

## When Injured on the Job

### Life-Threatening Injuries:

**Call 911.** If possible, find someone who is First Aid/CPR/AED certified to assist the victim until the ambulance arrives. Send someone to retrieve and AED kit in-case it is needed. Contact the supervisor, RL and SOHS as soon as possible.

### Reporting Non-Life-Threatening Injuries & Seeking Medical Attention:

- If seeking medical treatment **within 48 hours** of the injury your supervisor or OWCP field contact may authorize reimbursement for your medical treatment by filling out a CA-16 “*Authorization for Examination and Treatment*”. The **CA-16 must accompany you** to the physician. You may seek treatment without a CA-16 but you will be **responsible for covering the expense** if the Department of Labor (DOL) **rejects your claim**. Only **one** CA-16 can be given per injury. Form CA-16 may be obtained from your supervisor and/or OWCP field contact.
- If seeking medical treatment after 48 hours of the injury form CA-20 “*Attending Physician Report*” <https://www.dol.gov/owcp/regs/compliance/ca-20.pdf> should accompany you to the physician.
- Also provide the injured employee the First Script Workers’ Compensation Benefit Card for Traumatic Injury [FirstScript.docx](#) which provides:
  - Prevention of out of pocket expenses(including co-pays) or file reimbursements
  - Convenient delivery of durable medical equipment (i.e. crutches, canes, medical supplies etc.)
  - Prompt scheduling for medical imaging/testing needs (i.e. MRI, CT scan, X-rays, EMG etc.)
  - 24/7 Dedicated call center to handle questions.
- It is recommended that you visit your primary care physician or another physician who accepts your medical insurance. This will help protect you financially if DOL rejects your claim for workers’ compensation.
- Notify the medical facility which you are attending that your injury is the result of a federal work related injury as the facility may not participate in federal workers’ compensation.
- Do not provide your personal medical insurance information as all medical bills, as they pertain to your work related injury, should be submitted to DOL for payment.
- If your injury is the result of chemical exposure take the Material Safety Data Sheet (MSDS) or other product information
- The attending physician must provide you with a note or form that specifies:
  - Date(s) you were seen in the medical facility
  - Diagnosis/Prognosis
  - If your current condition is the result of your work related injury
  - Follow-up
  - Description of any work restrictions
  - Date you are able to return to work (light or regular duty).

- If you are not completely restricted from returning to work ***you must report to work the following day.***
- As soon as possible, but not later than 30 days after the injury, you and your supervisor must complete a CA-1 “Federal Employee’s Notice of Traumatic Injury” <https://www.dol.gov/owcp/regs/compliance/ca-1.pdf> or “Notice of Occupational Disease and Claim for Compensation” <https://www.dol.gov/owcp/regs/compliance/ca-2.pdf>. Please keep in mind that the filing of form CA-1 or CA-2 is what officially begins the injury reporting process and the longer it takes to receive the CA-1 or CA-2 the longer it will take to begin the process.

You may select any physician for facility to provide treatment. However, the selected provider must meet the definition of physician under the Federal Employee’s Compensation Act (FECA). The term “physician” includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists, and chiropractors within the scope of their practice as defined by State Law.

- The services of chiropractors may be reimbursed only for treatment consisting of manual manipulation of the spine to correct subluxation as demonstrated by x-ray to exist.
- The term “subluxation” is defined as an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of vertebrae anatomically which must be demonstrable on an x-ray film individuals trained in the reading of x-rays.

Naturopaths, faith healers, and other practitioners of the healing art are not recognized as physicians within the meaning of the law.

Once you have selected a physician/facility, you must continue to see that physician/facility for any follow-up examinations and/or treatments that are related to your injury. If you wish to change physicians additional paperwork is required (contact your OWCP field contact). DOL will also cover reasonable injury-related exams or treatments by different specialist (orthopedics, etc.) on the condition that your physician referred you to these specialists and you provide a copy of the referral to your supervisor, OWCP field contact & HQ OWCP Staff.

You must provide a copy of your release to return to work and any physician-directed work restrictions to your supervisor & HQ OWCP Staff when you return to work. If your physician has cleared you to return to work, even if it a light/limited duty capacity, your supervisor may request that you report to work to perform duties that you are medically cleared for.

