

**Forest Service Handbook
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**Forest Service Handbook 6109.12 – Employment and Benefits Handbook
Chapter 30 - Injury/Illness Compensation**

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This chapter provides information and instructions about benefits available to all employees under the Federal Employees' Compensation Act (FECA), as administered by the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor. It is intended only as guidance for Forest Service offices reporting injury compensation cases. Only the OWCP can determine eligibility coverage and application of all aspects of the Federal Employees' Compensation Act (FECA).

30.4 - Responsibility

30.41 - Personnel Officers

Responsibilities of the personnel officer at each organizational level include:

1. Ensuring that persons responsible for handling cases of injured employees are fully informed on the governing law and regulations.
2. Adequately reviewing the program to ensure compliance with regulations and reporting requirements.
3. Counseling injured employees about election of OWCP and civil service retirement benefits, procedures available for contesting adverse OWCP determinations, availability of vocational rehabilitation, reemployment rights, continuance of insurance coverage, and rights and responsibilities in cases involving liability of a third-party.
4. Informing fiscal officers of cases which will require their involvement, either in the case of third-party liability or possibility of Forest Service payment.

30.42 - Supervisors

See exhibit 01, sec. 32 for more details. Responsibilities of each supervisor at every organizational level include:

1. Ensuring that employees are informed of their rights and responsibilities when injured. Provide form CA-11, "When Injured at Work," and form CA-13, "Work Injury Benefits for Federal Employees," to each new employee. Form CA-10, "What a Federal Employee Should Do When Injured at Work," should be posted prominently on the bulletin board of every office or work center. These forms are available from the Government Printing Office.
2. Authorizing medical treatment for employees suffering job-related traumatic injuries.
3. Furnishing employees with necessary forms to report occupational injuries and diseases/illnesses and helping employees complete the forms.
4. Notifying the OWCP, if after the employee returns to work, the same injury causes additional disability.
5. Advising employees of their right to elect annual or sick leave or continuation of pay (COP) (if eligible) or leave without pay.

6. Conducting whatever investigation is necessary to complete required forms.
7. Submitting required forms to the reporting official responsible for processing the case, so that forms can be submitted to the appropriate OWCP district office.
8. Informing the employee whether continuation of pay will be controverted, and, if so, whether it will be terminated, and the basis for this action.
9. Taking necessary action to correct unsafe situations which cause accidents.
10. Meeting the time frames established in 32.1 to expedite processing of the claim.

30.43 - Employees

See exhibits 01, sections 32 and 32.2. Responsibilities of each employee at every organizational level include:

1. Acquiring a general knowledge of the benefits and requirements of the Federal Employees' Compensation Act.
2. Reporting job-related injuries, no matter how slight.
3. Following all instructions in regard to obtaining medical benefits and completing all forms.
4. Completing Form CA-17, Duty Status Report, for continuation of pay as requested by the Forest Service.
5. Completing forms for requesting compensation if disability occurs and an election is made to receive compensation for loss of wage earnings.
6. Obtaining medical examinations whenever requested by the Forest Service or OWCP and forwarding appropriate report forms to the physician rendering the service.
7. Furnishing all needed facts to OWCP to determine eligibility for coverage and amount of compensation payable.
8. Assisting in efforts to adjust amount of compensation paid and promptly returning any overpayments received.

30.44 - Reporting Official (Compensation Specialist)

See exhibit 01, sec. 32.2 for more details. Responsibilities of each reporting official (compensation specialist) at every organizational level include:

1. Receiving and reviewing all Federal Employee Compensation Act (FECA) forms relating to job-related injuries and diseases/illnesses for completion and accuracy.

2. Processing and submitting all required paperwork and CA forms to the appropriate OWCP district office.

3. Answering questions of employees and supervisors with regard to the FECA claim process.

4. Serving as liaison between the injured employee, agency and OWCP district office.

30.5 - Definitions

1. Compensation. Money paid on account of a loss of wages and/or ability to earn wages, money paid or payable under the FECA in the form of a scheduled award, medical diagnostic and treatment services, money paid on account of death. Compensation includes certain payments to individuals participating in approved vocational rehabilitation programs and money paid for various expenses. It does not include continuation of pay (COP).

2. Compensation Specialist. The individual with primary responsibilities for compensation functions, such as case processing and case management, counseling of employees and supervisors and serving as the link between the employee, the agency and OWCP.

3. Continuation of Pay. An additional benefit which entitles the employee under certain circumstances to have regular pay continued by the employing agency for a period not to exceed a total of 45 calendar days.

4. Controvert. To dispute the validity of an employee's claim for continuation of pay (COP).

5. Forest Service Unit. The office processing the OWCP claim.

a. Home Unit. The employing office or unit where the employee is regularly assigned or in the case of an emergency firefighter, the Forest Service unit closest to the employee's residence.

b. Detail Unit (Fire Unit). The unit on which the employee is performing short-term work.

c. Reporting Unit. The reporting unit shall be that organizational unit where the employee is officially assigned or reporting for duty. It is the detail unit for as long as the employee is detailed, fire unit for as long as the employee is temporarily assigned for firefighting purposes, and home unit for the balance of the time.

6. Occupational Illness. See #12, Occupational Disease/Illness.

7. Pre-existing Injury or Disease/Illness. Those injuries or diseases/illnesses that existed prior to employment with the Forest Service and are aggravated, accelerated or precipitated by factors of Federal employment.

8. Recurrence. Disability is considered to be a recurrence when, after returning to work, an injured employee is again disabled and stops work as a result of the original injury or occupational disease/illness.

9. Schedule Award. Compensation paid for specified periods of time for the permanent loss, or loss of use, of each of certain members, organs, and functions of the body.

