



Human Resources Office Pensacola, Florida

Worker's Compensation Handbook

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TABLE OF CONTENTS

MEMORANDUM FOR SUPERVISORS OF CIVILIAN EMPLOYEES

SECTION I:

SUPERVISORY RESPONSIBILITIES

SECTION II:

PROCEDURES FOR PROCESSING CLAIMS AND REQUIRED INJURY FORMS

SECTION III:

CONDUCTING INVESTIGATIONS OF JOB INJURIES

SECTION IV:

GUIDANCE FOR PROVIDING LIGHT DUTY

SECTION V:

WHEN TO AUTHORIZE/CONTROVERT CONTINUATION OF PAY (COP)

SECTION VI:

EMPLOYEE RESPONSIBILITIES

SECTION VII:

HRO RESPONSIBILITIES

FORMS LIST

MEMORANDUM FOR SUPERVISORS OF CIVILIAN EMPLOYEES

SUBJECT: Office of Workers' Compensation Program (OWCP)

This pamphlet was developed by the Human Resources Office, Workers' Compensation Branch, Pensacola, FL, for the purpose of providing supervisors with a composite source of information needed to carry out their responsibilities under the Federal Employees' Compensation Act (FECA). This pamphlet is intended to:

- a. Furnish information, which will increase emphasis on controlling job injuries.
- b. Provide information on policies or procedures that have been implemented because of this increased emphasis.

As a supervisor, you play an essential role in reducing job injuries and illness in the workplace. Each supervisor is responsible for maintaining a safe work environment and encouraging employees to be safety conscious so that we can reduce the high costs associated with job injuries. Therefore, it is important that you become thoroughly familiar with each item of responsibility outlined in this pamphlet and that you take positive action to implement all actions in your areas of responsibility.

This handbook is provided to a number of serviced areas whose situations may differ slightly; therefore, it should be understood when HRO is addressed in the handbook, the HRO Site Office should be utilized, if available, unless specifically indicated otherwise. Also, if there is a need to address Command specifics in addition to the procedures outlined in the handbook, each serviced Command should provide this information in an attached instruction prior to distribution.

Any action you have already taken towards establishing and maintaining a safe work environment is appreciated. You should work closely with your Safety Office. If you have any questions relating to job injuries you should call your Human Resources Site Office or the Workers' Compensation Office, Pensacola, FL, (850) 452-2110/4335.

SAM F. VARNEY, JR.
INJURY COMPENSATION PROGRAM ADMINISTRATOR

SECTION I.

SUPERVISORY RESPONSIBILITIES

Take the following actions when an injury occurs:

- a. Promptly process injury forms (normally CA-1). Section II contains complete information on how and when to process injury forms.
- b. Investigate the accident to determine the cause of injury and to ensure proper corrective action has been taken. Guidelines for investigating injuries are contained in Section III.
- c. Submit Form CA-1 within 2 workdays after receipt from employee. Supervisors must adhere strictly to this time frame.
- d. Provide light duty. This is vitally important if we are to reduce the number of days lost under the "Continuation of Pay" (COP) provision. In this regard, you must ensure strict compliance with the light duty requirements cited in Section IV which essentially require that you (1) maintain close contact with the claimant and the HRO, FECA Specialist to avoid any delay in determining light duty capabilities, (2) provide light duty, if at all possible, when the physician determines that the employee can perform some type of work and, (3) if no light duty is available within the section, inquire within your organization for possible light duty opportunities.
- e. Authorize or controvert COP as appropriate (see below).
- f. Stay in touch with the employees until they return

1. Authorize/Controvert, and Properly Record COP

- a. Be familiar with laws and regulations governing the program. You should know when to authorize COP and when to controvert the claim. Detailed information regarding this subject is in Section V.
- b. Ensure that your Time and Attendance (T&A) Clerk is thoroughly familiar with the procedures for recording COP. Carefully review the T&A report before submission to Civilian Pay to ensure that each COP day recorded has been authorized by you and/or the FECA Specialist and is supported by medical evidence. **(Employees must provide medical documentation as soon as it is received, but not later than 10 calendar days after the accident)** in order to continue being paid COP.

2. Report Fraud and Abuse.

- a. Fraud and/or abuse may go undetected if you fail to investigate the injury or if you fail to maintain close contact with the injured employee.

b. If, during the investigation or through subsequent actions on the part of the injured employee, you suspect that fraud or abuse is involved, you should immediately notify the HRO. There are certain procedures that must be followed in reporting fraud or abuse cases; therefore, it is important that you work closely with your HRO Workers' Compensation Office or HRO Site Office in these matters.

3. Report Potential Cases of Third Party Liability.

a. Be alert to any conditions that may constitute a third party claim. Third party claims include injuries caused by individuals and products. For example, if a piece of office furniture is defective and causes an injury, a lawsuit against the manufacturer may be appropriate. The OWCP must be notified of all the facts surrounding third party involvement so those funds can be recovered when the third party is held liable.

b. If there is indication that a third party may be involved, contact your FECA Specialist, for further guidance.

4. Support Program to Return Those on Long-Term Rolls.

a. The major source of our compensation costs can be attributed to those employees who have been separated but are still on our long-term disability rolls. Costs are also incurred for current employees who have been absent for extensive periods due to job injuries. One way to reduce these costs is to provide gainful employment to those claimants who have been found to be medically fit to perform some type of work.

b. Aggressive action by managers, supervisors, and members of the HRO Workers' Compensation Office is required to return long-term partially disabled claimants to work.