### **Requesting Claim Numbers and Medical Bills**

Your OWCP Field contact may request your claim number through the Area AQS Contact. Once you receive your claim number provide the claim number to the attending medical facility and direct them to send all medical bills to the Department of Labor (DOL) with your claim number on each page to the following address:

- US Department of Labor  
Federal Employees Compensation  
P. O. Box 8300 London, KY 40742-8300

Any medical bill inquiries should be directed directly to DOL at the following numbers: 1-866-335-8319 or 1-844-493-1966.

### **Recording Time and Attendance T&A**

- Any time you miss on the date of the injury is to be coded on the T&A as “Administrative Leave”. Code 66 for ARS, ERS, & NIFA, code 390 for NASS.
- Any time you miss after the date of injury is to be coded on the T&A as Continuation of Pay (COP). Code 67 for ARS, ERS, & NIFA, code 395 for NASS.

### **COP**

If your injury causes you a temporary disability and you are unable to work in any capacity, you must provide the Agency, through your supervisor, with medical justification within 10 calendar days to claim (COP). In most cases, the COP will pay your full salary for up to 45 calendar days (including holidays and weekends) of absence from work until you recover and are released to work (as long as it falls within the 45 day perimeter). **COP IS NOT ALLOWED** for Occupational Disease cases.

- COP starts the first day after the injury. That first day after the injury is day 1 of COP and is counted from day 1 to 45 consecutive calendar days to determine the last day of COP (including weekends and holidays). That first day to the last day is the COP window in which COP can be used. **NO** COP is to be used after that 45 day window.
- For use for Traumatic Injuries **ONLY**;
- The injury must be reported on form CA-1 within 30 calendar days of the injury;
- Medical documentation must be submitted within 10 calendar days after COP is requested or disability begins that supports the absence from work;
- DOL only permits **4 HOURS** COP for doctor visits.
- COP is counted as occurrences so each day or partial day of absence from work is counted against the 45 days COP.

### **If your injury last more than 45 calendar days**

If you are still disabled after the 45 day COP period expires you have two choices:

- Leave Without Pay (LWOP)
  - You go on LWOP with the agency and are paid by DOL by submitting form CA-7 “Claim for Compensation” <https://www.dol.gov/owcp/regs/compliance/ca-7.pdf> . You and your supervisor completely fill out the form and submit to HQ OWCP along with medical documentation substantiating the day(s) of LWOP.
  - If the LWOP time is intermittent you also need to file form CA-7a “Time Analysis Form” <https://www.dol.gov/owcp/regs/compliance/ca-7a.pdf> to show the dates & number of hours which you are claiming LWOP. You and your supervisor completely fill out the

form(s) and submit to HQ OWCP along with medical documentation substantiating the LWOP.

- For the first CA-7 form submitted you must also submit form SF-1199a “Direct Deposit Form” <https://www.dol.gov/cgi-bin/leave-dol.asp?exiturl=https://www.fiscal.treasury.gov/fsservices/gov/pmt/eft/SF-1199A-2012.pdf&exitTitle=https://www.fiscal.treasury.gov/fsservices/gov/pmt/eft/SF-1199A-2012.pdf&fedpage=yes>, according to the instructions, to have their monies directly deposited in their bank account. DOL in compliance with the Department of Treasury (DOT) requires direct deposit of funds.
- Form CA-7 must be completed bi-weekly or monthly depending on how you wish to be paid by DOL.
- LWOP paperwork should be given to the injured worker by the 30<sup>th</sup> day of COP if the medical states that they will remain incapacitated after the 45 day COP period ends.
- If they will be on extended LWOP (80 hours or more) a SF52 must be filed using legal authority code Q3K to place them on LWOP OWCP. The nature of injury codes are (a) 460 LWOP or (b) 773 Extended LWOP, also use remark code 499 “LWOP due to injury” on the back of the SF52. Once they return from the LWOP another SF52 must be filled out using nature of action code 292 (a) Return to Duty.

**NOTE:** Being eligible for LWOP through DOL is contingent upon your claim being accepted by DOL. Also, there is usually a small break in pay in the beginning of the LWOP process. Forms CA-7 & CA-7a are to be completed by you and your supervisor. The supervisor only has to completely fill out the initial CA-7, thereafter for any additional CA-7’s the supervisor only needs to complete sections 12-15 of the CA-7.

