

Incident Process for Traumatic Injuries or Occupational Disease

This document addresses all work related injuries whether serious burns or traumatic injury while on an incident assignment. Below are instructions for wildland fires and other emergency incidents. Check the ASC-HRM-WC website:

http://fsweb.asc.fs.fed.us/HRM/owcp/WorkersComp_index.php for updates.

1.0 Procedure

- 1.1 Provide immediate medical care, if necessary, by taking the injured employee to the emergency room (ER). Complete paperwork as soon as possible.
- 1.1 The Incident Compensation for Injury Specialist or Finance Section Chief issues the CA-16 Authorization for Examination and/or Treatment form for traumatic injury, when appropriate.
 - 1.1.1. Call ASC-HRM-WC if you have questions at 877-372-7248 option [2] for HRM, then option [2] for Forest Service employees.
 - 1.1.2. Emergency rooms should provide treatment even if form CA-16 is delayed.
 - 1.1.3. CA-2 form is to be issued for Occupational Disease.
- 1.2 Complete the appropriate CA-1/CA-2 form as soon as possible. You may fax or overnight signed original within 48 hours from the date of injury. If the CA-1/CA-2 is faxed, mail the signed original to ASC-HRM.

**USDA Forest Service
ASC-HRM Annex WC
3900 Masthead Street NE
Albuquerque, NM 87109-4485**

- 1.3 For traumatic injuries, if unsure whether to issue a CA-16 or process through APMC, **always issue the CA-16**. It provides the best coverage for the employee.
 - 1.4 **DO NOT USE** the CA-16 form or Agency Provided Medical Care (APMC) to pay for non-work related medical care at the incident. Employees are responsible to arrange payment with the medical provider. Contact ASC-HRM-WC if in doubt about work relatedness.
- ## **2 Catastrophic or serious injury such as burns or multiple broken bones, etc.**
- 2.1 Catastrophic injury includes the possibility of loss of life or limb, multiple broken bones, or when multiple employees are involved in an incident such as a vehicle accident.

- 2.2 When serious injuries or burns occur, the Incident Compensation for Injury Specialist shall call the ASC immediately or first business day to discuss the next action to be taken to transition from the incident to the ASC-HRM-WC smoothly without interruption for the employee.
- 2.3 If the injury is serious and/or requires continuing medical care, and the injured employee is released by the hospital, generally return the injured employee to the home unit as soon as possible for continued medical treatment by their family physician. Do not keep them in camp.

3 First Aid Treatment

- 3.1 FS-6100-16 (APMC) is used for first aid treatment only. First-aid does not include medical treatment for cuts requiring stitches, X-rays, MRIs, or burn treatment, etc.
- 3.1 Incident personnel may call the ASC-HRM call center at 877-372-7248 option [2] for HRM, option [2] for Forest Service employees during the hours of 0700-1800 Mountain Time, Monday-Friday or the next business day following a weekend or holiday. Fax number for all CA-1's/CA-2's is 866-339-8583.

4 Form CA-16 - Authorization for Examination and/or Treatment Process

- 4.1 Only ASC-HRM Workers' Compensation personnel or qualified Incident Team personnel are authorized to issue form CA-16.
- 4.2 Issue a CA-16 for a traumatic injury if no more than 7 calendar days have passed since the date of injury.
- 4.3 The address in block 12 is the Department of Labor's District Office (DOL) that services the state of the employee's duty station. Refer to the Interagency Incident Business Management Handbook chapter 10, section 15 for a complete list of DOL District Offices.
- 4.4 Block 13 contains the ASC-HRM Workers' Compensation address for all Forest Service regular and AD employees.
- 4.5 Personnel on an incident without a Comp/Claims Specialist assigned shall contact ASC-HRM Workers' Compensation for medical treatment authorization.
 - 4.5.1 ASC-HRM call center at 877-372-7248, option [2] for HRM, then option [2] for Forest Service employees, during regular business hours 0700-1800 MT, Monday – Friday, or the next business day following a weekend, or holiday.
 - 4.5.2 When calling, state you have an injured worker and are requesting authorization for medical treatment.

- 4.6 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. Contact ASC-HRM Workers' Compensation within 48 hours or on the first business day for issuance of the CA-16 by ASC-HRM-WC.

5.0 Form CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1)

- 5.1 A traumatic injury is defined as an injury or exposure that occurs on, or can be attributed to one work shift.
- 5.2 Page 1 of the CA-1 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.
- 5.3 Blocks 1-8 will reflect the injured employee's personal employee information.
- 5.3.1 Block #7 shall be the employee's home mailing address. For those currently living in barracks, provide the address all correspondence goes to in the off season.
- 5.4 Forest Service AD hires, forms must include:
- 5.4.1 AD's Social Security Number (SSN)
- 5.4.2 OF-288, Fire Time Report, and one of the following documents Single Resources Hire Form, Resource Order, or crew Manifest (if on a crew). This is needed to verify the AD was hired by the Forest Service.
- 5.5 Supervisor completes page 2 of the CA-1 blocks 17 – 39.
- 5.5.1 The supervisor should indicate a phone number where they can be reached immediately if more information is needed.
- 5.6 Block #17 shall reflect the ASC-HRM Workers' Compensation address:
- USDA Forest Service
ASC-HRM Annex WC
3900 Masthead Street NE
Albuquerque, NM 87109-4485**
- 5.7 Block #18 is the injured employee's duty station location address.

5.8 Fax or overnight the CA-1 to ASC-HRM Workers' Compensation within 48 hours of injury. If the CA-1 is faxed, mail signed original to ASC-HRM.

5.8.1 Include the employee's name and SSN on the upper right hand corner of the 2nd page and all supporting documentation in case the pages are separated.

5.9 Provide a copy of the CA-1 to the injured employee. Advise employee to complete mandatory requirement to enter the claim in the SHIPS database upon their return to home unit.

5.10 Page 4 of the CA-1 Receipt of Notice of Traumatic Injury is to be given to the injured employee.

6 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.

6.2 Page 1 of the CA-2 is to be filled out completely by the employee.

6.2.1 Blocks 1-8 will reflect the employee's personal information. Note block #7 shall be the employee's home mailing address; for those currently living in barracks this shall be the address all correspondence will go to in the off season.

6.2.2 Blocks 12-17 provide detailed information.

6.2.3 Block 18 signature is required.

6.3 Forest Service AD Hires, must include:

6.3.1 AD's SSN.

6.3.2 OF-288, Fire Time Report, and one of the following documents: Single Resources 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.

6.4 Supervisor completes page 2 of the CA-2 blocks 19 – 35.

6.4.1 Supervisor should indicate a phone number where they can be reached immediately if more information is needed.

6.5 Block #19 will reflect the ASC-HRM Workers Compensation address

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6.6 Fax or mail the CA-2 to ASC-HRM Workers' Compensation.

6.7 Provide a copy of the CA-2 to the injured employee. Advise employee to complete mandatory requirement to enter the claim in the SHIPS database upon their return to home unit.

6.8 Page 3 of the CA-2 Receipt of Notice of an Occupational Disease or Illness is given to the injured employee.

CA-1, CA-2, and CA-16 forms are available at the U.S. Department of Labor Division of Federal Employees' Compensation (DFEC) website:
<http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>