10. Third-Party Cases. An injury or illness caused by a person or object under circumstances which indicates there is a legal liability on a party other than the Federal Government.

11. Traumatic Injury. A traumatic injury is defined as a wound or other condition caused by external forces including physical stress and strain. The injury should be identifiable as to time and place of occurrence and member or function of the body affected. Further, it must be caused by a specific event or incident or series of events or incidents within a single work shift. It is this last criterion which sets apart a traumatic injury from an occupational disease. In most cases, traumatic injuries are easy to identify. For example, when someone falls and is cut or breaks a bone, the injury happens in one single event in one day. More difficult to classify are conditions that stem from more than one action. For example: a man who normally works at a desk gets involved in moving his office furniture on January 3rd. He moves his desk, file cabinet, chair, table, bookcase, and so on (many actions). That night he begins to have severe back pain. He receives medical treatment for severe back strain. He should file a claim for a traumatic injury because he incurred the injury to his back on a single work day. Another example: In the course of duties, a federal employee is exposed to poison ivy on one day and contracts a rash. Since the exposure is only once, happening during one working shift, this condition would also be classified as a traumatic injury.

12. Occupational Disease/Illness. An occupational disease is defined as being produced by systemic infections, continued or repeated stress or strain, exposure to toxins, poison fumes, noise, and so forth in the work environment over a longer period of time. In order to qualify as a disease, the injury must be caused by exposure or activities on at least two days. For example, a person whose job consisted of moving furniture every day developed back strain. If the back strain came from continued lifting rather than lifting a specific piece of furniture, this case would fall under the occupational disease classification. Likewise, a person who was exposed to toxic fumes over a long period of time and contracted a respiratory disease, would fall under the "disease" category. Other examples include heart attacks, nervous conditions, emphysema, arthritis, dermatitis, etc.

31 - Compensation for Occupational Injuries and Diseases/Illnesses

See 5 U.S.C. 8101, available in all unit personnel offices in FSH 6109.41 - FPM 990-1, book 1, section 8101, and 20 CFR 1, part 10.5, available from the Government Printing Office as 20 CFR 1 and Federal Personnel Manual, chapter 810, Injury Compensation, for complete statutory and regulatory definitions and usages of terms as provided by Federal law and regulations. Also see appendix A for employees' appeal rights under the FECA.

31.1 - Coverage and Eligibility

The Federal Employees' Compensation Act (FECA) provides for all reasonable and necessary medical expenses, loss of income and wage-earning capacity, transportation expenses, rehabilitation costs, and death and burial expenses incurred as a result of an on-the-job injury or disease/illness. Benefits will not be paid if the injury or death was caused by the employee's willful misconduct, intoxication, intent to bring about injury to self or others, or deviation from course of travel to conduct personal business. If there is any doubt whether coverage is applicable, the injured employee should file a claim and the employee's supervisor should provide specific information for submission to the appropriate OWCP district office. The OWCP district office will make the final determination.

31.11 - Who Is Covered

All Forest Service employees, regardless of type or duration of appointment, are covered. In addition, the following are covered with restrictions especially for continuation of pay (COP):

1. Casual firefighters and Title X employees.
2. Persons rendering personal services (for example, College Work-Study Program) under the supervision of the Forest Service or other Government employees, with or without compensation for those services.
3. Employees assigned to or from State and local governments and their various agencies are considered employees of the Federal Government for injury compensation purposes. (If the employee is also entitled to compensation for injury under State or local government provisions, the employee must elect which benefit to receive.)
4. Job Corps enrollees, Senior Conservation Employment Program enrollees and Youth Conservation Corps enrollees.
5. Forest Service volunteers and Action volunteers, including VISTAS, ACV's, etc.
6. Persons authorized by Statute to provide services for the Forest Service under cooperative agreements, memorandums of understanding, and so forth. The services provided must be similar to those provided by regular employees and the agreement must be written.

31.12 - Who Is Not Covered

Persons who are not employees of the Forest Service (Federal Government) generally are not covered by FECA. The following are specifically excluded from FECA coverage:

1. Prison Crews. Prison crews and their custodians unless they are paid as individual employees of the Forest Service.
2. Contractors and Employees of Contractors. The Government does not assume responsibility for contractors or their employees. Any questions arising from contractors'

employees should be directed to the contractor or the insurance carrier for their employer or the Office of Workers' Compensation Programs.

3. Military Personnel. Except Reserve Officers' Training Corps and Civil Air Patrol.

31.13 - When Coverage Is Available

1. During Work Hours. The FECA covers an employee injured performing duties during normally assigned work hours, and authorized overtime. Further-more, an employee doing official work on voluntary overtime, unless specifically ordered not to perform such work, is entitled to the same benefits as if the employee has been ordered by the supervisor to perform such work. Cases involving voluntary overtime work should be fully documented to provide sufficient information for OWCP to make a determination of coverage.

2. During Travel Status. All time (7 days a week, 24 hours a day) spent away from the official duty station in official travel status is considered covered subject to interpretation by OWCP in questionable situations, such as travel in which there was deviation from the authorized course of travel for personal reasons or convenience. Travel to secure medical assistance or vocational rehabilitation for job-related injuries is usually covered.

3. During Activities Incidental to Work. FECA coverage may also extend to injuries incidental to actual work performed, such as leaving or resuming a required job. This could include arriving on or leaving premises before work and/or after work hours if actually incidental to official work.

4. During Lunch Hours. The FECA will usually cover employees when they take lunch breaks if such breaks are taken on the employing agency's owned or leased premises.

5. During Coffee Breaks. The employee will be covered while on coffee breaks, if the coffee break is taken on the employing agency's premises. Coverage may be extended to employees while on coffee break off the employing agency's premises if it is a general practice for most of the employees to take the break off the premises with the (written or implied) consent of the employing agency and no facilities for coffee breaks are available on the employing agency's premises.