- Use of Leave
  - You can use your own leave and request a Leave Buy Back (LBB) once the injury is completely resolved. You can buy back all, part, or none of the leave, the choice is yours. DOL pays for 75% of the leave if there are dependents or 66 2/3% of the leave if there are not any dependents. You will have to pay for the remaining 25% or 33 1/3% in order to buy back your leave.
  - If you wish to request a LBB you must submit form CA-7 to request the LBB and form CA-7a showing type(s) of leave & how many hours you wish to buy back (both forms must also be completed by the injured worker & the supervisor).
  - Once HQ OWCP receive both completed forms HQ OWCP will complete form CA-7b “Leave Buy Back (LBB) Worksheet/Certification and Election” & mail the completed form to the injured worker so they will know how much it will cost them to buy back their leave.
  - Once the calculations are complete HQ OWCP will mail the completed forms to the injured worker for their signature and decision on whether they’re going to buy back the leave or not.
  - If the injured worker decides to not buy back the leave they check the appropriate box and submit to HQ OWCP and the paperwork will be placed in the file.
  - If the injured worker decides to buy back the leave they check the appropriate box and submit to HQ OWCP and HQ OWCP in turn submit the paperwork to DOL and the National Finance Center (NFC) for processing.

- Once DOL receives the paperwork and if all documentation is correct DOL processes the paperwork & cuts a check for their portion of the LBB.
- The cut check from DOL is sent to NFC where they calculate the exact amount of monies owed by the injured worker and NFC sends the injured worker a bill for their portion of the LBB along with payment options.

**NOTE:** The purchased leave will not appear on the time and attendance until it is completely paid for.

### **Claim for Medical Reimbursement**

If you pay out of pocket for any expenses related to your injury you may seek medical reimbursement by submitting form OWCP-915 "Claim for Medical Reimbursement"

<https://www.dol.gov/owcp/dfec/regs/compliance/OWCP-915.pdf> along with proof of payment.

### **Medical Travel Refund Request**

You may claim mileage, parking and other medical travel expenses by filing form OWCP-957 "Medical Travel Refund Request, <https://www.dol.gov/owcp/dfec/regs/compliance/OWCP-957.pdf> along with documentation.

**NOTE:** The supervisor should keep in contact with the injured worker on a regular basis (no more than once bi-weekly). The supervisor also should give the injured worker form CA-17 "Duty Status Report" (<https://www.dol.gov/owcp/regs/compliance/ca-17.pdf> once the supervisor completely fills out their portion of the form) to accompany the injured worker to his doctor visits to inform the doctor that light duty is available. Depending on the work restrictions if the injured worker can work light/limited duty the supervisor should work the injured worker in a light/limited duty capacity.

OWCP Field contacts, supervisors and the injured worker should make sure that HQ OWCP receives **ALL** documentation pertaining to the injury for submission to DOL.

### **Non-Federal Workers**

Non-Federal workers, who are employed by their sponsor organization and engaged in activities that benefit their employer, are not entitled to medical treatment through the Federal Employees Compensation Act (FECA), should they be injured while working on ARS projects. Federal funds may not be expended for resulting medical expenses. The non-federal worker should seek treatment through their employer's compensation insurance. The ARS employee who coordinates the work for the cooperators is responsible for reporting the injury to the cooperator's organization and for requesting immediate medical attention in an emergency.

### **Contact information**

All work-related injuries and illnesses involving federal employees, equipment, or facilities must be reported to the HQ OWCP after the injury or illness has been reported through supervisory channels. Original reports are to be submitted to:

Anastasia Williams

Sr. Workers' Compensation Specialist

USDA, ARS, HRD, OWCP

5601 Sunnyside Avenue

Mailstop 5101, Room 3-1108D

Beltsville, MD 20705

Phone: 301-504-1538

Fax: 301-504-1452

Email: [Anastasia.Williams@ars.usda.gov](mailto:Anastasia.Williams@ars.usda.gov)

Tamara McKinney

Workers' Compensation Specialist

USDA, ARS, HRD, OWCP

5601 Sunnyside Avenue

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