights and responsibilities as soon as possible after the injury or illness occurs.

In cases where there's a choice in coverage between OWCP and APMC, the COMP must also explain key differences between the two.

### **Provide State Forms**

The COMP is responsible for obtaining and providing state-specific workers' compensation information and forms for state employees on incident assignment.

### **Check for Work Restrictions**

The COMP is responsible for reviewing medical treatment documentation after an injured or ill worker returns from treatment to see if there are any work restrictions. If there are work restrictions, it is also the COMP's responsibility to inform the worker's supervisor.

### **Time and Procurement Units**

The COMP provides information to the time and procurement unit leaders necessary for the accurate posting of timesheets and invoices for the injured or ill worker, as well as payroll deduction for non-work-related medical expenses.

### **Follow Up on Injured or Ill Workers**

The COMP is responsible for following up on the status of all seriously injured or ill workers who are hospitalized or medically evacuated.

### **Inform of Medical Trends**

Overall incident safety is the top priority for the entire team. Because the COMP hears and sees

all by assisting injured or ill workers, the COMP often spots trends occurring at the incident.

The COMP needs to communicate trends information to the FSC, safety officer, and other incident management team members. Sometimes adjustments can be made, such as changes in equipment or tactics, to help alleviate the situation.

### **Forward Paperwork**

The COMP is responsible for ensuring the completion and processing of all paperwork in a timely manner, as well as faxing or forwarding the documentation to the injured or ill worker's home unit within the agency's time requirements.

For example, the State of Alaska requires notification of its insurance adjuster within three days of the injury or illness.

Supervisors should always look out for the welfare of their employees. The supervisor must serve as the worker's advocate particularly in the case of injury or illness.

Supervisor responsibilities involving an injured or ill worker include:

- Obtaining medical treatment
- Completing the notification form
- Tracking and reporting time loss
- Following up on work restrictions or additional treatment
- Coordinating assignment modifications

### **Obtain Medical Treatment**

Once aware of a worker's injury or illness, the supervisor is responsible for starting the ball rolling to get the worker medical care. This could involve making sure the individual gets to the medical unit for first aid, or contacting the compensation/claims unit to request authorization for more extensive medical treatment at a local doctor's office or hospital.

### **Complete a Notification Form**

The supervisor must complete the supervisor portion (back side) of the appropriate notification form—either the Report of Traumatic Injury form, CA-1, or the Notice of Occupational Disease and Claim for Compensation form, CA-2. The supervisor must also sign and give the receipt portion of the form to the injured or ill worker. State workers may instead use the comparable state form, when available.

### **Track and Report Time Loss**

The supervisor is responsible for tracking and reporting time spent in medical treatment, travel to and from treatment, and all other time lost during the injury or illness.

The supervisor reports time lost for the injured or ill worker on any applicable crew time reports

(CTRs). For more information on completing CTRs, refer to the Pay Provisions and Timekeeping/Recording module.

### **Follow Up**

After the injured or ill worker receives treatment, the supervisor should follow up with the compensation/claims unit regarding the individual's status—for example, to see if the individual has any work restrictions or if any additional medical treatment is necessary.

### **Coordinate Assignment Modifications**

Sometimes injured or ill workers require release from the incident. The supervisor works with individuals such as the FSC and the planning section chief to coordinate assignment modifications.

Modifications may also include instances when a worker cannot return to the previous assignment but can perform other types of work so as not to lose time and pay. For example, a worker recovering from smoke inhalation may not be able to go back to the fireline but could perform other duties in camp.

Workers have responsibilities as well when it comes to reporting and documenting their own injury or illness.

The worker's responsibilities include:

- Notifying the incident supervisor and seeking treatment
- Completing the notification form
- Obtaining a witness statement
- Reporting time loss
- Notifying the home unit supervisor

### **Notify Your Incident Supervisor**

If able, injured or ill workers need to notify their immediate incident supervisor right away and request first aid or medical treatment, if necessary.

