

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

The instruction below are to be utilized on wildland fires or other emergency incidents. This document address all work related injuries and illnesses while on an incident assignment.

**1. Provide medical Treatment**

- 1.1. First priority is to get emergency medical care, if necessary. Emergency rooms accept all insurance carriers and Department of Labor Office of Workers' Compensation Program (DOL OWCP) will honor their bills.

**2. Form CA-16 Authorization for Examination and/or Treatment process (Attachment 1) Contact HRM-WC for the most current CA-16.**

- 2.1. Only Forest Service Workers' Compensation (FS-WC) personnel or the following incident personnel: Compensation Unit Leader (COMP), or a Finance Section Chief (FSC) **are authorized to issue Form CA-16** for Federal Government and Administratively Determined (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 referenced incident personnel outside Human Resources Management (HRM) regular business hours (Monday – Friday, 0700 – 1700, Mountain Time). Contact HRM Contact Center with 48 hours after medical treatment or on the next business day, for issuance of CA-16 by FS WC to the medical provider.
- 2.3. Use the “Decision tree” (Attachment 2) for guidance on the appropriate issuance of the CA-16.
- 2.4. **NEVER** issue a Form CA-16 for Occupational Diseases.
- 2.5. **NEVER** issue a form CA-16 or Agency Provided Medical Care (APMC) to pay for **non-work** related medical care at the incident. Non-work related treatment is the employee's responsibility and they must arrange payment with the medical provider. Contact HRM–WC if in doubt about work- relatedness.
- 2.6. DOL OWCP does not allow the issuance of a Form CA-16 if more than 7 calendar days have passed since the date of injury. For incurred medical expenses to be covered, advise employees a claim must be filed and accepted by DOL-OWCP.
- 2.7. Once a DOL-OWCP claim number has been established it is the responsibility of the injured/ill employee to provide the claim number to the medical providers for payment
- 2.8. 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 DOL-OWCP by using the Claim for Medical Reimbursement form [OWCP-915](#). This should only be used if there are no pharmacies that accept the DOL-OWCP fee schedule.

- 2.9. COMP or FSC should provide [Information to Medical Providers](#) (Attachment 3) to all treating medical providers for information regarding their participation in Federal Workers' Compensation programs.

Personnel on an incident without a COMP or FSC assigned must contact HRM-WC to have form CA16 Authorization for Examination and/or Treatment issued.

- 2.10. Call the HRM Contact Center at 877-372-7248, select option "2" for HRM during regular business hours Monday – Friday, 0700-1700 Mountain Time (MT) or the next business day following a weekend or holiday.
- 2.11. State you have an injured worker and are requesting authorization for medical treatment. Please be ready to provide the name and fax number of the treating facility, and specific information about the type/location of injury.
- 2.12. Remind injured/ill employees they are responsible for all costs incurred unless the claim has been filed and accepted by DOL OWCP.
- 2.13. In order for a claim to be accepted, all supporting medical documentation must be countersigned by a Medical Doctor (MD) or Doctor of Medicine (DO) if treatment is provided from a Nurse Practitioner (NP) or Physician Assistance (PA), per DOL regulation.

### **3. Catastrophic or Serious Injury**

- 3.1. A catastrophic injury has the potential to cause loss of life or limb, involves multiple broken bones, serious burns, or involves multiple victims during one incident, such as a vehicle accident. These injuries are considered catastrophic due to the enormous impact they have on the lives of the individuals who experience them, including but 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 with spinal cord injuries or severe burn injuries which in turn affects many other system of the body.
- 3.2. When serious injuries occur, the COMP or FSC will call HRM Contact Center immediately at 877-372-7248, select option "2" for HRM to discuss the next action to be taken. If the injury occurs outside of regular business hours, which are Monday – Friday, 0700-1700 MT, the COMP or FSC should call on the next business day. This contact allows the transition from the incident team to the FS WC to flow smoothly.

### **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, MRI's, burn treatment, or treatment involving lost time or follow-up treatment.
- 4.2. Injured employees should be advised of the difference between APMC and DOL-OWCP, and given the choice to file an OWCP claim and have treatment authorized utilizing the CA-16, if appropriate (see Attachment 2) or use APMC.

4.3. For more guidance regarding work-related injuries, incident personnel may call the HRM Contact Center at 877-372-7248, select option “2” for HRM, during regular business hours, Monday – Friday 0700-1700 MT, or the next business day following a weekend or holiday.