31.14 - Where Coverage Is Available

1. On Job. An employee is covered if performing duties within the scope of employment. Coverage is not limited to Forest Service or other Government locations, but extends to any point where the employee may be engaged in official duties.

2. Travel Status. If in official travel status, the employee is covered at any geographical point, subject to interpretation by OWCP in questionable situations. Travel may be by foot, vehicles or aircraft, as well as at fixed locations away from the official duty station.

3. On Government Premises. Being on Government premises, such as in offices, Government housing or camps to which the employee is assigned, will normally extend FECA coverage to all time spent at such locations.

31.15 - Where Coverage Is Not Available

FECA coverage is generally available at any geographical location except at points where the employee has deviated from a normal route for personal reasons or personal convenience. In such a situation, OWCP may determine that coverage is not available.

31.16 - What Is Not Covered

Items of personal property which the employee possesses, such as the employee's privately owned vehicles and clothing, damaged in an on-the-job accident, are not covered by the FECA. Eyeglasses and hearing aids are not replaced, repaired, or otherwise compensated for unless the damage or destruction is incidental to a personal injury to the body requiring medical services. However, such things as medical braces, artificial limbs, artificial eyes, other orthopedic and prosthetic devices, and appliances and dentures are covered by FECA if deemed to have been damaged or destroyed by the injury. If a need for any of the foregoing is caused by the injury, such need is covered by the FECA. Although not covered by the FECA, other items of personal property lost or damaged may be covered by other acts.

31.2 - Medical Benefits

Complete medical care including appliances and supplies necessary for the treatment of any injury is provided without cost to the employee. This includes:

1. First Aid. First aid may be provided through the agency's own health unit, nurse, or first aid worker.
2. Physician Services. Treatment by a physician for a job-related injury or illness is covered.
3. Dental Treatment. All necessary dental treatment including repairs to natural teeth, dentures, and other prosthetic dental devices, needed to repair damage or loss caused by a job-related injury is covered.
4. Services of Nurses. Nursing care required for treatment as prescribed by an authorized physician is covered.
5. Hospitalization. Hospitalization includes room and board, special examinations and tests, and special diets. If the condition of an injured employee justifies hospitalization, but no hospital facilities are available, reasonable expenses incurred for board and lodging furnished the injured employee will be paid by the OWCP.
6. Drugs and Medicines. Drugs and medicines prescribed by an authorized physician are covered.
7. Orthopedic, Prosthetic, and Other Appliances and Supplies. All medical appliances and supplies prescribed by an authorized physician and necessary for the treatment of a job related injury are covered.

8. Expenses of Travel and Transportation Necessary To Procure Medical Treatment or Vocational Rehabilitation. Costs of an emergency ambulance, travel by common carrier, travel by private vehicle, appropriate persons to accompany the employee as needed attendants, necessary meals and lodging, and other reasonable and necessary costs are covered. If automobile transportation is used, reimbursement shall be made at the rate per mile fixed by law, executive, administrative, or other order for employees of the United States authorized to travel at Government expense.

31.3 - Authorizing Medical Treatment and Travel

31.31 - Issuing Form CA-16, Request for Examination and/or Treatment

Form CA-16 is used to authorize initial medical treatment in traumatic injury cases. The form must be issued by the supervisor or the reporting official (compensation specialist) immediately in case of an emergency, or within 4 hours of an employee's request, or at the time the need for medical treatment is recognized. If verbal authorization is given in an emergency situation, form CA-16 must be issued within 48 hours after the medical treatment is obtained. If the supervisor or reporting official (compensation specialist) finds cause to refuse a request for form CA-16, the employee must be advised of the reason for refusal within the 4-hour period. The reasons for refusal should be put in writing. Only one form CA-16 can be issued.

If, for any reason, it appears that an additional form CA-16 is needed, contact OWCP and explain the circumstances. OWCP will then instruct how to handle the matter.

1. Selecting a Physician. In an emergency, any duly qualified physician or hospital may be used for initial treatment. All reasonable services and supplies required for emergency treatment will be paid by OWCP even if it is later determined that the injury is not covered by the FECA. The employee may initially select any duly qualified local physician. However, this choice applies only to the employee's initial choice. If the physician refers the employee to another physician, such referral must be shown on form CA-16.

2. Changing Physicians. If the employee wishes to change to another physician, permit change only after the employee submits a satisfactory explanation for the desire to change and OWCP approves the change. If an employee changes physicians without prior OWCP approval, the employee will have to make payments for such services and submit a claim to OWCP for reimbursement; OWCP reserves the right to refuse to honor such a claim.

3. Six Months or More Following Last Medical Treatment. In cases of 6 months or more following the most recent medical treatment, authorization for further medical care must be obtained from OWCP before issuing another form CA-16.

4. Authorizing Medical Care for Injuries Incurred During Travel Status. Emergency treatment may be obtained from the nearest qualified physician or hospital, without authorization, with the understanding that the employee or someone acting in the employee's behalf will contact the supervisor at the earliest practical time for official authorization if further treatment is needed. The supervisor should instruct an employee going on official travel to telephone, or have someone call if the employee is injured while in travel status. The employee,

or someone acting in the employee's behalf, must prepare a written notice of the injury using form CA-1, Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, and send it to the supervisor.

31.32 - Claims for Medical Expenses and Submission of Medical Bills

The OWCP-1500a, AMA Standard Health Insurance Claim form must be issued each time a form CA-16 is issued to the employee. All doctor bills that are not hospital related must be itemized and submitted on the form OWCP-1500a to the reporting official (compensation specialist) for submission to OWCP.