A supervisor must arrange for medical care if a worker makes the request—in other words, the supervisor cannot deny medical attention.

### **Complete the Notification Form**

The injured or ill worker must complete the employee portion (front side) of the appropriate notification form—either the Report of Traumatic Injury form, CA-1, or the Notice of Occupational Disease form, CA-2, within 48 hours.

If the person is physically unable to do so, someone else can complete the form on the worker's behalf. State workers may instead use the comparable state workers' compensation form, when available. Complete a form even if the injury or illness seems minor so there is a record should

the problem get worse.

### **Obtain a Witness Statement**

The notification forms include a witness statement section. If someone witnessed the injury or illness, the worker needs to have the individual complete the witness section. If the worker is unable, the worker's supervisor can take care of getting the witness statement as well. If there was no witness, write Not Applicable in the witness section.

### **Report Any Time Loss**

If able, the injured or ill worker needs to keep track of time spent in medical treatment, travel to and from treatment, and all other time lost during the injury or illness—and report all time lost to the supervisor.

### **Notify Your Home Unit Supervisor**

The worker is responsible for notifying the home unit supervisor of an injury or illness, according to agency requirements. The compensation/claims unit will notify the worker's home unit as well.

Upon receiving notification from the worker and the compensation/claims unit of an injury or illness, the worker's home unit sets some wheels in motion.

The responsibilities of the home unit include:

- Initiating follow-up medical procedures
- Following workers' compensation procedures
- Submitting reportable claims
- Reporting accidents and injuries per agency guidelines

### **Initiate Follow-Up**

If an injury or illness requires any medical treatment after the worker returns from the incident, the home unit initiates the scheduling of the treatment.

### **Compensation Procedures**

In cases where an injured or ill worker does require follow-up medical treatment or if there is time loss beyond the date of the injury or illness, the home unit must follow the standard workers' compensation procedures for that particular worker and situation.

### **Submit Reportable Claims**

The worker's home unit is responsible for submitting in a timely manner reportable claims and medical documentation to the appropriate workers' compensation office.

Because the home unit must meet certain time guidelines, the compensation/claims unit often faxes forms so home units can get an early start on the processing.

### **Report Accidents and Injuries**

The worker's home unit must comply with any additional reporting requirements per agency guidelines.

Match each task with the person or unit who fulfills the responsibility. You may use a person or unit more than once.

- |                            |   |
|----------------------------|---|
| • Incident agency          | Establishes agreements with medical providers |
| • Compensation/claims unit | Authorizes medical treatment                  |
| • Compensation/claims unit | Advises worker of rights and responsibilities |
| • Supervisor               | Completes back side of notification form      |
| • Injured or ill worker    | Completes front side of notification form     |
| • Home unit                | Submits claim to workers' compensation office |

This topic covered the roles and responsibilities of specific individuals and units who authorize and document medical treatment when a worker gets hurt or sick while on incident assignment, including the:

- Incident agency
- Compensation/claims unit leader—or other authorized official
- Worker's supervisor
- Injured or ill worker
- Worker's home unit

You should be especially familiar at this point with the tasks YOU need to complete if you sustain an injury or illness while on incident assignment. And, you should also feel more confident that plenty of people will be available to help you through the entire process.

The specific reporting procedures and forms used for incident medical emergencies vary depending on the type of injury or illness. This topic defines the three types of possible injury or illness.

Procedures and forms also vary depending on which treatment and compensation program—Agency Provided Medical Care (APMC), the federal workers' compensation program (OWCP), or a state workers' compensation program—is appropriate for the worker and situation.

Therefore, the topic also covers program-specific procedures and forms relating to:

- Authorization for treatment and method of payment
- Continuation of pay (COP)
- Notification and claim for compensation

When incident personnel are hurt or ill, the medical attention they receive—as well as the associated reporting process—depends on the type and severity of the injury or illness.