5. Provide a Safe Work Environment

a. Conduct weekly walk-through safety inspections of your work area (see Page 4 & 5). Workers' tasks that have increased potential for injury should have a Job Hazard Analysis performed.

b. Conduct monthly safety meetings for employees. Safety meetings should include discussions about any accidents since the last meeting, appropriate seasonal safety topics, or items identified as potential hazards during the weekly walk-through inspections.

c. Ensure employees report for medical examinations as scheduled.

d. Provide all new employees a safety orientation. Cover all safety items pertinent to the position.

e. Ensure compliance with Occupational Safety and Health Program procedures.

**OFFICE WORK PLACE
INSPECTION CHECKLIST FOR
SUPERVISORS**

To assist supervisors of administrative areas, the following safety checklist is provided

- a. Are aisles and passageways clear of obstruction?
- b. Are desk, file, and book case drawers closed when not in use?
- c. Are electrical cords, telephone, and electrical boxes out of walkways?
- d. Are spills cleaned up promptly?
- e. Are pencils, pens, paper clips, etc., lying on the floor?
- f. Is carpet or flooring material loose or damaged?
- g. Are walkways properly lighted?
- h. Are workstations set-up to avoid bending, twisting, and leaning backwards while seated?
- i. Are materials that must be lifted or carried stored to avoid bending or excessive reaching?
- j. Are proper lifting procedures used?
- k. Are flammables, such as cleaning fluid, solvents, etc., properly stored?
- l. Are combustible materials, such as paper, removed when no longer needed?
- m. Are hot plates and coffeepots turned off when not in use?
- n. Are potential hazards to employees from swinging doors controlled?

- o. Are files or bookcases top heavy, and do they need to be secured?
- p. Are heavy furniture movements left to maintenance personnel who are trained for this?
- q. Are repairs to electrical equipment left to qualified electricians?
- r. Are sharp office tools properly used and stored?
- s. Are stacks of paper, boxes, etc., improperly stored on the floor?
- t. Are proper stepladders used for any overhead reaching that cannot be avoided?

**CHECK LIST FOR SAFETY
ORIENTATION FOR NEW
EMPLOYEES**

This checklist may be expanded to conform to additional safety requirements, depending on the nature of the work and the environment of your area. As a minimum, however, you should cover the following items.

- a. Include in the orientation process:
 - (1) General safety policy.
 - (2) Requirements for employee safety. This includes required Personnel Protective Gear and situations unique to the work area.
 - (3) Employee's responsibilities for property and the safety of others.
 - (4) Employee's responsibilities for reporting all accidents regardless of how minor.
 - (5) Medical facilities and required treatment.
 - (6) Procedures for reporting or correcting unsafe condition or practice.

(7) Fire fighting and other emergency procedures.

(8) Job hazard analysis and accident prevention plan.

(9) Alcohol/drug abuse policy.

(10) Segregation of vehicular and pedestrian traffic.

1. Other items to be covered in the orientation are:

a. Smoking Policy

b. Explain requirements for protective clothing and equipment such as safety shoes, gloves when handling material, hearing protection, etc.

c. Discuss housekeeping in terms of keeping floors free of oil; cleaning up spills; keeping aisles clear; putting tools away when not in use; placing scrap in proper containers, etc.

d. Explain specific hazards as they relate to the work community such as speed limits, seat belt policy, hazardous roads, and driving conditions.

e. Provide latest handouts on safety, job injuries, etc.

f. Cover general office safety, to include closing drawers, use of cords, keeping aisles clear, keeping cords out of walkways or properly covered, etc.

**SAMPLE LETTER FOR INJURED
EMPLOYEE**

1. Supervisors should maintain close contact with injured employees. This can be done by initiating a personal letter from the supervisor expressing concern for the injured employee's welfare, their importance to the mission, and wishing them a speedy recovery and return to work.

LETTERHEAD STATIONARY:

Dear (first name of employee):

This letter is to let you know that I, as well as your co-workers, miss having you on the job. We are concerned about your welfare, and hope you are satisfactorily recovering from your injury.

We consider you an important member of our team, and need you here on the job with us. We all wish you a speedy recovery.

Please stay in touch and don't hesitate to contact me if there is anything I can do to assist you in your recovery.

Signature of Supervisor

SECTION II

PROCEDURES FOR PROCESSING CLAIMS AND REQUIRED INJURY FORMS

1. Supervisors are responsible for properly handling injury claims. This section will discuss procedures you must follow when processing injury forms.
2. While there are many forms used in administering the Workers' Compensation Program, only a few are used on a frequent basis. The forms most frequently used relate primarily to that required in connection with traumatic injuries as opposed to those involving occupational injuries or disease. (A traumatic injury is defined as a wound or other condition caused by external force or strain which occurred at a specific time or place within a single day or work shift, whereas an occupational injury or disease may have occurred over a period of time).
3. Instructions in this section for completion and submission of forms will, for the most part, be limited to those used in connection with traumatic injuries. If you need information regarding use of other forms, or have questions not covered in this section, you may call the HRO Workers' Compensation Office or your HRO Site Office.
4. When an employee sustains a traumatic injury, submission of one or all of the following forms will be required.
 - a. CA-1 - Required for all traumatic injuries regardless of how minor. Includes scratches, bruises, etc.
 - c. CA-16 - Required only if medical attention is needed and there is not any doubt that an injury actually occurred. Issued only by HRO, FECA Specialist and only within the first 7 calendar days of injury.
 - d. HCFA-1500 and 1500a - To be furnished with Form CA-16 so private physician can claim medical expenses with OWCP.
 - e. CA-17 - Required only when interim medical reports are needed.
5. The OWCP has imposed strict time frames for submission of injury forms and compliance with these time requirements is closely monitored. Also, failure to timely submit injury forms could jeopardize the employee's rights and/or benefits under FECA. Therefore, you must closely adhere to the procedures and time frames established for processing these forms.

a. Form CA-1 - Notice of Traumatic Injury and Claim for Continuation of Pay.