If it is necessary for an employee to pay any medical expenses resulting from a job related injury or disease/illness, the employee may submit a claim for reimbursement to the reporting official (compensation specialist) by using form OWCP-1500a. Prescription receipts for which the employee wishes to claim reimbursement must contain the name of the drug.

Government medical facilities and private physicians, hospitals, or other vendors may submit bills directly to OWCP. However, with the exception of hospitals, charges must be itemized on the OWCP-1500a.

The reporting official (compensation specialist) uses Form FS-6100-34, "Transmittal and Acknowledgment Record for OWCP Cases," to submit claims to the appropriate OWCP district office.

31.33 - Claiming Transportation Away From the Immediate Area

Contact the OWCP district office for instructions and authorization before the employee travels away from the immediate area to secure medical or hospital treatment, appliances, supplies or medical examination. Generally, within 25 miles is considered to be a reasonable distance to travel.

Claim for reimbursement for costs and necessary expenses may be submitted by the employee to the compensation specialist when the means of transportation is not furnished by the Government. Incidental expenses may, in some cases, include lunch, parking, motel, an attendant (spouse, if necessary), but must be necessary and reasonable. Claims for these expenses should be submitted on Form AD-616, Travel Voucher, and Form AD-617, Travel Voucher-Continuation Sheet. It is helpful to have the physician certify that the dates are correct. However, OWCP can usually determine this information from their case file.

32 - Notice of Injury and Claims for Compensation, Administrative Procedures

See 5 U.S.C. 8101, available in all unit personnel offices in FSH 6109.41 - FPM 990-1, book 1, section 8101, and 20 CFR 1, part 10.5, available from the Government Printing Office as 20 CFR 1, and Federal Personnel Manual, chapter 810, Injury Compensation, for complete statutory and regulatory definitions and usages of terms as provided by Federal law and regulations. Also see appendix A for employees' appeal rights under the FECA. Examples of situations requiring action and procedures to follow are in exhibit 01.

32 - Exhibit 01

SOME TYPICAL SITUATIONS

In case of

Do this

1. Minor injury. No medical treatment

Have the employee, or someone acting on the employee's behalf, complete the "Employee's Notice of Traumatic Injury" part of form CA-1 within 30 days--48 hours if possible--after the accident. The supervisor should review the "Notice of Injury" part of the form CA-1 immediately. Then the supervisor forwards it to the personnel office to be filed in the employee's OPF. Failure to do so may mean denial of employee's claim if injury leads to serious trouble later.

In case of

Do this

2. Notice of Occupational Disease/Illness. No medical treatment

Have the employee, or someone acting on the employee's behalf, submit Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation. The supervisor should review the employee's "Notice of Occupational Disease" part of form CA-2 and immediately forward it to the personnel office to be filed in the employee's OPF. Failure to do so may mean denial of employee's claim if disease/illness leads to serious trouble later.

3. Disability lasting not more than 3 days. Injury requires medical treatment by duly qualified physician of the employee's choice. Time lost is not more than 3 days. See item 4 for continuation of pay. The employee in this case would also be eligible for COP if it were a traumatic injury.

Prepare form CA-16 for initial treatment with original and one copy of form CA-16 to a duly qualified physician of the employee's choice. Also issue the employee form OWCP 1500a for the physician. The attending physician will forward both forms directly to OWCP. Have form CA-1 or form CA-2 completed within 48 hours. Then forward CA-1 or -2 to reporting official for submission to OWCP. Prior approval by OWCP is required for occupational illnesses and diseases--item 7 on form CA-16.

32 - Exhibit 01--Continued

In case of

Do this

4. Disability covered by COP. Injury is fairly serious. An extended absence from work will probably be required. Put employee on COP immediately.

Prepare form CA-16 and form OWCP 1500a for initial treatment. Prepare form CA-1 as in case 1. Put employee on COP (for up to a 45-calendar-day period). Prepare form CA-3 upon employee's return to duty. Have employee and physician complete form CA-17 as often as needed and reasonable.
5. Disability involving compensation. Employee has injury and is put on COP for 45 calendar days. Occupational disease/illness -- put employee on LWOP.

Prepare form CA-16, form CA-1, or form CA-2, and form OWCP 1500a as appropriate (see item 3 above). If it appears that disability will continue beyond the 45 calendar days, the supervisor must submit form CA-7 to the employee after 30 days of COP. The employee must complete and have the physician complete a portion of form CA-7 and submit it to the reporting official for submission to OWCP within 5 calendar working days following the end of the 45 calendar days of COP. Disability beyond the 45 calendar days of COP is subject to a 3-day waiting period. Prepare and forward form CA-8 every 2 weeks for continuing compensation.

The employee with occupational disease is put on LWOP or sick leave, if desired. Compensation cannot be paid by OWCP until there is loss of wages subject to 3-day waiting period. Submit form CA-4 to claim compensation.

Prepare form CA-3 when employee returns to duty. Make appropriate notation on form CA-3 to cover health benefits and optional life insurance enrollments.