Possible types of incident injuries and illnesses include:

- First aid cases
- Traumatic injury
- Occupational disease

A first-aid case is an injury or illness requiring basic emergency treatment by paramedics or emergency medical technicians (EMTs). The injured or ill worker typically receives the first aid in camp at the incident medical unit or in the field.

In other words, the injury or illness is not serious enough to require a trip to a doctor's office or hospital to see a physician for more advanced medical evaluation and treatment. Additionally, there is NO lost time.

Additional key information about first-aid cases includes:

- Examples
- Reporting requirements
- Authorization for treatment and compensation

### **First-Aid Cases**

Examples of first-aid cases include:

- Blister requiring salve and moleskin
- Head cold requiring over-the-counter medications
- Athlete's foot requiring foot powder
- Surface wound requiring cleaning and a bandage

### **Reporting Requirements**

Medical unit personnel keep a log of all first-aid cases. This log serves as the official record of the worker's injury or illness.

The injured or ill worker signs in to the medical unit; however, there are no additional notification or claim forms the worker—or the worker's supervisor—must complete for first-aid cases. The worker may also need to sign for any medical supplies taken out of the medical unit.

### **Authorization for Treatment and Compensation**

First-aid cases do not require any form of authorization from the compensation/claims unit, since:

- First-aid cases are not reportable to workers' compensation programs.
- There is no billing for services or supplies.
- There is no expected lost work time beyond the date of the injury or illness.

Therefore, incident personnel complete federal or state workers' compensation forms only at the specific request of the injured or ill worker.

A traumatic injury is a wound or other condition of the body resulting from an external force, including stress or strain. The injury must:

- Occur during ONE work shift or calendar day
- Be identifiable by time and place of occurrence
- Be identifiable by affected body part or function
- Require medical treatment other than first aid

Additional key information about traumatic injuries includes:

- Examples
- Reporting requirements
- Authorization for treatment and compensation

### **Traumatic Injuries**

Examples of traumatic injuries include:

- A sprained ankle requiring x-rays
- Broken bones
- Lacerations requiring stitches
- A back strain from constructing fireline during ONE shift

### **Reporting Requirements**

To report a traumatic injury, an injured worker must complete the employee (front) side of a Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1, form—or state equivalent—within 48 hours of the injury.

If the worker is unable to fill out the form, the worker's supervisor can complete the employee side on the worker's behalf. The supervisor must also complete the supervisor (back) side of the form. We look at the CA-1 form in detail later in this topic.

### **Authorization for Treatment and Compensation**

The compensation/claims unit may authorize treatment or compensation for traumatic injuries using either:

- APMC Authorization and Medical Report form, FS-6100-16
- OWCP Authorization for Examination and Treatment form, CA-16

Which program the compensation/claims unit decides to authorize depends on a number of factors. For a refresher on the who, when, and where of APMC and OWCP, see the Authorities for Coverage topic in this module.

In the SIIBM locate the Authorizing Medical Care section and the Traumatic Injuries subsection.

Then, answer the following question—for up to how many days of treatment does the issuance of the C-16 form provide?

An occupational disease or illness is a condition resulting from systemic infections— continued or repeated stress or strain—exposure to toxins, poisons, or fumes—or other repeated and continued exposure to environmental conditions.

An occupational disease or illness:

- Results from the conditions of the work environment over a period of at least TWO days
- May require medical treatment beyond first aid
- Can receive treatment through the incident medical unit

Additional key information about occupational disease or illness includes:

- Examples
- Reporting requirements
- Authorization for treatment and compensation

### **Occupational Diseases**

Examples of occupational disease or illness include:

- Smoke inhalation from working on the fireline over a period of several days
- Back strain from unloading supply trucks during the course of a week
- Tendonitis from repetitive motion using a particular piece of equipment

In all examples, the problem develops over a period of time, rather than occurring during one specific day or work shift—a key difference between occupational disease or illness (multiple days) and traumatic injury (one day).

### **Reporting Requirements**

To report an occupational disease or illness, a worker must complete the employee (front) side of a Notice of Occupational Disease and Claim for Compensation, CA-2, form—or the state equivalent—within 48 hours of the occurrence or upon becoming aware of the condition.