1. Employees are responsible for furnishing written notice of injury on CA-1 as soon as possible after the injury. To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury; however, to avoid possible interruption of pay, the form should be filed within 48 hours. (Supervisors must ensure employees are made aware of this requirement).
2. The supervisor will forward the original copy directly to the HRO Workers' Compensation Office within 2 workdays of receipt. It is important that the CA-1 be forwarded directly to the HRO in order to comply with time requirements imposed by OWCP.

3. Sample copy of Form CA-1 and instructions for completion are shown Page 14a.

b. CA-16 - Authorization for Examination and/or Treatment.

1. When a job-related injury occurs, your primary duty is to see that adequate medical attention is provided the employee as soon as possible. For record purposes, send the employee directly to the base dispensary after the employee has reported the injury to you. After going to the base dispensary if the employee elects treatment by a private physician or hospital send the employee to the Workers' Compensation Office, Building 1, of the Human Resources Office or the Servicing HRO Site Office, so a CA-16 can be issued. **This applies to non-emergency cases only.** If the employee is sent home or released to limited duty, ensure he/she has cleared through the Workers' Compensation Office for an explanation of benefits and to inform them of the physical restrictions placed upon the employee by his/her physician.
2. If an emergency, ensure employee is taken or sent directly to physician or hospital of choice or the closest Emergency Room. Supervisors should accompany employees to the Emergency Room or Occupational Health Clinic for this initial evaluation/treatment.
3. The right to initial choice of physician for treatment must be fully explained to the employee before referral, and the employee must be allowed to make the choice independently. If the employee later decides to change physicians, they must request in writing and obtain prior approval from OWCP before payment can be guaranteed.
4. When a CA-16 is issued by the Workers' Compensation Office they will send a letter notifying the attending physician of light duty availability. If not already completed, the employee will also sign a Statement of Understanding. That statement requires that an employee inform their attending physician that their employer has light duty availability.
5. If you are in doubt as to whether the injury meets the criteria of a traumatic injury call the Workers' Compensation Office 452-2110 or 452-4335 for guidance.
6. When a CA-16 is issued, the FECA Specialist will attach an Information Sheet for the Attending

Physician, which explains our light duty policy.

7. On Page 14b is a Statement of Understanding. Employees may sign this form when they complete the CA-1 or CA-2. However, If they need further counseling contact the FECA Specialist.

c. CA-17 - Duty Status Report.

1. This form is used to obtain interim medical reports while the injured employee is absent or in a light duty status.
2. Form CA-17 can be extremely useful in keeping you and the FECA Specialist updated on the employee's condition. You and/or the FECA Specialist should use it to ensure that you have medical reports to cover all periods without any lapse in time. For example, if the initial medical report shows total disability for 2 weeks and the employee is to return for follow-up at the end of the 2-week period, the physician should have the Form CA-17 when the employee returns for follow-up treatment. Be sure, if you receive a completed CA-17 from the employee that you send the FECA Specialist the original to forward on to OWCP. Please work closely with the FECA Specialist on the issuance of CA-17s.
3. Form CA-17 and instructions for completion are on 14c.
4. Include the Information Sheet on Page 14-D concerning light duty availability to accompany the CA-17, if the employee has not returned to duty.

INSTRUCTIONS FOR COMPLETING FORM CA-1 (Notice of Traumatic Injury and Claim for Continuation of Pay)

1. Employee or the employee's representative completes Items 1-15 as shown below. (*You should provide assistance if needed*).

Item 1- Employee's Name. Enter "NMN" if no middle name; also show same name as that reflected in official personnel folder; do not use "Nicknames," middle name first etc.

Item 2 - Social Security Number - self-explanatory.

Item 3 - Employee's date of birth (month, day, year). (Do not use current date or year - this is frequently done in error).

Item 4 - Sex - self-explanatory.

Item 5 - Show home telephone number, include area code. If no phone, show

"None."

Item 6 - Give grade and step of position on day of injury.

Item 7 - Show complete home address, street number, ZIP code, etc.

Item 8 - Check appropriate block for dependents; a number is not required. If no dependents write "NONE."

Item 9 - Give exact location of injury; include address, street, city, state, and ZIP code if away from duty place; identify room, building number and work area. If employee was on TDY when injury occurred, attach copy of TDY orders.

Item 10 - Show month, day, year, and time of injury (use a.m. or p.m., not military time).

Item 11 - Show the month, day, and year CA-1 is completed.

Item 12 - Enter employee's official position title as shown on the position description.

Item 13 - Detailed description of HOW and WHY the injury occurred (i.e., exact height employee fell, number of stairs, exact size/weight of item lifted). Show why (i.e., ladder slipped, water on floor, etc.). If more space is required, the employee should use a separate sheet of paper.

Item 14 - Show the nature of injury and the part(s) of the body injured; for example, "Fracture" to "left leg." HRO will complete 14a, 14b and 14c.

Item 15 - The employee must elect either sick or annual leave (15b) or check item 15a to show COP, even if there is no immediate time loss. The supervisor must ensure the employee understands COP entitlements and, if leave is elected, explain that it will count against the 45 calendar days available under COP.