32 - Exhibit 01--Continued

<u>In case of</u>	<u>Do this</u>
6. <u>Injury requiring emergency medical treatment.</u> Employee's condition is serious and every minute counts.	Secure prompt treatment from the nearest qualified physician or hospital. This is the most important thing. Call an ambulance if necessary. Prepare and forward form CA-16 and form OWCP 1500a to the medical facility within 48 hours. Have a form CA-1 or form CA-2 prepared in every case; other forms may be necessary depending on the circumstances.
7. <u>Recurring disability.</u> Employee returned to work after injury, following treatment and discharge. Later, employee complains of a recurrence of the disability.	If more than 6 months have passed since discharge, OWCP approval must be obtained before authorizing further treatment. Another form CA-16 and form OWCP 1500a may be necessary. Prepare form CA-2a and form OWCP 1500a. Show clearly when employee stopped work again, as there may be entitlement to additional COP. If the recurrence occurs more than 6 months from the date of the injury and if more than 6 months have passed since the apparent recovery, or if there is reason to doubt that present disability is due to the injury, request instructions from OWCP.
8. <u>Doubtful compensable disability.</u> Injury requires treatment but there is doubt whether circumstances of the injury would entitle employee to benefits under the FECA.	Contact OWCP first and, if they approve, check item 6B of form CA-16. Employee will take form CA-16 and form OWCP 1500a to a duly qualified local physician of personal choice. The physician will forward both forms to OWCP. Prepare statement giving facts and reasons for doubt as to compensability; attach this to a copy of form CA-16 and forward immediately to OWCP. Put the name of the OWCP official authorizing medical treatment on form CA-16. Have form CA-1 or form CA-2 prepared, whichever is appropriate, as in items 1 and 2.

32 - Exhibit 01--Continued

In case of

Do this

Be guided from this point by advice received from OWCP.

If employee returns to duty before advice is received, prepare and forward form CA-3.

9. Certain permanent disabilities.

Employee's injury resulted in loss, or loss of use, of some part of the body, or in disfigurement of face, head, or neck.

Refer to the schedule of payments in Appendix C.

Payment for functional loss or dismemberment of certain bodily parts may be paid after maximum medical improvement has been reached and after periods of compensation for temporary total disability.

These scheduled payments may be made even though the employee has returned to work.

Have form CA-1 prepared within 48 hours. Use form CA-7 to make claim for this type of compensation. Other forms will depend on circumstances in this case.

10. Injury involving third party. An employee on duty at a Government warehouse is injured by a responsible third party.

Prepare form CA-16 and form CA-1 or CA-2 and form OWCP 1500a. Prepare detailed statement telling all facts connected with the accident as far as you have been able to determine them and attach to form CA-1 or form CA-2 for forwarding to OWCP. Inform employee of the regulations in third-party cases. Caution employee not to sign any papers which would release the third party from possible legal liability. OWCP will investigate the possibility of legal action if the injury results in any disability.

Prepare other forms as necessary, according to future developments. Your personnel office will inform the appropriate Forest Service fiscal officers of the involvement of a third party.

32 - Exhibit 01--Continued

In case of

Do this

11. Death. Employee dies as a result of an injury or occupational disease in the line of duty.

Notify OWCP immediately, giving brief account of what happened. Prepare form CA-1 or form CA-2 as appropriate. A copy of any supervisory communications with OWCP in regard to claims for job-related heart attacks must be forwarded to OWCP.

The supervisor shall promptly report death on Form CA-6, Official Supervisor's Report of Employee's Death. When form CA-6 is used, neither form CA-1 nor form CA-2 is required.

A certified copy of the death certificate and the autopsy report, if there was one, should be submitted with form CA-5 or form CA-5b to the reporting official. Furnish information to beneficiary regarding benefits of the FECA. Help in preparing compensation claim on form CA-5 or form CA-5b.

Forward all forms to the reporting official for submission to OWCP.

12. Occupational disease/illness. Employee develops symptoms suggestive of occupational disease which may be attributed to the work environment or exposure; or occupational disease is expected for other reasons.

Contact the OWCP district office for authorization for examination or treatment--item 7 on form CA-16. Prepare form OWCP 1500a. Send the employee to a duly qualified local physician of his choice. Prepare form CA-2; inform employee that detailed information is necessary to establish a connection between a disease and occupational exposure. Tell employee to include a complete description of working conditions, length of exposure, hours worked, suspected causative agent, substance or substances, date of first recognizable symptoms, and any other facts bearing on the claim.

Make thorough investigation of the circumstances of the case. Cover all pertinent facts.

32 - Exhibit 01--Continued

In case of

Do this

Send form CA-2 and a copy of form CA-16 to the reporting official for submission to OWCP. Be guided from this point by advice from OWCP.

Use form CA-4 to make claim for loss of wages due to occupational disease/illness.

If employee loses time from work, but returns before advice is received, prepare form CA-3 and forward it to OWCP.

32.1 - Statutory Time Requirements

1. Notice of Injury. An employee is required to give his or her supervisor (official superior) written notice of injury on Form CA-1, Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, within 30 days after a work related injury. Compensation may be denied if notice of injury is not given within 30 days, or if the supervisor does not have actual knowledge of the injury.

2. Notice of Occupational Disease/Illness. An employee is required to give the supervisor (official superior) written notice of an occupational disease/illness, on Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation, within 3 years of the date when the employee first became aware of a causal relationship between the disease/illness and the employment, or the date of last exposure (whichever is later.)

3. Claim for Compensation. A claim for compensation filed within 3 years after the injury will satisfy the time requirements for giving notice. See exhibit 01, sec. 32.2 for more details.

a. Claim for Disability Compensation. If, however, the supervisor had actual knowledge of the injury within 30 days, or if written notice was given within 30 days, compensation is allowed regardless of whether a written claim was made within 3 years after the injury.

b. Claim for Death Compensation. If the employee dies, a written claim for compensation by or on behalf of the dependents is required before compensation may be paid. The claim is to be filed within 3 years after the death, or written notice was given to the supervisor within 30 days. Also, the timely filing of a disability claim because of an on-the-job injury will satisfy the time requirements for a death claim based on the same injury.

c. Minors and Incompetents. The time limitations do not apply to:

(1) A minor until attaining the age of 21 or a legal representative is appointed.

(2) An incompetent during the period of incompetency and while there is no duly appointed legal representative.

d. The time limitations do not apply in the case of a person whose failure to comply is excused on the ground that the notice could not be given because of exceptional circumstances.