If the worker is unable, the worker’s supervisor can complete the employee side of the form on the worker’s behalf. The supervisor must also complete the supervisor (back) side of the form. We look at the CA-2 form in detail later in this topic.

### **Authorization Requirements**

If an occupational disease or illness meets APMC criteria—and APMC is available—the compensation for injury specialist may authorize treatment and compensation using the APMC form (FS-6100-16).

The OWCP, however, rarely covers treatment for occupational disease or illness without prior approval. Instead, the individual is responsible for treatment costs—either through direct payment or personal insurance—and may later file a claim (form CA-2) with OWCP for reimbursement consideration.

For more on the APMC and OWCP criteria, refer to the Authorities for Coverage topic in this module.

For reporting and compensation purposes, when workers get hurt or sick while on assignment, the problem is a first-aid case, a traumatic injury, or an occupational disease.

Identify THREE correct statements relating to types of injuries and illnesses.

- A worker who receives first aid in the medical unit must complete a CA-1.
- A laceration not requiring stitches is an example of a first aid case.
- A traumatic injury must occur during one work shift or calendar day.
- For traumatic injuries, workers must complete the CA-1 form within 24 hours.
- Back strain occurring and receiving treatment within one day is a traumatic injury.

If an incident injury or illness requires treatment at a doctor's office or hospital, the compensation/claims unit leader (COMP)—or other authorized official—must determine the appropriate program to use. The chosen program authorizes the medical treatment and potentially the cost of the treatment as well.

Possible treatment and compensation programs include:

- APMC
- OWCP
- State workers' compensation program

If APMC is available—and if the injury or illness meets APMC criteria—the COMP can use the APMC Authorization and Medical Report form, FS-6100-16, to authorize treatment and compensation for an injured or ill worker.

To use the FS-6100-16 form:

- COMP completes Part A.
- COMP forwards the FS-6100-16 to the medical provider.
- Medical provider completes Part B to document the patient evaluation and diagnosis.
- Worker returns the completed FS-6100-16 to the comp/claims unit.
- COMP evaluates the worker's duty status and notifies affected personnel of any restrictions.

In Chapter 10 of the SIIBM toward the back of the section, locate the sample APMC Authorization and Medical Report, FS-6100-16 form.

Turn the page to see the back of an FS-6100-16 form, which includes some instructions. Now, answer the following question—to whom do the instructions apply?

For individuals and situations meeting federal workers' compensation criteria, the COMP can

use the OWCP's Authorization for Examination and/or Treatment form, CA-16, to authorize treatment and compensation for an injured worker. However, OWCP rarely allows agencies to use the CA-16 to authorize treatment for occupational disease or illness.

To use the CA-16 form:

- COMP completes the front—Part A.
- COMP forwards the CA-16 to the medical provider.
- Medical provider completes the back—Part B.
- Worker or supervisor returns the CA-16 to the comp/claims unit.
- Comp/claims forwards the CA-16 to the worker's home unit.

In an emergency, the COMP may give verbal authorization. However, the COMP must issue a CA-16 to the medical provider within 48 hours.

Locate the Authorizing Medical Care section, and then the Traumatic Injuries subsection in the SIIBM.

Now, answer the following questions:

- For up to how many days does the CA-16 authorize treatment?
- Does the CA-16 allow the medical provider to refer the patient to a specialist?

For state employees, the COMP must complete state-specific forms per agency requirements.

If state forms are not immediately available, the worker may use the appropriate federal notice and claim for compensation form (CA-1 or CA-2) to initially record the information—write the state name on the top of the form and cross out federal references. If the employee is physically able, he or she must contact the home unit to obtain the additional state reporting forms.

After the worker is treated, the COMP transmits all related documents to the worker's home unit per state agency policy for further processing.