**5. All injuries/illnesses must be reported in the Integrated Safety and Health Workers’ Compensation Case Management Program, known as eSafety**

**NOTE:** If you do not have access to [ConnectHR](#) (using eAuthentication), you can report your incident and file a Workers’ Compensation claim by [CLICKING HERE](#)

**NOTE:** The certifying supervisor **must** be a Forest Service employee to certify the incident on behalf of the agency, and therefore must have authenticated access to eSafety via [ConnectHR](#)

5.1 The following fillable forms can be used to record immediate documentation, however the claim is not filed until it is entered in eSafety.

CA-1 [Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation](#) (Attachment 4)

**NOTE:** Dehydration, heat exhaustion, smoke inhalation and tick bites are to be filed on a CA-1 and a CA-16 can be issued. In order to generate a CA-1 in eSafety the following two questions in eSafety must both be answered as “YES”.

**Did this incident occur within one work day or Shift? Yes (pick a date)**

**Was the condition caused by external impact to the body or physical stress or strain? Yes**

If either of these questions is answered NO a CA-2 will be generated. If ever in doubt call HRM-WC for guidance 877-372-7248, option 2

5.2. CA-2 [Notice of Occupational Disease and Claim for Compensation](#) No Form CA-16 shall be issued for an Occupational Disease claim. Please refer to the Decision Tree. If in doubt call HRM-WC for guidance. (Attachment 5)

**5.2 Employees (or person acting on their behalf)**

5.2.1 To report an injury/illness, access [ConnectHR](#), then select eSafety from the left-hand menu to create a new incident. At the end of the intake interview, you or the person reporting on your behalf will be asked if you wish to file a claim. **In order for a claim to be generated this question must be answered as “YES”.** Mandatory fields in eSafety are marked with a red asterisk (\*) and must be completed.

5.2.2 If the employee or the person reporting on their behalf would like to file a claim with DOL OWCP they should select “YES”. The system will then generate the appropriate CA Form, either a CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay, or CA-2, Notice of Occupational Disease and Claim for Compensation. Upon completion of the incident report, eSafety automatically sends a notification to the supervisor identified at the time of the incident and or supervisor of record, if different, letting them know they have 48 hours to review and certify the incident.

- 5.2.3 If the employee, or person reporting on their behalf, selects “NO” the system will generate the appropriate CA-1/CA-2 and transmit a notification to the supervisor identified at the time of the incident and/or supervisor of record, if different, for a review and certification. The incident will remain in the system as “precautionary” only and will not be processed to DOL OWCP. If at any time the employee wants the incident changed from “precautionary “ to a claim they should call HRM-WC to request the change.
- 5.2.4 Once a claim number has been established it is the employee’s responsibility to provide the DOL-OWCP claim number to the medical provider(s) for payment. The employee can find the DOL-OWCP claim number from correspondence sent to them by DOL-OWCP, or by contacting the FS-WC at 877-372-7248, option 2, or by looking up the HR Help ticket number. It is important for employee to send their claim number to providers of medical transportation (ambulance, life flight), physicians and other providers that do not receive payment.

### 5.3 Supervisor

- 5.3.1 Supervisor will receive an email notification with a link to incident requiring their action.

**NOTE: Supervisor must log into eSafety first, for the link to work correctly via [ConnectHR](#)**

- 5.3.2 Complete supervisor section, preview the form generate, then “**save changes**” to ensure the information you entered is captured in the electronic record, and certify the record
- 5.3.3 Once certified, print the form, wet-ink sign and gather the employee’s signature (or person reporting on their behalf) and send the signed form, CA-16 and any supporting medical documentation to HRM-WC via fax at 866-339-8583 or scan and email to [FS-HRM Workers Compensation](#) Please fax or scan only one claim at a time.
- 5.3.4 The original documents are provided to the employee for their records, including the CA- 1/CA-2, a copy of the CA-16 if applicable and supporting medical documentation.
- 5.3.5 If the injury/illness requires continuing medical care and the injured/ill employee is unable to work, release the injured/ill employee to their home unit as soon as possible. **Do not keep injury/ill employee in camp.**

### 5.4 FS Workers’ Compensation

- 5.4.1 FS HRM-WC reviews, finalizes, and submits forms to DOL-OWCP.
- 5.4.2 FS HRM-WC provides case management after the filing process is complete. This injured worker and supervisor should receive contact information from a case manager shortly after filing paperwork. If not, please contact HR Help 877-372-7248 option 2 to follow up.