

INCIDENT PROCESSING OF INJURIES OR ILLNESSES FOR US FOREST SERVICE **(USFS) EMPLOYEES ONLY**

The instructions below are to be utilized on wildland fires and other emergency incidents. This document addresses all work related injuries and illnesses while on an incident assignment. CA-16 forms and other related documents are attached.

1. Provide Medical Treatment

- 1.1. First priority is to get emergency medical care, if necessary. Emergency rooms are the best choice as they are required to provide treatment even without advance guarantee of payment.
- 1.2. Complete appropriate paperwork immediately following emergency care.

2. Form CA-16 Authorization for Examination and/or Treatment Process (Attachment 1)

- 2.1. Only Albuquerque Service Center – Human Resources Management (ASC-HRM) Workers’ Compensation (WC) personnel, Compensation Claims Unit Leader (COMP), Compensation for Injury Specialist (INJR), or Finance Section Chief (FSC) assigned to the incident are authorized to issue Form CA-16 for FS regular and AD employees.
- 2.2. In accordance with 20 CFR §10.300(b), a supervisor and/or personnel representing the agency may provide verbal authorization for examination and/or treatment in the absence of the above referenced incident personnel if outside ASC-HRM regular business hours, Monday – Friday, 0700 – 1800, Mountain Time (MT). Contact ASC-HRM WC within 48 hours after medical treatment or on the next business day for issuance of the CA-16 by ASC-HRM WC.
- 2.3. Use the “Decision Tree” (Attachment 2) for guidance on the appropriate issuance of the CA-16.
- 2.4. **NEVER** issue Form CA-16 for Occupational Diseases, report these claims on a CA-2.
- 2.5. **NEVER** use Form CA-16 or Agency Provided Medical Care (APMC) to pay for **non-work** related medical care at the incident. This is the employee’s responsibility and they must arrange payment with the medical provider. Contact ASC-HRM WC if in doubt about work-relatedness.
- 2.6. The Department of Labor (DOL) does not allow the issuance of a CA-16 if more than 7 calendar days have passed since the date of injury. Advise employees that they are entitled to file a claim, but the medical treatment cannot be authorized by the Agency.
- 2.7. Block 12 is the address of the DOL District Office servicing the state or geographical location of the employee’s duty station. Refer to the Interagency

Incident Business Management Handbook (IIBMH) Chapter 10, Section 15 or (Attachment 3) of this guidance for a complete list of DOL District Offices and the locations they service.

- 2.8. Block 13 contains the address for ASC-HRM WC (use for all USFS regular and AD employees):

**USDA Forest Service, ASC-HRM
Workers' Compensation (MS 326)
4000 Masthead St. NE
Albuquerque, NM 87109**

- 2.9. If an employee is filing a Workers' Compensation claim and requires a prescription but cannot pay for it while on the incident, it can be purchased with a purchase card and a commissary deduction will be made on the OF-288, Fire Time Report. The employee uses the receipt from the purchaser to claim reimbursement from the DOL. This should only be used if there are no pharmacies that accept the DOL fee schedule.
- 2.10. COMP, INJR or FSC should provide "Information for Medical Providers" (Attachment 4) to any treating medical providers for information regarding their participation in Federal Workers' Compensation programs.
- 2.11. Call ASC-HRM WC for guidance @ 877-372-7248, select option [2] for HRM, then option [2] for Forest Service employees.
- 2.12. Personnel on an incident without a COMP, INJR or FSC assigned must contact ASC-HRM WC for medical treatment authorization.
- 2.12.1. Call the ASC-HRM Contact Center @ 877-372-7248, select option [2] for HRM, then option [2] for Forest Service employees, during regular business hours Monday – Friday 0700-1800 Mountain Time (MT) or the next business day following a weekend, or holiday.
- 2.12.2. State you have an injured worker and are requesting authorization for medical treatment.
- 2.13. Complete the appropriate CA form (1 or 2) **immediately**. A hand written copy may serve as immediate documentation of the injury while the details are clear, but it is mandatory that all CA-1/CA-2 forms be generated from the Safety & Health Information Portal System (SHIPS) and are processed by ASC-HRM WC. The completed SHIPS generated CA-1/CA-2 (along with the CA-16, if issued) must be printed, signed, and faxed to ASC-HRM WC at 866-339-8583 **within 48 hours** of the date the employee reported the injury. The original CA-1 or CA-2 is to be retained by the employee. ***Please note that failure to appropriately complete and forward these forms to ASC-HRM WC may result in treatment delays and/or treatment expenses being billed to the employee.***

3. Catastrophic or Serious Injury.

- 3.1. A catastrophic injury is one that has the potential to cause loss of life or limb, involves multiple broken bones, serious burns, or involves multiple victims of one incident, such as a vehicle accident. Injuries that are considered catastrophic due to the enormous impact they have on the lives of the individuals who experience them, include but are not limited to the following: brain injury, spinal cord injury, accidental amputation, severe burns, multiple fractures, or other, neurological disorders. A catastrophic injury or illness very often causes severe disruption to the central nervous system, such as spinal cord injuries or severe burn injuries, which in turn affects many other systems of the body.
- 3.2. When serious injuries occur, the COMP, INJR or FSC will call the ASC-HRM WC immediately, Monday-Friday during regular business hours, 0700-1800 MT, or the next business day, if outside of business hours, to discuss the next action to be taken. This allows the transition from the incident team to the ASC-HRM to flow smoothly.
- 3.3. If the injury requires continuing medical care and the injured employee is unable to work, return the injured employee to their home unit as soon as possible. Do not keep them in camp.

