

DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY FIELD ARTILLERY CENTER AND FORT SILL  
Fort Sill, Oklahoma 73503-5100

USAFACFS Regulation  
No. 690-15

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Civilian Personnel  
ON-THE-JOB INJURIES

Further supplementation of this regulation is prohibited  
unless specifically approved by Headquarters, USAFACFS.

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\*This regulation supersedes USAFACFS Regulation 690-15, 28 February 1984.

Chapter

GENERAL

- 1-1. **PURPOSE.** This regulation prescribes policies and procedures for reporting, controlling, and disposition of Federal civilian employee on-the-job injury cases.
- 1-2. **APPLICABILITY.** This regulation generally applies to direct-hire Army civilian employees and their military supervisors who are under the jurisdiction of the Commanding General, U.S. Army Field Artillery Center and Fort Sill and to civilian employees and their military supervisors of activities serviced by the Fort Sill Directorate of Civilian Personnel, unless otherwise specified in applicable servicing agreements. This regulation does not apply to nonappropriated fund employees (see AR 215-1).
- 1-3. **POLICY.** Every effort will be made to prevent on-the-job injuries and eliminate their causes from the workplace. Employees who suffer personal injury in the performance of their duty or contract disease as a result of their employment will be afforded timely medical treatment, appropriate accommodation should they return to work, and due process of claims for compensation where applicable. Every consideration will be given by management, supervisory, and medical personnel in promoting all aspects of this policy.
- 1-4. **REFERENCES.** Required and related references and forms are listed in Appendix A of this regulation. USAFACFS Pam 690-15 provides detailed instructions for completion of forms necessary to administer the Federal Employees' Compensation Act (FECA) and procedural guidance for compliance with this regulation.
- 1-5. **EXPLANATION OF TERMS.** Special terms and their definitions as applied in this regulation are explained in the glossary located at appendix B.
- 1-6. **COMPLIANCE.** Compliance with the policies and procedures established by this directive is mandatory. Failure to comply with the requirements of this regulation could not only result in substantial monetary loss and loss of benefits to the injured person, but could also result in disciplinary action against individuals charged with the responsibilities of effecting the initial and follow-up procedures established by this regulation and the Federal Employees' Compensation Act.

a. **Employee Misconduct.** An employee who makes a false statement to obtain compensation or who accepts compensation payments to which he/she is not entitled is subject to fine or imprisonment or both.

b. **Supervisor Misconduct.** A supervisor or other individual who is charged with the responsibility for making reports in connection with an on-the-job injury who willfully fails, neglects, or refuses to do so; knowingly files a false report; induces, compels, or directs any injured employee to forego filing a claim; or willfully retains any notice, report, or document required in connection with an injury, is subject to fine or imprisonment or both.

c. **Disciplinary Action.** Additionally, offenses of the nature described in a and b above may warrant other disciplinary action to include permanent removal from Federal service for cause.

Chapter 2

INITIATING CLAIMS

- 2-1. **GENERAL.** This chapter describes the forms and establishes procedures which should be used by employees and supervisors in initiating claims for traumatic injuries, occupational disease, recurrence of disability, and death. While the descriptive contents of this chapter refer to "supervisor" throughout, it is to be understood that the Fort Sill FECA Program Administrator, FECA clerks, Reynolds Army Community Hospital (RACH) doctors and nurses, and installation occupational health specialists may also fulfill management's role in documenting compensation claims. A supervisor must not attempt to prevent an employee from filing a claim under any circumstances, regardless of any opinion he/she may hold in regards to the merits of the claim.
- 2-2. **TRAUMATIC INJURY.** A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identified by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a single day or work shift. Traumatic injuries

also include damage to or the destruction of prosthetic devices or appliances, including eyeglasses and hearing aids if they were damaged incidental to personal injury requiring medical services.

a. Notice of Injury (Form CA-1). When an employee sustains a traumatic injury in the performance of duty, the employee should give a written report on Form CA-1 to the supervisor within 2 working days. If the employee is incapacitated, this action may be taken by someone acting in his/her behalf, including a family member, union official, or supervisor. The form must contain the original signature of the person giving notice.

(1) The supervisor will review the front of the form for completeness and accuracy and assist the claimant or the person acting in the claimant's behalf in correcting any deficiencies found.

(2) The supervisor will complete (with the assistance of the FECA Program Administrator if needed) and sign the reverse of Form CA-1.