32.2 - How To File a Notice of Occupational Injury or Disease/Illness

Whenever an employee incurs a traumatic injury or occupational disease/illness which the employee believes to have occurred while in the performance of duty, the employee must

Forest Service Handbook 6109.12 – Employment and Benefits Handbook

Chapter 30 - Injury/Illness Compensation

Amendment: 6109.12-1992-3

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immediately give written notice to the supervisor (official superior). See ex. 01, sec. 32 and ex. 01 in this section for more details

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32.2 - Exhibit 01

FORM NO.	FORM TITLE	PURPOSE	CHAPTER REFERENCE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORM SENT TO
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation	Notifies Official Superior (supervisor) of traumatic injury and furnishes the Official Superior's report to ODCP when (1) the employee has sustained a traumatic injury which is likely to result in any medical charge against the compensation fund; or (2) the injured employee loses time from work on any day following the injury date-whether the time from work is charged to the leave record or the employee chooses to receive continuation of pay; (3) prolonged treatment is received on off-duty hours; (4) disability for work may subsequently occur; (5) permanent disability appears likely; or (6) serious disfigurement of the face, head, or neck is likely to result.	31.21, 32.21, 32.23, 32.4, 32.14, 33.15, 35.2, 35.41, item 3, 36, item 3, 37	Employee or someone acting on employee's behalf; witness if any; and supervisor	By employee within 2 working days, but will meet statutory time requirements if filed no later than 3 years after the injury. By supervisor, within 2 working days following receipt of the form from the employee.	Supervisor, by employee or someone acting on employee's behalf, then to the reporting official by the supervisor for submission to the appropriate ODCP office.
CA-2	Federal Employee's Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and furnishes the Official Superior's report to ODCP when (1) the disease is likely to result in any medical charge against the compensation fund; or (2) the employee loses time from work on any day because of the disease-whether the time from work is charged to the leave record or the employee chooses to claim injury compensation; (3) prolonged treatment is indicated-even if the treatment is received on off-duty hours; (4) disability for work may subsequently occur; (5) permanent disability appears likely; or (6) serious disfigurement of face, head, or neck is likely to result.	32.1, 32.21, 32.23, 32.4, 33.23, 35.41, item 3, 36, item 3, 36.6, 37	Employee or someone acting on employee's behalf; witness if any; and supervisor	Within 30 days, but will meet statutory time requirements if filed no later than 3 years after the injury, by supervisor immediately after receipt of the form from the employee.	Supervisor, by employee or someone acting on employee's behalf, then to the reporting official by the supervisor for submission to the appropriate ODCP office.
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation	Notifies ODCP that an employee, after returning to work, is again disabled due to a prior injury or occupational disease previously reported. It also serves as a claim for continuation of pay or for compensation based on the recurrence of a previously reported disability.	33.24	Supervisor	Immediately upon receiving notice that the employee has suffered a recurrence. When the employee stops work as a result of recurring disability, the employee shall advise the supervisor whether he/she wishes to continue to receive regular pay provided qualifications are met or charge the absence to sick or annual leave.	Reporting official, then to the appropriate ODCP office.
CA-3	Report of Termination of Disability and/or Payment	Notifies ODCP that disability from injury has terminated and/or that continuation of pay has terminated and/or that employee has returned to work.	33.16, 33.23, 34.23a, 34.71	Supervisor	Immediately after the disability or continuation of pay terminates or the employee returns to work.	Reporting official, then to the appropriate ODCP office.
CA-4	Claim for Compensation on Account of Occupational Disease	Claims compensation for an occupational disease when injury results in (1) loss of pay for more than 3 days; (2) permanent disability involving the total or partial loss, or loss of use of an extremity of the body (or hearing or vision), or certain other external or internal organs of the body or serious disfigurement of face, head, or neck; or (3) loss of wage-earning capacity. Claims augmented compensation based on a dependent.	33.25, 33.24, 33.25, 33.26, 33.28a, 34.23, 34.71, 34.8	Employee or someone acting on employee's behalf; supervisor, and attending physician (on attached form CA-20)	In case of prolonged disability due to occupational disease, the form may be submitted without delay after pay stops. In cases of limited disability, it is to be submitted 10 days after pay stops or when the employee returns to work if the disability is less than 10 days and pay was lost for more than 3 days.	Supervisor, by employee or someone acting on employee's behalf, then to the reporting official by the supervisor for submission to the appropriate ODCP office.

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32.2 - Exhibit 01--Continued