2. To be completed by witnesses to the injury.

Item 16 - If only one witness is identified, have the witness enter a statement on the CA-1 if the space is sufficient; if additional space is needed, use a separate sheet, and enter in Item 16 "See Attached Sheet." If there is more than one witness, attach statements from each one. If the employee states there were no witnesses, have the employee enter a statement such as "There were no witnesses to my injury."

Also have the employee initial the statement. If no witnesses were identified, but the supervisor's investigation revealed there were, or discovered that the circumstances were such that someone should have seen or heard the incident, then statements should be obtained.

3. Supervisor completes Item 18 through 38 as follows:

Item 17 – Leave Blank – HRO will fill in address

HRO FECA personnel will enter (OWCP Agency Code and OSHA Site Code.)

Item 18 - Give complete address of employee's duty station, including ZIP code. This will be the address of the place where the employee is actually employed.

Item 19 – Check employee's retirement coverage CSRS, FERS, Other and identify other. I.E., CSRS Offset.

Item 20 - If the employee has a fixed schedule, show the hour employee's tour begins and the hour it ends. Check a.m. and p.m. For rotating tours, show the work schedule assigned during the week in which the injury occurred.

Item 21 - Check exact days included in employee's current work schedule. If employee has rotating shifts so indicate.

Item 22 - Show date of injury as reported by employee.

Item 23 - Show date you became aware of or were notified of the injury. This could be by actually seeing the accident or being told about it, or by receipt of CA-1.

Item 24 - Show the date and time the employee stops work to receive medical

treatment. Enter "NA" if the employee did not stop work or elects not to receive medical treatment. Time used for initial medical treatment on the day of injury is carried as administrative time and is not lost time. If an employee lost time beyond the day of the injury, even if it is to receive medical treatment only, it is lost time and should be charged to COP.

Item 25 - Enter "NA" if pay does not stop show date only if employee enters a LWOP status.

Item 26 - Enter day COP begins; be sure you have medical evidence to support each day you authorize COP. If the first day of disability, as reflected on medical report, is a non-duty day or holiday, the 45-day period will begin on the non-duty day or holiday.

Item 27 - If employee returns before the CA-1 is processed, show actual date of return. If they have not returned, show "Has not returned."

Item 28 - If you show employee was not injured in performance of duty, be sure you give all the details surrounding the case. If you cannot definitely state that the employee was or was not performing assigned duties at time of injury, enter "undetermined." If TDY, include a copy of any investigation report you receive along with the TDY orders.

Item 29 - If misconduct, intent, etc., caused injury, you may need assistance from HRO staff regarding appropriate disciplinary measures.

Item 30 - Be sure you thoroughly investigate to determine if a third party is involved. The FECA Specialist will give you further guidance if needed.

Item 31 - Give name and address of third party. If none, enter "NA."

Item 32 - Give name and complete address of attending physician. If employee elects not to seek medical treatment enter "Employee did not seek medical treatment."

Item 33 - Show date employee first visited physician or health facility. If employee did not receive medical treatment enter "NA."

Item 34 - Check "No" if physician says employee can return to work immediately even if in a light duty status.

Item 35 - Use information you gather during investigation of injury to show if all facts agree with your findings. If there is contradiction, check "No" and provide all related evidence.

Item 36 - If information available supports the claim, show that you do not wish to controvert the claim and advise the employee accordingly. If you have evidence you feel would support a controversion, enter "See Attached," and prepare a statement detailing reasons for controversion. Advise the employee of your intent. (See Section V on when to controvert claims.) When a decision regarding controversion cannot be made at the time the CA-1 is completed, enter "Decision to Controvert is Pending Investigation." Before controverting a claim, you should discuss the matter with the FECA Specialist at the HRO Workers' Compensation Office or a Personnel Specialist at your HRO Site Office.

Item 37 - Show appropriate pay rate.

Item 38 - Read carefully and then complete signature requirements, all requirements. Be sure to put the date you sign, your complete office phone number including area code.

Item 39 - Check appropriate block and send original copy to the HRO, Workers' Compensation Office within 2 workdays. Sign and date "Receipt" portion, and give to employee. The Workers' Compensation Office will forward the form to the appropriate office (OWCP or place in the employee's Occupational Health Record, EMF file).

STATEMENT OF UNDERSTANDING

NAME: _____ DATE OF INJURY _____ NATURE _____

This information and guidance is being provided for any person filing a Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) or Federal Employee's Notice of Occupational Disease and Claim for Compensation (CA-2), or Recurrence (CA-2a) thereof through the Federal Employee's Compensation Act. Personnel filing a no lost time and a no medical expense claim are responsible for Section I of the following. Claimants filing for lost time or medical expenses are responsible for Sections I and II of the following:

SECTION I: Any person who makes a false statement to obtain federal employee's compensation or who accepts compensation payments to which he or she is not entitled, is subject to a fine of no more than \$10,000 or imprisonment for no more than five years, or both (18 USC Section 1001et. seq.).

If you are filing a claim based on temporary total/partial disability you should not perform any activity that is contrary to the limitations placed upon you by your doctor. You must not participate in any recreational activities that might aggravate, prolong, or accelerate your injury. You must return to the job that you held at the time of the injury as soon as you are physically able.

If you obtain other employment, submit the following information to the Human Resources Office, Workers' Compensation Office, Code 09231, Bldg 1, NAS Pensacola, FL 32508-5124, at once: (1) Name and address of employer, (2) Date you returned to work, (3) Type of work you are performing, (4) Your weekly pay rate, and (5) Number of hours worked per week.