(3) The FECA Program Administrator will insert the appropriate codes on the front and back of the form. Codes should be included for occupation, source and type of injury, agency identification, and location of duty station by zip code. Telephone numbers should be included where the FECA Program Administrator and supervisor can be reached if the Office of Workers' Compensation Programs (OWCP) personnel have questions about the injury.

(4) The supervisor will sign and return to the employee the receipt attached to Form CA-1 and furnish a copy of the Form CA-1 to the individual if requested.

(5) The supervisor will authorize medical care if needed in accordance with b below

(6) The supervisor will inform the employee of the right to elect continuation of pay (COP) (discussed in detail in Chapter 4) or annual or sick leave if time loss will occur.

(7) The supervisor will advise the employee whether COP will be controverted, and if so, whether pay will be terminated. The basis for the action will be explained to the employee. (Controversion is discussed in paragraph 4-3; the reason for controverting a claim must always be shown on Form CA-1.)

(8) The supervisor will advise the employee of his/her responsibility to present prima facie evidence of disability within 10 working days or risk termination of COP (See paragraph 4-6).

(9) The supervisor will advise the employee to obtain a description from his/her doctor of work restrictions if light duty is available and, where a specific job has been identified, to ask the doctor if he/she can perform the job.

Regardless of whether or not the employee incurs medical expense or loses time from work beyond the date of the injury, the Form CA-1 will be promptly forwarded to the FECA Program Administrator at DCP for further disposition.

b. Medical Treatment (Form CA-16). If the employee requires medical treatment because of the injury, the supervisor should promptly complete the front of Form CA-16 within 4 hours of the request except under unusual circumstances. If the supervisor doubts that the employee's condition is related to his/her employment, the supervisor should so indicate on the form. In an emergency, where there is no time to complete a Form CA-16, the supervisor may authorize medical treatment by telephone and forward a completed form within 48 hours. Retroactive issuance of Form CA-16 is not permitted under any other circumstance except as indicated in (1) below.

(1) Delayed Report of Injury. If an employee has reported an injury several days after the fact or did not request medical treatment within 24 hours of the injury, the supervisor may still authorize medical treatment using Form CA-16. (Since no Report of Injury has been filed and no request for medical treatment was initiated, these circumstances would not cause the issuance of a Form CA-16 to be considered retroactive in nature.) Supervisors are encouraged to use discretion in issuing authorizations for medical care under such circumstances. Employees should not be penalized for short delays in reporting injuries. The supervisor will not issue a Form CA-16 if 7 calendar days or more have passed since the alleged injury took place, without prior approval of the FECA Program Administrator. An employee may not authorize his/her own medical treatment.

(2) Entitlement. When a job injury occurs, the supervisor's primary duty is to see that adequate medical attention is provided to the employee as soon as possible. If an Army dispensary, clinic, hospital emergency room, or local facility under contract with the Army is available on or in the vicinity of the job site where an injury occurs, the supervisor will initially refer the injured employee to that medical treatment facility (MTF) for evaluation consistent with the nature and extent of the injury and the capabilities of the MTF. Injured civilian employees referred to the MTF will be given prompt attention.

(a) Initial Choice. The right to initial choice of physician for treatment will be fully explained to the employee by the supervisor prior to referral, and the employee will be allowed to choose the treating physician independently. If the local MTF has the capability of providing the necessary treatment, employees will be encouraged to accept treatment at the MTF (without personal expense), but not denied their right to refuse MTF treatment and be treated by medical care of choice.

(b) Transfer of Medical Care. The nature and extent of the injury (e.g., emergency situations), the capabilities of the MTF, or the location of the job site where the injury occurs (state law requires that emergency medical personnel take persons needing emergency medical treatment to the closest medical facility capable of providing that care), may dictate that the supervisor refer the injured employee directly to a civilian source of care. Emergency medical care authority at the servicing MTF will provide guidance over the telephone regarding situations in which ill or injured employees should be referred directly to a civilian medical treatment facility. The supervisor will ensure that Form CA-1 and Form CA-16 are completed and issued promptly in these cases.

(c) Referral. The original treating physician may wish to refer the injured employee for more specialized treatment or for further testing. He/she may do so on the basis of the Form CA-16 already issued; it is not necessary to issue additional authorizations for treatment. The original treating physician (or any physician to whom he/she refers the injured employee) is guaranteed payment for 60 days from the date of issue of the Form CA-16 unless OWCP terminates this authority at an earlier date. Treatment (without personal expense) may continue beyond the 60 days if the employee's claim is approved.