Locate the State and Cooperators Workers' Compensation Coverage section, and then the State Workers' Compensation subsection in the SIIBM

Now, answer the following questions:

- Can comp/claims issue a CA-16 for OWCP coverage for medical treatment for a state employee?
- Do all state authorities allow APMC coverage for state employees?

Identify THREE correct statements relating to authorization forms.

- FS-6100-16 is the form authorizing treatment and compensation through APMC.
- The FS-6100-16 includes instructions to the medical provider on the back of the form.
- The CA-16 is the form authorizing treatment and compensation through OWCP.
- The CA-16 form authorizes treatment for up to 120 days.
- It is acceptable to initially record injury information on a CA-1 for a state worker.
- The incident commander (IC) must sign all forms prior to medical treatment.

Another benefit of regular federal employees and federal casuals is their entitlement to continuation of pay (COP). Of course, certain conditions apply.

COP entitles an injured federal employee or casual to receive regular pay for a period not to exceed a total of 45 calendar days for any wage loss due to traumatic injury. We look at recording COP time on the next screen.

But first, let's look at the conditions:

- COP does NOT apply to occupational disease or illness.
- Medical records must document the disability and the time loss.
- COP may not extend beyond the termination date set before the injury.
- COP ends for casuals upon release from the incident.

Locate the Continuation of Pay (COP) section in the SIIBM.

Now, answer the following questions:

- What does it mean to controvert COP?
- Where can you find a listing of acceptable reasons for an agency to controvert COP?

Estimating the time eligible for COP can be tricky. First, any time loss due to medical treatment or disability occurring the day of the injury is not eligible for COP. Instead, the injured worker stays in regular pay status to meet base hour requirements OR receives the guarantee hours for that calendar day.

The following conditions also apply:

- COP begins on the first day following the day of the injury.
- Return travel from an assignment is not chargeable to COP.
- Time spent traveling to or from a medical provider is chargeable to COP if it falls within the normal guaranteed work schedule.
- Time spent receiving medical treatment is chargeable to COP if it falls within the normal guaranteed work schedule.

In the SIIBM locate the Continuation of Pay (COP) section. This is where you can find a lot more details about COP.

Now, answer the following question:

- On what time report form should COP hours appear?

Identify the terms BEST completing the following sentence.

COP entitles an injured federal employee or casual to receive regular pay for a period not to exceed a total of \_\_\_\_\_ calendar days for any wage loss due to \_\_\_\_\_.

- 45, traumatic injury
- 60, chronic injury
- 45, occupational disease
- 60, illness

The notification and claim for compensation forms serve as the primary record of the facts surrounding an incident injury or illness. Workers always have the right to complete a form, even before notifying their supervisor of the injury or illness, if necessary. The two possible forms are:

- Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1
- Notice of Occupational Disease and Claim for Compensation, CA-2

The personnel responsibilities are basically the same for both forms and involve:

- Injured or ill worker
- Worker's supervisor
- Compensation/claims unit leader (COMP)—or other authorized official
- Worker's home unit

### **Worker Responsibilities**

An injured or ill worker must complete the employee section on the front of the appropriate CA-1 or CA-2 form—including obtaining a witness statement if appropriate—as soon as possible and preferably within 48 hours of the injury. For an incapacitated worker, the worker's supervisor may complete the employee section on the worker's behalf.

### **Supervisor Responsibilities**

The worker's supervisor must:

- Complete the supervisor's section on the back of the appropriate CA-1 or CA-2 form
- Sign the receipt section of the form
- Return the signed form to the injured or ill worker

### **COMP Responsibilities**

The COMP—or other authorized official—is responsible for:

- Ensuring the CA-1 and CA-2 forms include all available and required information
- Faxing and mailing the original form—along with any supporting documentation and medical treatment records—to the worker's home unit within TWO days of receipt of the CA-1 or CA-2
- Retaining a temporary copy of the CA-1 or CA-2 form, if necessary—but, eventually destroys the copy to comply with the Privacy Act

### **Home Unit Responsibilities**

The home unit compensation specialist:

- Completes the codes fields on the CA-1 or CA-2 form—occupation code, type code, source code, OWCP agency code, and OSHA site code
- Submits reportable forms—along with any supporting documentation and medical treatment records—to the appropriate workers' compensation program

Locate the Procedures and Documentation Requirements for Federal Workers' Compensation (FECA) or APMC section and the Forms Distribution subsection in the SIIBM.