Your rate should include not only cash wages, but also "Wages in Kind", such as board and lodging. If you are self-employed, (for example, as a farmer or a store operator, etc.), you must report as your pay rate what it would have cost you to have hired someone else to have done the same work. If you are advised by your doctor that you are able to perform light duty work, you must inform the HRO, Workers' Compensation Office, Code 09231, Bldg. 1, Naval Air Station, Pensacola, Florida 32508-5124 with written notice, or by telephone call to 452-2110, with supporting written documentation to follow.

Physical restriction prescribed by the attending physician must be provided to this office in a reasonable period agreed upon by the Injury Compensation Specialist assigned to your claim. Under the provisions of Public Law 93-416, you must make yourself available for limited duty if found to be partially disabled. Any employee who refuses or neglects to work after suitable work is offered is no longer entitled to compensation.

SECTION II: If in a totally disabled for work status (i.e., continuation of pay, leave without pay), you must provide a phone number where you can be contacted by the compensation office. Any violation of the above could result in compensation loss, criminal prosecution or both.

I am aware of my obligations, stated above, in connection with my claim.

Claimant Signature _____
Date

The above-cited employee has been advised of the aforementioned terms of the Federal Employees' Compensation Program.

Signature _____
Date

IMPORTANT NOTICE TO MEDICAL PROVIDER

IF THIS INJURY IS NOT TOTALLY DISABLING, APPROPRIATE LIMITED DUTY WORK, WHICH SHALL NOT INTERFERE WITH RECUPERATION, CAN AND WILL PROVIDED.

This Information Sheet is provided to explain our Rehabilitation Program for injured employees, and to assist you in completing the attached Form CA-17 on an employee whom is under your care for treatment of a job injury. Information regarding the employee's name, date of birth, date of injury, etc., is reflected on the CA-17.

We are interested in rehabilitating our employees and would appreciate a thorough work evaluation as to what type of work this employee can do and for how many hours a day.

Under our Rehabilitation Program we provide suitable light or limited-duty assignments for our employees who are partially disabled as a result of on-the-job injuries. We have considerable flexibility in modifying work assignments, and feel that we can provide this employee with work, including sedentary, that will be consistent with your medical advice and at the same time benefit us as well as the employee. In some cases, we have found that employees perform more strenuous and physically demanding activities while off work than the light duty we have available.

Please carefully consider this employee's disability and ability to perform some type of work either in a part or full-time capacity. Part B of the attached Form CA-17 may be used to report your findings. If you find the employee cannot return to work at this time, please give us a prognosis as to when he may be able to work in a light duty capacity.

If you have any questions, please call me, at (850) 452-2110 or 452-4335.

Sincerely,

SAM F. VARNEY, JR.
Injury Compensation Program Administrator

**INSTRUCTIONS FOR
COMPLETING CA-17
(Duty Status Report)**

1. The CA-17 is used in traumatic injury cases to provide the supervisor, FECA Specialist and OWCP with interim medical information on the employee's ability to return to any type of work.

2. SIDE A - Supervisor completes Side A, Items 1 through 7 as follows:

Item 1 - Show employee's name; enter "NMN" if no middle name. Use name exactly as reflected in official personnel records.

Item 2 - Enter date of original injury. See Item 10, CA-1.

Item 3 - Enter Social Security Number.

Item 4 - Show employee's official job title.

Item 5 - Describe how injury occurred and nature of injury. See Items 13 and 14, CA-1.

Item 6 - Show hours per day and week employee works.

Item 7 - Show environmental and working conditions. Information in this item may be based on your actual knowledge of the position, or you may refer to the position description, or you may need to contact the HRO.

3. Side B - To be completed by the attending physician.

4. On the reverse side of CA-17, fill in the address of the employing agency:

Human Resources Office
Code N-32
368 South Avenue
Pensacola, FL 32508-5124

5. The Information Sheet on Page 14-D should be attached to the CA-17 when the employee goes to the Doctor.

SECTION III

CONDUCTING INVESTIGATIONS OF JOB INJURIES

1. Investigation of the claim by the immediate supervisor should start immediately upon notification that an injury has occurred. In some cases, members of the Safety Office may also need to investigate.
2. The investigation should either substantiate the claim or show doubt as to the validity of the claim.
3. During the investigation, look for clues to help you determine if the injury could have been prevented and if so, why did it occur. Also determine any action you should take to ensure firm corrective action is taken to prevent recurrence.
4. While investigating a claim, you may also discover clues to a possible situation of fraud or abuse. Although these indicators do not constitute evidence against the claim, they may call for further investigation. Some of the more commonly encountered indicators are:
 - a. The employee had previously requested leave for a specific day and was refused leave. The injury occurred on that day or the previous day.
 - b. The employee has an outside job. The employee may have injured himself on the other job or may have wanted time off to work the other job.
 - c. The employee reported the injury right after reporting for duty. This could mean the injury occurred over the weekend or during the prior evening.
 - d. Employee has a pre-existing medical condition.
 - e. Employee has a drug or alcohol problem.
 - f. Employee has had repeated accidents.
 - g. The employee has a poor attendance record or history of leave abuse.
 - h. Injury occurs near termination date of temporary appointment.
 - i. Employee fails to identify witnesses in spite of the fact the injury occurred in an area where it should have been observed.
 - j. Filing the claim is not timely and employee is vague in furnishing

information regarding the injury.

k. Employee changes description of how the injury occurred.