(d) Change of Physician. Should an employee wish to change treating physician initial choice, he/she must contact OWCP in writing for approval.

c. Medical Reports (Form CA-17 or Form CA-20). In all cases sent to OWCP, a medical report from the treating physician is required. This report may be on Form CA-17 or on Form CA-20 which are attached to compensation claim forms. It may also be made by narrative report on the treating physician's letterhead stationery or in the form of an emergency room summary; in all instances, however, the treating physician's original signature must appear on the report. The supervisor will provide forms to the injured employee for completion by the treating physician as often as needed.

d. Duty Status Reports (Form CA-17). The supervisor should provide the employee with a Form CA-17 for completion by the treating physician of choice. The examining physician at the MTF will provide the employee with a completed SF 558. Both forms will be returned to the supervisor on the day following the injury. The supervisor will always complete the front side of the Form CA-17 prior to issue. The supervisor will continue to issue Form CA-17 for subsequent treatment to be completed by the treating physician and returned to the supervisor. The supervisor should attach a copy of the employee's job description and physical requirements of the job if the injury does not appear to be totally disabling. This will allow the physician to more precisely determine the employee's physical limitations with respect to normally assigned duties. Once partial disability has been established, a Form CA-17 will continue to be issued for interim reporting concerning the employee's fitness for duty. Form CA-17 will be issued at reasonable intervals (but not more than once a week) to monitor the employee's medical status and ability to return to light or full duty. If an employee fails to provide the supervisor with these interim reports, the employee will be required to submit to a physical examination at the MTF. This will normally not be required unless 2 months have elapsed since the last interim report. The results of that examination will be forwarded to OWCP for information and further action. Failure to cooperate in an examination of this type will result in a report being filed with OWCP and possible disciplinary action being taken for insubordination.

e. Wage Loss/Permanent Impairment (Form CA-7). If disability is anticipated at the time of the injury, the employee may elect to use leave or COP (which is discussed in chapter 4) on Form

CA-1. An employee who cannot return to work when COP terminates or who is not entitled to receive COP may claim compensation for wage loss on Form CA-7. In controverted cases where pay is terminated, Form CA-7 should be submitted with Form CA-1.

(1) When to File. If disability is expected to continue beyond the period of COP entitlement, the employee may claim compensation or use leave to cover his/her absence from work. If it is not clear whether the employee will remain disabled after the 45 days of COP are used, claim for compensation should be initiated. Employees who have filed claims of this nature will be carried in a LWOP status. If a claimant returns to work after Form CA-7 has been filed, the FECA Program Administrator should be notified as soon as possible so that OWCP can be notified by telephone to avoid overpayment and provided written confirmation of return to duty.

(2) Completion. If compensation is to be claimed, the supervisor will give Form CA-7 to the employee on the 30th day of COP with instruction to complete the front of the form and return it to him/her within one week. When the form is returned, the supervisor should forward it to the FECA Program Administrator after completion of the reverse of the form. The employee is also responsible for providing medical evidence to support the period of disability claimed; this evidence should be returned to the supervisor with the Form CA-7.

(3) Submission. After completing the form, the FECA Program Administrator will submit it to OWCP along with any medical evidence available. OWCP will use pay data provided by the FECA Program Administrator to determine the rate of compensation. The dates of compensation claimed will represent the period of disability supported by the medical evidence or the interval until the employee's next medical appointment.

(4) Leave Repurchase. An employee who takes sick or annual leave to avoid possible interruption of income may repurchase that leave if the claim is approved, and Form CA-7 may be used for that purpose as well. In addition to the factual and medical evidence required above, the FECA Program Administrator will provide OWCP with a detailed breakdown of leave used, showing the number of hours charged for each day claimed and whether sick or annual leave was used.

(5) Lost Wages for Medical Treatment. Time lost for follow-up and continuing medical treatment of injured employees who have returned to work should be kept to a minimum. Under these circumstances, when an employee has elected to utilize the local MTF for treatment of his/her injury, the supervisor is authorized to grant discretionary duty time for follow-up treatment on an appointment basis when the follow-up treatment is minor in nature (including removal of stitches, changing bandages, physical therapy, routine follow-up examinations, and immunizations). Prudent use of this authority will greatly reduce the number and cost of compensation claims assessed activities and the installation. If an injured employee exercised his/her right to select a private treating physician and has refused MTF treatment, he/she may claim compensation for lost wages while undergoing or traveling to and from treatment. Such a claim may be made on Form CA-7, and it should be accompanied by a supervisor's statement showing the exact period of time and the total amount of wages lost due to the treatment, and the rate of pay and the number of hours or days the employee would have worked if available. The supervisor will forward both the time lost statement and Form CA-7 to the FECA Program Administrator as soon as possible (see paragraph 2-2g, below).