FORM NO.	FORM TITLE	PURPOSE	CHAPTER REFERENCE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORM SENT TO
CA-5	Claim for Compensation by Widow, Widower and/or Children.	Claims compensation on behalf of these dependents when injury results in death.	35.3	Widow, Widower and/or children	Within 30 days, if possible, but not later than 3 years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing death claim have been met.	Supervisor, by claimant or someone acting on claimant's behalf, then to the reporting official for submission to the appropriate ODCP office.
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren.	Claims compensation for these dependents when injury results in death.	35.3	Person claiming compensation (or guardian on behalf of children) and attending physician	Within 30 days, if possible, but not later than 3 years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing death claim have been met.	Supervisor, by claimant or someone acting on claimant's behalf, then to the reporting official for submission to the appropriate ODCP office.
CA-6	Official Superior's Report Of Employee's Death	Notifies ODCP of the employment-related death of an employee.	35.3	Supervisor	Immediately upon knowledge by supervisor of the employment-related death of an employee.	Reporting official, then to the appropriate ODCP office.
CA-7	Claim for Compensation on Account of Traumatic Injury	Claims compensation based on a traumatic injury if (1) medical evidence shows disability is expected to continue beyond 45 days and injury compensation is claimed after expiration of the period; or (2) the traumatic injury resulted in permanent disability involving the total or partial loss or loss of use of an extremity of the body (or hearing or vision) or certain other external or internal organs of the body or serious disfigurement of the face, head, or neck; (3) loss of wage-earning capacity. Also claims augmented compensation based on a dependent.	33.23, 33.25, 33.26, 34.23a, 34.8	Employee or someone acting on employee's behalf; supervisor, and attending physician (on attached form CA-20)	In case of traumatic injury the form must be completed and filed with ODCP not more than 5 working days after the termination of the 45 days.	Supervisor, by employee or someone acting on employee's behalf, then to the reporting official for submission to the appropriate ODCP office.
CA-8	Claim for Continuing Compensation on Account of Disability	Claims compensation when loss of pay continues beyond the time covered by the claim on form CA-4 or CA-7.	33.23	Employee or someone acting on employee's behalf; supervisor, and attending physician (on attached form CA-20a)	Each two weeks after filing of form CA-4 or CA-7.	Supervisor, by employee or someone acting on employee's behalf, then to the reporting official by the supervisor for submission to the appropriate ODCP office.
CA-16	Request for Examination and/or Treatment	Authorizes an injured employee to obtain examination and/or treatment at the employee's option from a U.S. medical officer or hospital if available or--from any duly qualified local physician (or surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or with certain limitations, chiropractor) or hospital. May also be used for illness or disease if prior approval is obtained from ODCP. Provides ODCP with initial medical report and physician or medical facility with billing form. It should be noted that the injured employee has only the initial option to select a physician or hospital of his/her choice.	31.31, 33.24	Part A--By Supervisor Part B--Attending Physician	Part A--By supervisor, reporting official (compensation specialist) in duplicate, immediately in case of an emergency, or within 4 hours of an employee's request or within 48 hours after first examination and/or treatment. Part B--By attending physician or medical facility as promptly as possible after initial examination.	Part A--Physician or medical facility. Part B--Appropriate ODCP office.
CA-17	Duty Status Report	In traumatic injury cases, provides supervisor and ODCP with interim medical statement containing information as to employee's ability to return to any type of work.	30.43, 33.16	The supervisor and the attending physician	Promptly upon completion of examination or most recent treatment.	Original to the reporting official and copy to appropriate ODCP office.

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32.2 - Exhibit 01--Continued

FORM NO.	FORM TITLE	PURPOSE	CHAPTER REFERENCE
CA-20	Attending Physician's Report	Provides medical support of claim and is attached to forms CA-4 and CA-7; provides OMC with medical information.	33.1b, 33.23
CA-20a	Attending Physician's Supplemental Report	Provides OMC with additional medical information in connection with supplemental claim filed on attached form CA-8.	33.21, 33.23
OMC 1800a	AHA Standard Health Insurance Claim Form	Provides OMC with uniform billing form to facilitate payment of medical bills. The form should accompany the CA-1b when employee is referred to a physician.	31.32

PREPARED BY	WHEN SUBMITTED	COMPLETED FORM SENT TO
The supervisor and the attending physician.	Promptly upon completion of examination or most recent treatment.	Reporting official, then to appropriate OMC office.
The supervisor and the attending physician.	Promptly upon completion of examination or most recent treatment.	Reporting official, then to appropriate OMC office.
The attending physician. Employee must sign in item 12.	Promptly upon completion of examination or treatment, physician may submit in usual billing cycle.	Reporting official, then to appropriate OMC office.

32.21 - Employee Responsibility

The injured employee must immediately report to the supervisor any injury or occupational disease/illness suffered during work, even if the injury or disease/illness did not require immediate medical treatment. An employee is required to give the supervisor written notice of injury on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, within 30 days after a work-related injury. Failure to give written notice within 30 days may cause loss of certain benefits. Use Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation, to report an occupational disease/illness. Instructions for form preparation and requirements for their submission are attached to the forms.

32.22 - Supervisor's Responsibility

The supervisor should carefully review the employee's entries. If any further information is required, it should be obtained. If there is a witness, the supervisor should have the witness complete item 17 on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, or Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation. The supervisor should complete the supervisor's portion of form CA-1 or form CA-2 and forward the form to the reporting office serving the unit. The supervisor must decide if COP should be controverted. To controvert, complete item 42 of Form CA-1, Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (section 33.15).

32.23 - Reporting Unit

When a report of injury or occupational disease is received, the employee's duty station office shall submit a written report of the injury on form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, or form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation, to the reporting official for submission to the appropriate OWCP district office within 2 working days if:

1. The employee is disabled for work beyond the day or shift the injury or occupational disease/illness occurred.
2. The injury or occupational disease/illness will result in a charge for medical or other related expenses.

If the injury must be reported to an OWCP district office, a copy of form CA-1 or form CA-2 must be filed as a permanent part of the employee's official personnel folder. If the injury does not need to be reported to an OWCP district office, the original of form CA-1 or form CA-2 must be filed as a permanent part of the employee's official personnel folder.

However, some reports of injury or disease/illness record aggravation of a pre-existing condition. If the injury or disease/illness is known to be an aggravation of a preexisting condition, the employee must provide full details showing how the work worsened the condition. Furthermore,

the employee must provide a complete medical history, particularly concerning the preexisting condition.

Coverage of other injury or disease/illness cases may be doubtful. Doubtful cases include such things as rupture of internal organs caused by a blow, back strain, heart attack, stomach disorders, nervousness, some cases of rheumatism, and various illnesses either incidental to the work or contracted under unusual situations. In all cases, complete facts must be submitted to OWCP. The employee has an undeniable right to submit a claim.

32.24 - Interagency

1. The supervisor of an employee who suffers a job-related injury or disease/ illness while assigned to another agency shall request that OWCP requirements be initiated by the receiving agency until the employee returns to the home unit. The employee or someone acting on the employee's behalf shall notify the home unit of the injury or illness.