5. The investigation should be such that it resolves conflicts or omission.

a. Interview the claimant when any statement on the CA-1 is incomplete or raises a question.

b. If there were witnesses to the injury, be sure statements are obtained from them.

6. Contact the assigned FECA Specialist, if you feel the claim should be controverted or if you need further guidance.

7. Follow up on all job injuries to determine if corrective action has been taken.

SECTION IV

GUIDANCE FOR PROVIDING LIGHT DUTY

1. By now, you have no doubt sensed the strong emphasis that is being placed on reducing workers' compensation costs. The purpose of this Section is to exert another effort in this area by strengthening our procedures for returning injured employees to work as soon as possible so we may avoid unnecessary costs associated with the 45-calendar day Continuation-of-Pay (COP) provision.

2. One way to reduce COP is to ensure light duty is made available and the physician, as well as the employee, are aware of our liberal light duty policy and our willingness to accommodate the employee by making work assignments compatible to their physical limitations.

3. Essentially, our light duty program is to provide work whenever possible to any injured employee who is not bedridden. Each supervisor will be responsible for finding some appropriate work for the injured employee. The only important constraint is to make sure the duties assigned are well within any work limitations given by the attending physician. The supervisor should never assign light duty based solely on the employee's word.

4. Review the Work Restrictions:

a. Work restrictions must be in writing and signed by the attending physician. Do not return an employee to duty without a written release from the physician describing any work restrictions or authorizing return to full duty.

b. The work restrictions should specifically state those functions that the employee cannot do, such as stand for long periods, raise arm, lift heavy objects, etc.

c. Be sure the report shows how long the employee might be disabled.

d. Don't hesitate to contact the FECA Specialist at any time the work restriction is unclear.

5. If we are to make the attending physician feel comfortable in releasing the employee to light duty, the doctor must be aware of the extensive flexibility we have in modifying work assignments. We must also assure the physician and the employee that we do not intend to jeopardize the recovery process in any way.

6. When an injured employee requires medical treatment, the supervisor will furnish the attending physician information on the physical and environmental requirements of the employee's current position. Such notification will be made by either accompanying the employee to the medical facility, if they choose to go to base dispensary or HRO will send a letter along with the CA-16 to the employee's private physician. **Supervisors may verbally make light duty offers, but the offer must be followed up in writing.** The offer will include a description of the duties and physical requirements of the job; to ensure properly documented contact the assigned FECA Specialist.

7. Notification, in writing, to the physician regarding our light duty program will be made at the time of the initial visit, Information Sheet 14-D can be utilized; otherwise the examination and decision may be made based primarily on the employee's ability to return to their regular duties. Delay in getting word to the physician could result in the employee unnecessarily entering a COP status. Work closely with the HRO Workers' Compensation Office to ensure this is accomplished.

8. If, after 30 days, the employee is still unable to resume the full duties of the assigned job, one of the following actions will be taken:

a. If the employee can perform duties within the official position description with the exception of some duties, such as lifting, climbing, stooping, bending, prolonged standing, etc., these duties will be resumed with specified limitations. Provide the assigned FECA Specialist the modified Position Description. Initiate a SF-52 if the employee continues in a light duty status in excess of 30 days. If this type disability extends beyond 6 months, contact HRO to determine if some other appropriate action should be considered.

b. If the employee cannot perform within the position description, a detail within the organization to the same or lower grade up to 120 days will be accomplished on a SF-52, provided there is some type work that can be performed. Before extending the detail beyond the initial 120-day period, the supervisor should contact HRO to determine if some other action may be appropriate.

9. If the employee is found to be totally disabled and unable to perform any type of work, the supervisor or designated representative will maintain close contact with the HRO, FECA Specialist until the employee returns. Form CA-17 can be used to obtain continuing or updated work restrictions; when used ensure Information Sheet 14-D is attached to remind the physician light duty is available.

10. If the employee is returned to light duty, the supervisor will make a concerted effort to provide duties that are meaningful and not degrading to the injured employee. The job should not be a "make work" or "goof off" job. This is counterproductive to the program, wastes human resources, and insults the claimant. On the other hand, our Light Duty Program can be a success if we allow our injured employees to feel worthwhile and let them know they are important members of the team.

11. If you have any questions regarding light duty assignments, contact the assigned FECA Specialist, or your servicing HRO Site Manager.

SECTION V

CONTINUATION OF PAY (COP) WHEN TO AUTHORIZE/ CONTROVERT

1. To avoid making erroneous COP payments, or authorizing COP in unjustified cases, supervisors must be aware of their responsibilities relating to authorizing and controverting COP, and timekeepers must know the procedures for properly recording COP on Time and Attendance Reports.

2. This section deals primarily with situations that are susceptible to error and which need to be closely monitored to ensure proper administration.

3. The FECA Specialist will audit each COP authorization to ensure the absence is supported by medical evidence, nonworkdays are properly charged, the authorization does not exceed 45 calendar days, etc. If this appears to be a problem area, a report of findings will be made to higher authority.

4. Authorizing COP.

a. COP is authorized for up to 45 calendar days if the work stoppage occurs during the first 45 days following the day of injury and there is medical evidence to show the absence is due to the injury. COP is not authorized if the employee fails to report the injury within 30 days, or if the case is controverted for certain other reasons as discussed later in this section.

b. You **should not** authorize COP until a CA-1 has been received and medical evidence of the injury has been provided. However, if, due to the severity of the injury, it is obvious the employee is disabled and will be for some time, COP should be authorized pending receipt of the medical evidence.

c. Time and Attendance Clerks should pay particular attention to the 45-calendar day accounting process, and you should closely monitor their actions to ensure proper authorization of COP. Some important factors that should be noted are:

(1) Authorization of COP should never, under any circumstances, exceed 45 calendar days.