4. First Aid Treatment

- 4.1. FS Form 6100-16, Agency Provided Medical Care (APMC) Authorization and Medical Report, is used for first aid treatment only. First aid **does not** include medical treatment for cuts requiring stitches, X-rays, MRIs, burn treatment, or treatment involving lost time or follow up treatment.
- 4.2. Employees should be advised of the difference between APMC and OWCP and given the choice to file a Workers' Compensation claim and have treatment authorized utilizing the CA-16, if appropriate (see Attachment 2) or to use APMC.
- 4.3. For more guidance regarding work-related injuries, incident personnel may call the ASC-HRM Contact Center @ 877-372-7248, select option [2] for HRM, then option [2] for Forest Service Employees, during regular business hours, Monday-Friday 0700-1800 MT, or the next business day following a weekend or holiday.

5. Form CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

- 5.1. A traumatic injury is defined as an injury or exposure caused by an external force that occurs on, or can be attributed to **one work shift**.
- 5.2. The CA-1 will be completed in SHIPS by the injured employee, or someone acting on the employee's behalf if the employee is not able to do so. Page 1 of the CA-1 is to be filled out completely by the injured employee including signature in block 15. If the injured employee is unable sign, the supervisor or someone acting on their behalf may complete and sign for the injured employee.

5.3. If the CA-1 cannot be completed in SHIPS at the incident, a hard-copy will be prepared at the incident and faxed to the home unit. It is imperative that these CA1s be entered into SHIPS at the home unit and be faxed to ASC-HRM as explained in 5.9.

5.4. Blocks 1-8 will reflect the injured employee's personal information.

5.4.1. Note: Block #7 shall be the employee's **home** mailing address; those currently living in barracks should use the address their correspondence goes to in the off season.

5.5. Claims submitted for FS AD Casual Hires must include:

5.5.1. AD's complete Social Security Number (SSN) and phone contact information.

5.5.2. OF-288, Fire Time Report, and one of the following documents Single Resource Casual Hire Form, Resource Order or crew Manifest (if on a crew). This is needed in order to verify the AD was hired by the Forest Service and to facilitate the expeditious processing of the claim.

5.5.3. Hiring unit supervisor, full legal name and phone number.

5.6. Supervisor completes page 2 of the CA-1 blocks 17 – 39.

Note: The supervisor should indicate a phone number where they can be reached immediately in the event more information is needed.

5.7. Block #17 shall reflect the ASC-HRM WC address:

**USDA Forest Service, ASC-HRM
Workers' Compensation (MS 326)
4000 Masthead St., NE
Albuquerque, NM 87109**

5.8. Block #18 is the injured employee's **duty station** physical address.

5.9. Fax the completed CA-1 (along with the CA-16, if available) to ASC-HRM WC **within 48 hours** of the employee reporting the injury. The employee should retain the original for their records.

5.10. Include the employee's name and SSN on the upper right hand corner of the second page and all supporting documentation in case the pages are separated.

- 5.11. The original CA-1 and page 4 of the CA-1, Receipt of Notice of Traumatic Injury is given to the injured employee.

6. Completing Form CA-2 Notice of Occupational Disease and Claim for Compensation

- 6.1. Occupational disease is 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. *Note: A CA-16 is never issued with a CA-2.*
- 6.2. The CA-2 will be completed in SHIPS by the injured employee, or someone acting on the employee's behalf if the employee is not able to do so.
- 6.3. If the CA-2 cannot be completed in SHIPS at the incident, a hard-copy is prepared at the incident and faxed to the home unit for entry and completion in SHIPS. If a hard copy is done, Page 1 of the CA-2 is to be filled out completely by the injured employee including signature in block 15, if injured employee is unable to complete or sign, the supervisor or someone acting on their behalf may complete and sign for the injured employee.
- 6.4. Blocks 1-8 will reflect the injured employee's personal employee information.
- 6.4.1. Note: Block #7 shall be the employee's home mailing address; those currently living in barracks should use the address their correspondence goes to in the off season.
- 6.5. Forest Service AD Casual Hires, must include:
- 6.5.1. AD's complete Social Security Number (SSN) and phone contact information
- 6.5.2. OF-288, Fire Time Report, and one of the following documents Single Resource Casual Hire Form, Resource Order or crew Manifest (if on a crew). This is needed in order to verify the AD was hired by the Forest Service.
- 6.5.3. Hiring unit supervisor name and number.
- 6.6. Supervisor completes page 2 of the CA-2 blocks 19 through 35. *Note: The supervisor should indicate a phone number where they can be reached immediately in the event more information is needed.*
- 6.7. Block #17 shall reflect the ASC-HRM WC address:
- USDA Forest Service, ASC-HRM
Workers' Compensation (MS 326)
4000 Masthead St., NE
Albuquerque, NM 87109**
- 6.8. Block #18 is the injured employee's **duty station** physical address.

- 6.9. Fax the CA-2 to ASC-HRM WC within 48 hours of the employee reporting the condition. The employee should retain the original for their records.
- 6.10. Include the employee's name and SSN on the upper right-hand corner of the second page, and all supporting documentation, in case the pages are separated.
- 6.11. The original CA-2 and page 3 of the CA-2, Receipt of Notice of Occupational Disease of Illness, are given to the injured employee.