f. Continuing Wage Loss (Form CA-8). If the disability is expected to continue, the supervisor should provide the injured employee a Form CA-8 ten days before the period claimed on Form CA-7 expires. The employee should complete the front of the form and return it to the supervisor who will complete the reverse of the form and forward it to the FECA Program Administrator. The FECA Program Administrator will assemble the form with all evidence to support the claim and all dates of compensation claimed provided by the employee and forward it to OWCP. This completed CA-8 should be forwarded to OWCP at least five days prior to the end of the period claimed on the CA-7. During the period of continuing disability, a Form CA-8 should be submitted to OWCP every 2 weeks until OWCP instructs otherwise. Form CA-8 may also be used to claim additional periods of leave repurchased; an itemized breakdown of leave used should again be provided as in paragraph (e), (4) above. If the employee returns to work after the claim has been submitted, the supervisor will again notify the FECA Program Administrator so that OWCP can be called immediately to prevent overpayment and a written confirmation of return to duty can be forwarded to OWCP.

g. No Wage Loss (Form CA-1 and Form CA-16). OWCP has categorized on-the-job injury incur no wage loss into three groups and defined the circumstances under which they must reported.

(1) Group I injuries are defined as injuries where the claimant obtains no medical treatment at all or obtains medical treatment at the local MTF on the day of injury only. In these cases, no medical expense is incurred and no time loss is charged in the form of leave or COP. The Notice of Injury (Form CA-1) is completed by the injured employee and the supervisor and submitted to the FECA Program Administrator for review and forwarding to the occupational health office where it will be retained in the employee's medical folder (EMF). No report will be filed with OWCP.

(2) Group II injuries include cases where medical expense is incurred (injured employee has elected a private treating physician of choice), but no loss of time is charged in the form of leave or COP (treated on the day of injury or during off-duty time). The injured employee and supervisor will complete Form CA-1 as soon as possible. The supervisor will issue Form CA-16 to authorize medical treatment and provide the employee with a Form CA-17 for completion by the treating physician. The Form CA-1, Form CA-16, and Form CA-17 will be forwarded to OWCP by the FECA Program Administrator.

(3) Group III injuries are designated as "First Aid Injuries." They include cases which require one or more visits to the local MTF for examination or treatment during working hours beyond the day of injury as long as no medical expense is involved and no time loss is charged to leave or COP. First aid injuries are also defined as those which require two or more visits to the local MTF for examination or treatment during off-duty hours beyond the day of injury, again as long as no medical expense and no loss of time is charged to leave or COP. Group III cases are those cases referred to in paragraph 2-2e(5) above that offer the supervisor the opportunity to exercise personal discretion in allowing duty time for follow-up treatment at the local MTF in an effort to reduce the cost of the FECA Program. Form CA-1, Form CA-16, and Form CA-17 should be issued in this type of case and forwarded to the FECA Program Administrator. The FECA Program Administrator will annotate the Form CA-1 as a "First Aid Injury" and enter the word "Agency" in block 31. The Form CA-1 and Form CA-16 will be forwarded to OWCP but will not be assessed as a compensation claim against the installation.

2-3. OCCUPATIONAL DISEASE. An occupational disease is defined as a condition produced in the work environment over a period longer than 1 workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxins, poisons or fumes, or other conditions of the work environment.

a. Notice of Occupational Disease (Form CA-2). The injured employee or someone acting on his/her behalf should give notice of occupational disease on Form CA-2. The supervisor will issue Form CA-2 to the employee with instructions to complete the front side of the form and return it to him/her as soon as possible. Upon return of the CA-2 the supervisor will:

(1) Review the front of the form for completeness and accuracy and assist the employee in correcting any deficiencies found;

(2) Complete and sign the reverse of the Form CA-2 and indicate a telephone number where the OWCP can contact him/her if they have questions concerning the claim;

(3) Sign and return to the employee the receipt attached to the Form CA-2 and provide a copy of the Form CA-2 to the employee if requested;

(4) Review the employee's portion of the Form CA-2 and provide comments on the employee's statement requested in paragraph (5);

(5) Prepare a supporting statement to include exposure data, test results, copies of medical examinations, and/or witness statements depending on the nature of the case