(2) For absences due to injuries, the 45-calendar day count begins the first full work shift after the injury occurs. In most cases, the day of the injury is not counted, and the employee is carried in an administrative leave status on that day. However, there could be an incident in which the employee was injured before the tour began, such as falling on the stairway when reporting for work. In this case, the COP would begin on the day of the injury.

(3) Each day of COP authorized must be supported by medical evidence. For example, the physician releases the employee to return to work on a Friday, 10 August, but the employee does not return until the following Wednesday, 15 August; you would not authorize COP from 10 to 15 August, but instead show the employee on sick, annual, or LWOP, depending on the employee's reasons for not returning on 10 August.

(4) Partial days lost are charged as a full day against the 45-calendar day COP count. However, this does not necessarily mean the employee could be absent the full day without charge to leave. For example, an employee receives physical therapy for 2 hours, and is released to return to work. If the employee did not return, the remaining 6 hours would be charged to sick, annual, or LWOP, but the 1 full day would still be counted against the 45-calendar day limitation.

(5) Any sick or annual leave used instead of COP is counted against the 45-calendar day limitation.

(6) Non-workdays (Saturdays, Sundays, holidays, etc.) falling within the period of disability are charged against the 45-calendar day period. Pay particular attention to the physician's report when counting nonworkdays for COP purposes. For example, if an employee has a disabling injury on Wednesday and the physician's statement says the employee cannot return until the following Monday, then Saturday and Sunday would be charged against the 45 calendar days COP.

(7) COP applies only to employees suffering traumatic injuries. Persons disabled as a result of occupational illnesses do not receive COP; they are eligible for compensation benefits paid by OWCP.

d. During the employee's absence on COP, your most important duty is to stay in close contact with the employee and the physician in an effort to return the employee to duty as soon as possible.

5. Controverting COP.

a. Be sure you controvert claims when you have reason to believe that COP should not be authorized. There are two types of controversions:

(1) There is controversion with termination of pay (i.e., COP not authorized), and

(2) Controversion without termination of pay. (In this case, you would authorize COP, but dispute the claim to OWCP).

b. Controversion with termination of pay means you do not authorize COP on the Time and Attendance Report. There are only certain conditions under which you can controvert a claim and deny COP. These reasons are listed below and are also on the instruction sheet to Form CA-1. The agency may not continue pay under any of the following circumstances.

(1) The disability is a result of an occupational disease or illness;

(2) The employee comes within the exclusions of 5 USC 8101 (1) (B) or (E) (which refer to persons serving without pay or nominal pay, and to persons appointed to the staff of a former President);

(3) The employee is neither a citizen nor a resident of the United States, Canada, or the territory under the administration of the Panama Canal Commission (i.e., a foreign national employed outside the areas indicated);

(4) The injury occurred off the employing agency's premises and the employee was not engaged in official "off-premises" duties;

(5) The employee caused the injury by willful misconduct, or intended to bring about injury or death to themselves or another person, or the employee's intoxication was the proximate cause of the injury;

(6) The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days following the injury;

(7) Work stoppage first occurred more than 45 calendar days following the injury;

(8) The employee initially reported the injury after employment was terminated;

(9) The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work study program, or other group covered by special legislation.

If any of the above conditions apply, the supervisor will show the reason for

controversion in Item 36, and not authorize COP.

c. Controversion without termination of pay means you would controvert the claim, but show COP authorized on the Time and Attendance Record. If OWCP agrees with your controversion, COP would be denied, and the employee would have to either use leave, or reimburse the Government for COP paid. You should pay particular attention to any questionable claim when investigating injuries since the reasons for controversion under this provision may be less obvious. Some indicators may be:

- (1) Facts of the injury are questionable.
- (2) Medical evidence does not show injury is job related.
- (3) Several days delay in reporting injury.
- (4) Injury occurred after leave was denied.
- (5) Pre-existing condition.
- (6) Diagnosis not compatible with injury.

6. To controvert the claim under this provision, you would input "Controverted" and state reason why in Item 36, Form CA-1, submit all the evidence gathered during the investigation, forward the CA-1 and evidence to HRO. Any such objection should be supported by objective evidence such as witness statements, pictures, accident investigations or time sheets. The FECA Specialist will work with you in developing the investigation packet for submission to OWCP.

7. If the validity of a claim is disputed for reasons other than the nine conditions listed above, regular pay must be continued for up to 45 calendar days and may not be interrupted during the 45-calendar day period unless:

- (1) The employee refuses to accept a written offer of suitable light or limited duty; or
- (2) The employee fails to submit medical evidence within 10 calendar days from the date of injury or recurrence; or
- (3) The employee is no longer disabled; or,
- (4) OWCP notifies the agency that pay should be terminated.