2. In lost workday injuries, diseases, illnesses, or fatalities, the receiving agency should immediately notify the home unit to agree on what each will do. If representatives of the home unit cannot be reached, the receiving agency shall initiate action required by OWCP.

3. In a job-related fatality case occurring in another agency, the home unit shall send a representative for its deceased employee to help the receiving agency in OWCP matters. The Office of Workers' Compensation Programs procedures shall be initiated for the other agency's deceased employee by the receiving agency and transferred to the home unit representative upon arrival.

32.3 - Report Management and Processing

32.31 - Contacting Office of Workers' Compensation Programs and Report Submission

The reporting office serving the injured employee shall assist the employee, when requested, by following up with the OWCP district office to see that sufficient information is available, that any discrepancies are clarified, and that delays are avoided. When it is necessary to contact an OWCP district office by telegraph or by telephone to obtain the status of a compensation case, state the employee's name, the case number if it is known, date of injury, and that he or she is a Forest Service employee. See appendix B for a listing of OWCP district office addresses.

1. Preparation of Reports. The reporting office must verify that all reports are complete and signed and that repetitive statements of day and date, time of injury, date employee stopped work, date pay stopped, and rate of pay agree. Discrepancies shall be explained.

Special procedures for preparing reports for employees detailed to other units are:

- a. The initial OWCP reports for detailers will be completed to the extent possible by the detail unit where the injury occurred. If appropriate, payments for COP will be initialed by the detail unit.

- b. When the employee returns to the home unit, the home unit will complete any reporting not yet completed by personnel at the unit where the injury occurred. The home unit will continue to complete any additional reports needed and will make payments for COP when appropriate.
- c. The detail unit on which the injury occurred will transmit its file material to the employee's home unit.
- d. How to handle COP expenditures will be an administrative decision between the two units. Ordinarily, the expenditure would be covered by the unit covering salary costs.

2. Reporting Codes and Submission. The reporting office shall forward reports directly to the OWCP district office serving the area of the employee's home unit. Each compensation form submitted by the Forest Service shall have stamped, in the upper right corner, the following: "USDA-Forest Service" and the proper reporting code number including the chargeback alpha code. Use the following reporting code numbers:

Job Corps (Enrollees)	1142
YCC (Enrollees)	8629
All other Forest Service	8625
Older American Program (Enrollees)	8638
Forest Service Volunteers	8640

The transmittal must also provide the address of the reporting office to which case correspondence should be addressed. If an employee suffers a job-related injury or disease/illness while on detail, follow special procedures outlined in items 1 and 2 of this section.

- a. Transmittal. Use part A of form FS-6100-34, Transmittal and Acknowledgment Record, for OWCP Cases for transmittal of all forms to the OWCP. Doing so insures that: (1) all required forms are enclosed and (2) the supervisor's signature on the transmittal will be acceptable to OWCP if the supervisor's signature required on other forms is missing. However, all forms must be signed by the employee or a designated representative. When the transmittal is made by a unit to which the employee was detailed when injured, the detail unit must notify the employee's home unit immediately by sending a copy of the initial form FS-6100-34 so that the home unit can set up an injury case file.
- b. Acknowledgment. If the initial reports are sent to OWCP on form FS-6100-34, Transmittal and Acknowledgment Record for OWCP Cases, OWCP will send the reporting unit and the employee a post card with the OWCP file number.

This file number shall be posted to the records kept at the employee's home unit and should be used on all subsequent correspondence and contacts with the OWCP district office.

32.32 - Use of Forms in Reporting

See exhibit 01, sections 32 and 32.2 for more details regarding the forms.

32.4 - Recordkeeping

1. Privacy Act. All records, files, medical and other reports, statements of witnesses and other papers relating to the injury, occupational disease/illness, or death of an employee are official records of the OWCP, not Forest Service records. Forest Service employees shall not disclose information from or pertaining to such records to any person, except upon the written approval of the OWCP (20 CFR 10.10 and appendix D). However, both Houses of Congress are specifically excluded from the provisions of the Privacy Act.

2. Official Personnel Folder. A copy of form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation, must be filed permanently on the right side of the OPF for every injury or disease/illness, no matter how minor. This will provide a complete history of each employee's job-related injuries or diseases/illnesses and will help protect the employee's rights if either a need for medical attention or a loss of income later develops as the result of a minor injury. If the case is not sent to OWCP, the original form CA-1 or form CA-2 will remain a permanent part of the OPF. If the case is sent to OWCP, either initially or later, the original form CA-1 or form CA-2 will be sent to OWCP with a copy to the OPF. The form CA-1 or form CA-2 should be forwarded by the office handling the case to the office maintaining the OPF, for file purposes, if the OPF is in a different office.

3. Injury Case File. The reporting office shall keep a separate case file (6180) for each injury or occupational disease/illness case submitted to OWCP. These case files must be secured as "For Official Use Only" files. These files are separate and distinct from files kept for accident investigations (FSM 6700). Each file should contain copies of all related forms and correspondence sent to the OWCP. The case file must be kept open as long as there is any activity relating to the case.

a. When Employee Is Transferred. When an employee is transferred to another Forest Service unit, the injury case folder shall be transferred to facilitate handling future claims.

b. Handling Injury Case Files When Injury Occurs During Detail to Another Unit. If an employee is injured during a detail to another unit, that unit will be responsible for initiating all pertinent OWCP forms while the employee remains on the detailed unit. The employee's home unit will set up the permanent injury case folder for the employee. This has nothing to do with charging the unit with the injury. When the detailed employee returns to the home unit, the material relating to the case will be forwarded to the home unit. The detail unit will retain information needed to facilitate handling unpaid bills and reports.