(6) Obtain three copies of the appropriate checklist Form CA-35A-G for the disease claimed (specific checklists have been devised for various conditions and are available for issue from the FECA Program Administrator at DCP); two copies of the checklist will be issued to the employee with an explanation of the need for detailed information. The supervisor should also advise the employee to provide factual and medical supporting evidence requested on the specific checklist; the supervisor may use the third copy of the checklist to coordinate compilation of material from occupational health and safety specialists in preparing the statement required in paragraph (5) above;

(7) Forward the completed Form CA-2 and appropriate checklists with his/her supporting statement and evidence provided by the employee to the FECA Program Administrator;

(8) Advise the employee of the right to elect sick or annual leave or leave without pay pending adjudication of his/her claim.

The FECA Program Administrator will carefully review all documents relating to an occupational disease claim, enter appropriate codes on Form CA-2, and forward the claim to OWCP within 10 working days of receipt.

b. Medical Treatment (Form CA-16). Only in rare instances will medical care authorization be issued by local officials for treatment of occupational disease. The FECA Program Administrator will contact the OWCP before any local authorizing official issues any authorization for treatment of occupational disease.

c. Wage Loss/Permanent Impairment (Form CA-7). Form CA-7 is used to file an initial claim for compensation because of pay loss resulting from an occupational disease. The claim must be filed within 10 days after pay stops or when the employee returns to work, whichever occurs first.

(1) Leave Repurchase. The employee may use sick or annual leave pending adjudication of the claim. If so, the employee may initiate repurchase of this leave using Form CA-7. The supervisor should certify the amount and kind of leave used for each day claimed, and the employee should provide medical evidence supporting the period of repurchase requested.

(2) Lost Wages for Medical Treatment. An employee who has returned to work but continues to require medical treatment during working hours may claim compensation for lost wages while undergoing or traveling to and from the treatment. Such a claim may be made on a Form CA-7 and it should be accompanied by a statement from the supervisor showing the exact period of time and total amount of wages lost due to treatment, and the rate of pay and the number of hours or days the employee would have worked if available.

d. Continued Wage Loss (Form CA-8). Form CA-8 may be used to claim continuing compensation after the initial period covered by Form CA-7 or to claim additional periods of leave repurchase.

2-4. RECURRENCES. A recurrence is defined as a spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause or a return or increase of injury due to a consequential injury. A recurrence is distinguished from a new injury by the criterion that in a recurrence no event other than the previous injury accounts for the disability. Follow up medical care for an injury or occupational disease which causes time loss is considered part of the original injury treatment rather than recurrence unless the claimant was previously released from treatment.

a. Claim for Recurrence (Form CA-2A). If a recurrence develops, the supervisor and employee should complete Form CA-2A and forward it to the FECA Program Administrator. If the employee was entitled to COP and the 45 days of COP have not been exhausted, he/she may elect to use the remaining days if 90 days have not elapsed since he/she first returned to duty. Otherwise, the employee may elect to use sick or annual leave pending adjudication of the claim for recurrence. The employee must arrange for submission of factual and medical supporting evidence, paying particular attention to the need for "bridging" information which describes his/her condition and job duties between the original injury and the recurrence.

b. Medical Treatment (Form CA-16). The supervisor, at his/her discretion, may issue Form CA 16 to authorize examination or treatment for a recurrence of disability if it resulted from an injury previously recognized by OWCP as compensable. The supervisor may not authorize examination or treatment when OWCP has disallowed the original claim or when 6 months have elapsed since the employee last returned to work.

c. Claim for Wages Lost (Form CA-7 and Form CA-8). If an employee wishes to claim compensation because of a recurrence, Form CA-7 is required if one was not previously submitted. If a Form CA-7 was submitted, then the employee will submit a completed Form CA-8 to the FECA Program Administrator along with supporting evidence. A Form CA-8 is to be completed and submitted every 2 weeks until the employee is otherwise notified by OWCP.