SECTION VI

EMPLOYEE RESPONSIBILITIES

Traumatic Injury – When a traumatic injury is sustained in the performance of duty, the following information outlines the specific responsibilities of the employee:

1. Report immediately to supervisor no matter how minor the injury may seem.
2. Submit a written report on CA-1 to immediate supervisor as soon as possible after the injury but within 30 days at the latest.
3. Read and sign the Statement of Understanding when the CA-1 is completed.
4. Elect on CA-1 type of leave; i.e., COP, sick or annual, for the period of disability, and complete a leave slip, SF-71, according to the guidelines set forth in applicable Command Instructions.
5. If applicable, report first to the base dispensary for administrative purposes and/or treatment. An injured employee has the choice of a qualified physician but must first report to the base dispensary. When travel is necessary to receive medical care, the injured employee may be reimbursed for travel and incidental expenses.
6. If treated/examined on one or more occasions at a medical facility during duty hours, or two or more occasions during non-duty hours, beyond the date of injury and no leave or COP is charged and no medical expenses are incurred, advise the supervisor. This is necessary in order to document a **First Aid Injury**.
7. Provide a telephone number where the Servicing HRO(s), supervisor, etc., can make contact.
8. Advise the treating physician that limited duty is available and inquire as to the earliest return to limited or full duty.
9. Do not perform any activity that is contrary to limitations provided by the treating physician, including recreational activities that might aggravate, prolong, or accelerate the injury.

10. Ensure that the treating physician provides medical evidence supporting a disabling traumatic injury within 10 calendar days after the accident. The medical report should include the following information.

- a. Dates of examination and treatment
- b. History given by employee
- c. Findings
- d. Results of x-rays and laboratory tests
- e. Diagnosis
- f. Course of treatment
- g. Physician's opinion, with medical reasons, regarding the causal relationship between the diagnosed condition(s) and the factors or conditions of employment.

11. Report any employment to the HRO Pensacola, Worker's Compensation Office, including **wages in kind** such as board and lodging as well as cash wages.

12. Elect LWOP, sick, or annual leave when disability continues beyond 45-calendar days; employee must be in a LWOP status in order to receive compensation. Ensure initiation of SF-52 by supervisor if LWOP in excess of 30 days.

- a. Contact the Servicing HRO for completion and filing of CA-7 with OWCP five working days prior to the end of the 45-day COP period.
- b. Complete a CA-7 and submit to the Servicing HRO every two weeks until otherwise instructed by OWCP.

13. When released by physician to return to work, the employee should:

- a. Provide a release from the treating physician with specific limitations, if applicable, and date of return to work.
- b. Coordinate with the Servicing HRO to notify OWCP when disability terminates and employee returns to work.
- c. If SF-50 placed employee in LWOP status, have supervisor initiate SF-52 to return employee to duty.

14. Submit bills for payment or reimbursement within the calendar year in which the expense was incurred or the case first accepted whichever is later.

15. Submit to required examinations ordered by OWCP or the employer in accordance with FECA and 5 CFR 339.

Occupational Illness/Disease – An employee or someone acting on his/her behalf is required to give notice of the occupational illness/disease on CA-2 within 30 days for the non-traumatic injury. A CA-7 should be filed with OWCP within 10 days after pay stops or when disability terminates if the pay loss is less than 10 days.

Recurrence of Disability – A recurrence constitutes pain in an area where a claimant has a preexisting problem related to a previous on-the-job injury and any specific event or injury did not cause the recurrence of pain. If in doubt as to whether to file as a new injury or a recurrence, contact the HRO Workers' Compensation Office or your Servicing HRO. If constituted as a recurrence, the employee should promptly complete a CA-2A

SECTION VII

HRO RESPONSIBILITIES

Traumatic Injury – Upon receiving notice that an employee has sustained a traumatic injury:

1. When required, initiates all CA-16s authorizing immediate appropriate medical care.
2. Upon receipt of CA-1, determines the employee's entitlement to COP and maintaining an accurate account of COP used.
3. Provides advice and counseling to all concerned parties, including the claimant, supervisor, physician, and employee's representative. These services are provided pursuant to the filing and processing of compensation claims as to the purpose, benefits, and procedures set forth in the applicable references previously mentioned.
4. Initiates appropriate action as Designated Official on Form CA-7, utilizes information provided on attending physician reports, CA-20, narrative report or in other appropriate format.
5. Issues a CA-17, OWCP-5 or other appropriate requests to the attending physician for an update on status of any employee off work due to an on-the-job injury or occupational illness.
6. When notified by private physician that the employee can return to work with certain limitations, coordinates with supervisor, personnel specialist, or other responsible parties for job availability.
7. Coordinates with the employee's supervisor and personnel specialist regarding actions required when employee has been in a LWOP status in excess of 30 days. When necessary, composes and provides official letters of controversion to OWCP and the employee.

Occupational Illness/Disease – Upon receiving notice that an employee has sustained an occupational illness/disease:

1. Provide CA-2 with accompanying checklist and other appropriate paperwork to employee.
2. Advise employee to provide medical and factual information pertaining to illness/disease.

3. Forwarding CA-2 and all pertinent information to OWCP within 10 calendar days.
4. Ensures the timely and proper compilation, preparation and submission of forms to OWCP with a similar procedure as for traumatic injury.
5. When necessary, compose and provide official letters of controversion to OWCP and the employee.

Forms

The supervisor should maintain an adequate supply of the CA-1's, SF-52's and SF-71's. The other forms used for FECA purposes are maintained by the servicing HRO. The applicable forms are listed below:

<u>Form</u>	<u>Title</u>
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA-2	Federal Employee's Notice of Occupational Disease and Claim for Compensation
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation
CA-5	Claim for Compensation by Widow, Widower and/or Children
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
CA-6	Official Superior's Report of Employee's Death
CA-7	Claim for Compensation on Account of Traumatic Injury or Occupational Disease
CA-16	Authorization for Examination and/or Treatment
CA-17	Duty Status Report
CA-20	Attending Physician's Report
OWCP-5	Work Restrictions Evaluation
SF-52	Request for Personnel Action
SF-71	Application for Leave
SF-1199A	Direct Deposit Sign Up