Then, answer the following questions:

- How many days does the home unit have to submit a reportable claim to the appropriate workers' compensation program?
- From what date does the counting of the number of days begin?

Laine Schwarberg serves as the supply unit leader on the Warm Lake Incident in the BLM-Boise District.

On Laine's crew is Amy Miller—a GS-7 forestry technician from Burley, Idaho. Amy is working as a tool sharpener on the incident.

At 1015 hours on July 12, Amy was sharpening a shovel when her hand slipped and her right thumb was lacerated. Piper Lynn witnessed the injury.

Amy was taken to the medical unit, which then transported her to see Dr. Converse in Boise for stitches. Dr. Converse determined that Amy was unable to return to work until July 14.

Amy's regular tour of duty is Monday through Friday, 0900 to 1800.

In Chapter 10 of the SIIBM, towards the back of the section, locate the sample CA-1 form.

Match each person from the scenario with the corresponding CA-1 page. You may use a name more than once. To refresh your memory, click the Back button to review the scenario.

- Amy Miller                      Completes the employee information on the first page
- Laine Schwarberg              Completes the second page of the CA-1
- Laine Schwarberg              Signs the final page of the CA-1
- Piper Lynn                        Completes the witness information on the first page

Amy will definitely need to complete a CA-1 for her injury for documentation purposes, as well as to serve as a claim for her home unit to submit to OWCP.

An injured worker should complete a CA-1 and submit it to the supervisor within

- 12 hours
- 24 hours
- 36 hours
- 48 hours

Identify THREE correct statements relating to the authorization necessary for Amy to receive further treatment.

- The COMP issues the appropriate form to authorize medical treatment and payment.
- The CA-16 is the appropriate form, due to Amy's time loss past the date of the injury.
- Amy can receive continuation of pay for July 13 and 14.
- Laine—Amy's supervisor—must sign the appropriate authorization form.
- Amy must complete the employee section of the appropriate authorization form.

Tammy Bull is a strike team leader on the Paper Fire incident in the Boise National Forest. On Tammy's crew is Tim Ruby—a GS-6 forestry technician from Boise, Idaho. Tim is working as a firefighter at the incident.

Tim was exposed to a great deal of smoke—over a period of days—caused by a slopover in the area he was working. On August 22, Tim succumbed to smoke inhalation and was rushed to the Cascade Medical Center in Cascade, Idaho, for treatment. The Paper Fire incident does have APMC coverage available.

Upon Tim's release, the attending physician assigned Tim to light duty without exposure to smoke. Tim can return to the fireline after two days.

Tim will need to complete a CA-2 for his smoke inhalation illness.

An ill worker should complete a CA-2 and submit it to the supervisor within

- 10 days.
- 24 hours.
- 7 days.
- 48 hours.

Identify TWO correct statements relating to Tim's forms.

- The supervisor issues the appropriate form to authorize treatment and payment.
- The APMC—FS-6100-16—form is appropriate for authorization.
- Tim can receive continuation of pay for August 23 and 24.
- A witness must complete the appropriate section on the authorization form.
- The signed final page of the CA-2 serves as the employee's receipt.

This topic defined the possible types of injury and illness, including:

- First aid cases
- Traumatic injury
- Occupational disease

We also covered the forms used during the authorization for treatment and compensation process, including:

- FS-6100-16—of the Agency Provided Medical Care (APMC) program
- CA-16—of the Office of Workers' Compensation Programs (OWCP)

Additionally, we reviewed the notification and claim for compensation forms used for traumatic injury—form CA-1—as well as for occupational disease—form CA-2.