2-5. **DEATH.** When an employee dies because of an injury incurred while in the performance of duty, the FECA Program Administrator will immediately notify OWCP. The FECA Program Administrator will also contact any survivors and provide them with claim forms and assist them in preparing the claim as much as possible. The forms should be submitted even if a disability claim had previously been filed and benefits were paid. Continuation of benefits is not automatic as it must be shown that the death resulted from the same condition for which the disability claim was accepted.

a. Claims for Death Benefits (Form CA-5 and Form CA-5B). The survivors of a deceased employee should use Form CA-5 or Form CA-5B in submitting claims for death benefits. The survivor should complete the front of the appropriate form while the attending physician should complete the medical report on the reverse and forward the completed form to the FECA Program Administrator. The survivor should also provide the FECA Program Administrator with a copy of the death certificate, which has been certified by the issuing authority. The survivor must also provide a copy of any divorce or annulment decree if the decedent or the spouse were formerly married. Certified copies of birth certificates of any children for whom claim is made should also be provided. The FECA Program Administrator, working with the survivor, will review and assemble the death benefit claim with supporting documents and forward it to OWCP.

b. Agency Notice (Form CA-6). The FECA Administrator, after telephonically notifying OWCP of an employee employment-related death, will complete and forward Form CA-6 to OWCP as the agency's formal notice as soon as possible.

### Chapter 3

#### PREVENTION AND CONTROL

3-1. **GENERAL.** On-the-job injury and occupation disease prevention includes all measures taken to reduce to the lowest possible level, the injury and illness of Federal civilian employees which can be attributed to their employment by activities associated with this Command.

3-2. **RESPONSIBILITIES FOR PREVENTION.** Managers and supervisors at all levels are responsible for ensuring that there are effective local on-the-job injury and occupational disease prevention efforts. These efforts are to be developed and implemented in accordance with this regulation, OSHA regulations, and directives published by this Command relative to safety, occupational health, and fire prevention.

3-3. **FECA CLAIMS CONTROL COMMITTEE.** A FECA Claims Control Committee, established by direction of the Chief of Staff, USAFACFS, will serve in an advisory capacity to the Command and take an active role in effecting efforts to reduce the number of claims relative to the Command being administered by OWCP and the elimination of the causes of injury in the work place. This committee will act in no way to influence or participate in the claims adjudication process.

a. Chairperson. The FECA Claims Control Committee will be chaired by the Chief of Staff, USAFACFS (in the absence of the Chief of Staff, the Deputy Garrison Commander will act as chairperson).

b. Members. The FECA Claims Control Committee will, as a minimum, consist of representatives from DCP, Occupational Health Office, MEDDAC, CID, Artillery Branch Safety Office, DOL, DRM and DEH.

c. The FECA Program Administrator. The FECA Program Administrator will provide the committee with an on-going assessment of local posture in regards to FECA costs and progress in reduction of the number of claimants on the long-term rolls. He/she will provide minutes of each meeting of the committee to union officials upon request.

d. The CID Agent. As the need becomes apparent, the CID agent will conduct investigations of claimants suspected of system abuse. Findings under these investigations may result in appropriate punitive measures to include compensation loss, judicial actions, and adverse action under USAFACFS Reg 690-3.

e. Committee Actions. The committee will meet on a quarterly basis, as a minimum, to review and make recommendations concerning any changes to policy or initiation of new policy regarding on-the-job injury prevention and control, and not to pursue individual cases.

3-4. **PREVENTION EDUCATION.** This section provides policy and responsibility for developing and implementing education programs to reduce on-the-job injuries and subsequent FECA claims.

a. Managers and supervisors at all levels will be provided education and training on the FECA Program, costs of the program, injury prevention, and effective measures to alleviate problems associated with claims filing, rehabilitation, and reinstatement of partially disabled workers.

b. The DCP will plan, establish, and administer special training and education programs in support of pro-active efforts of managers in control and prevention of on-the-job injuries. Focus will be on the training of managers and supervisory personnel in support of Command-directed initiatives and goals. A comprehensive presentation of this type of training will be included in the local administration of the "Managing the Civilian Work Force" course (41B) to new supervisors.

c. First-line supervisors will advise new employees of the hazards involved in performing the duties of the job and dangers in the work area. They will monitor their employees in the day-by-day performance of their duties and insure that they routinely observe safety rules. (It should be noted and well publicized that deliberate disregard of safety rules and regulations is grounds for adverse actions under USAFACFS Reg 690-3.) Supervisors will also assist activity safety officers in their efforts to upgrade safety in the work area through communication with the employees, development of safety rules, and routine review of the work areas to note and correct unsafe acts and hazards in the workplace.

d. The Artillery Branch Safety Office will provide effective publicity of accidents with analysis of their causes through appropriate media channels in an effort to enhance employee safety consciousness.

e. The Occupational Health Office, MEDDAC, will provide support of this program through workplace environmental monitoring, physical examinations, and related occupational health services.

#### Chapter 4

#### CONTINUATION OF PAY

4-1. GENERAL. The FECA provides that an employee's regular pay may be continued for up to 45 calendar days of wage loss due to disability and/or medical treatment following a traumatic injury. The intent of this provision is to eliminate interruption in the employee's income while the claim is being adjudicated. COP is not compensation and is therefore subject to income tax, retirement, and other deductions. After entitlement to COP is exhausted, the employee may apply for compensation or leave.

An employee is entitled to receive COP when he/she is absent from work due to disability or medical treatment or when he/she is reassigned by formal personnel action to a position with a lower rate of pay due to partial disability. Because informal assignment of light or restricted duties without personnel action does not result in loss of pay, time worked in such a position may not be charged to COP. An employee whose work schedule is changed, however, so that a loss of salary or premium pay results, is entitled to COP for the wage loss whether or not a formal personnel action was initiated.

Temporary employees are entitled to COP on the same basis as permanent employees but COP cannot be paid after a termination date that was established prior to the date of injury. Compensation will be paid after employment has ceased, regardless of how many days of COP have been used.

4-2. USE OF LEAVE INSTEAD OF COP. An employee may use annual or sick leave to cover all or part of an absence due to injury. If an employee elects to use leave, each full or partial day will be counted against the 45 days of entitlement. Regardless, entitlement is not extended beyond 45 days of combined absences.

An election of sick or annual leave during the 45-day period is not irrevocable. If an employee who has elected leave for the period wished to elect COP, the activity must make a change on a prospective basis from the date of the employee's request. Where the employee wishes to have leave restored retroactively, the activity must honor the request, provided that the employee has provided prima facie evidence of injury-related disability for the period.

4-3. CONTROVERSION. Sometimes an activity or supervisor objects to paying a claim for continuation of pay, either for one of the reasons provided by the regulation or for some other reason. This action is called controversion. The activity or supervisor may controvert a claim

by completing the indicated portion of Form CA-1 and submitting detailed information supporting the controversion to OWCP through the FECA Program Administrator. Even though the claim is controverted, the employee's regular pay will continue unless at least one of the following conditions applies:

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

The employee serves without pay or only nominal pay or is on the staff of a former president;

c. The employee is neither a resident nor a citizen of the United States, Canada, or the Canal Zone;

d. The injury occurred off the installation and the employee was not engaged in official "off-premises" duties;

e. The employee caused the injury by his/her willful misconduct, or intended to bring about his/her injury or death or that of another person, or the employee's intoxication was the proximate cause of the injury;

f. The injury was not reported on a form approved by OWCP within 30 days following the injury

g. Work stoppage first occurred more than 90 days following the injury;

The employee first reported the injury after employment was terminated;

i. The employee is enrolled in another group of Federal workers covered by special legislation

The activity/supervisor may not continue pay under any of the above circumstances. The activity/supervisor may dispute the employee's right to COP for other reasons than those stated above; however, in these cases regular pay may not be interrupted during the 45-day period unless one of the conditions in paragraph 4-4 or 4-6 is met.

4-4. LIGHT DUTY ASSIGNMENTS. When the treating physician's report indicates that the employee is no longer totally disabled, he/she is required to accept any reasonable offer of suitable light or limited duty. Such an offer may be made by telephone but must be confirmed in writing in order to be valid; it should include a description of the duties and requirements of the offered position. If a personnel action is involved, the employee should be provided a copy of it prior to the effective date. If the position assigned causes a loss in pay, COP will be paid for that loss. If the employee refuses to accept the work offered, COP should be terminated as of the date of the employee's refusal or after 5 days from the date of the offer, whichever is earlier. OWCP will be notified of the refusal by the FECA Program Administrator, and OWCP will then determine entitlement based on medical reports and the duties of the position offered and issue a formal decision.

4-5. RECURRENCES. In many cases, an employee will return to work without using all 45 days of COP entitlement. Should such an employee suffer recurrence of disability, he/she may use COP if no more than 90 days have elapsed since the date he/she first returned to work, including part-time work and light duty following the first work stoppage. If recurrence begins later than 90 days after the employee first returns to work, COP will not be authorized even though some days of entitlement might remain unused. A period which begins before the 90-day deadline and continues beyond it may be charged to COP as long as the period is uninterrupted.

TERMINATING COP Continuation of pay should not be stopped until

a. The expiration of the 10-workday period after the employee claims COP or the disability begins (or recurs), whichever is later, if the supervisor has not received prima facie evidence of injury-related disability within the period. Such evidence is medical evidence which indicates that the employee was disabled for the job held at the time of the injury because of an employment-related injury. Pay may be continued without such evidence if the supervisor is satisfied that the employee sustained a disabling traumatic injury. For the purposes of this provision:

(1) The 10-workday period begins the workday after the employee claims COP or the disability begins (recurs).

(2) A "workday" means the business day of the office or facility where the employee works or reports such that the medical evidence could be submitted by the employee to the supervisor or authorized official.

b. The supervisor receives medical information from the treating physician stating that the employee is no longer disabled for regular work. The supervisor should also terminate COP when a partially disabled employee returns to full-time light duty with no pay loss or if he/she refuses a suitable offer of light duty.

c. The supervisor or FECA Program Administrator receives word from OWCP that pay should be terminated.

d. The expiration of 45 calendar days will automatically terminate COP.

An employee who is scheduled to be separated and reports a traumatic injury on or before the separation date should still be terminated; he/she is entitled to COP up until the date of termination and to compensation thereafter.

#### 4-7. REPORTING COP (Form CA-3)

a. Time Cards. Time loss for an employee who is receiving COP should be recorded as "COP" on the Time and Attendance Report. A diminishing record of the 45-day limitation will be maintained in the "Remarks" block.

b. Administrative Approval. In all cases the DCP has the local authority to approve/deny initiation of COP and supervisors will submit written requests for such actions to the FECA Program Administrator. Approvals from DCP will be attached to employee time cards by the supervisor and submitted to the civilian payroll office servicing the activity.

c. Formal Decision. In all cases, OWCP has the final authority to determine if an action in paying or terminating COP is correct. If entitlement is denied, OWCP will notify both the employee and the FECA Program Administrator by formal decision. Payment then may be charged, at the employee's option, to sick or annual leave or be deemed an overpayment subject to collection.

d. Completion of Form CA-3. When entitlement to COP ends, the employee returns to work, or his/her disability ceases, the supervisor and FECA Program Administrator will complete Form CA-3 and submit it to OWCP. The Form CA-3 should state the specific days and hours charged to COP and/or leave. The amount of money should only reflect the amount paid for COP. If the disability ends before the expiration of the 45-day limit, the supervisor will terminate COP. An employee who is no longer disabled must return to work upon notification by the treating physician that he/she is able to perform full regular duty or suitable and available light duty. If the employee does not return to duty, an overpayment may result which will be subject to collection by the Finance and Accounting Office.

### Chapter 5

#### DISPOSITION OF LONG-TERM DISABILITY CASES

5-1. GENERAL. A long-term disability case is one where disability continues for at least 60 days. In such cases, the employee is placed on the FECA periodic rolls and advised that OWCP will notify him/her when the medical evidence shows termination of total disability. OWCP will begin to correspond directly with the injured employee and require information to be used for compensation awards and job placement. OWCP will also require employee-related information from the FECA Program Administrator as needed. Once informed that total disability is considered medically terminated, the employee is expected to seek suitable employment. OWCP will make every reasonable effort to arrange for employment of such individuals. These efforts will concentrate on this Command, and only if employment with this Command is shown not to be possible will OWCP attempt to place the employee with a new employer.

5-2. MANAGEMENT AND CONTROL - COMPENSATION COSTS. Compensation costs are significant and are having considerable impact on overall budgeting of monies to the Department of the Army and ultimately, to this Command. For this reason, managers are directed to make every effort to ensure that compensation costs are properly managed through their own initiatives and cooperation with the FECA Program Administrator. This will include:

a. Investigating all reports of on-the-job injury to determine the facts and circumstances and, if warranted, contest questionable claims for compensation. (Claims must be controverted on the basis of fact, not opinion or commentary.)

b. Monitoring the recovery of injured employees, including working with the first-line supervisor and FECA Program Administrator to require medical examinations and reports where indicated and maintaining contact with claimants. Encouraging the supervisor to maintain personal contact with his/her injured employee and report information concerning evidence that the employee is working at another job or is participating in activities which clearly indicate an ability to perform his/her normal duties or limited duties to the FECA Program Administrator. All verified abuses of the FECA Program will be forwarded to OWCP for final disposition.

c. Carrying claimants on the activity's rolls where feasible with the goal of returning them to duty as soon as possible.

d. Working with DCP in identifying jobs that are suitable for recovering/recovered claimants and providing job offers as soon as their condition permits.

e. Cooperating with DCP in advising treating physicians of possible light duty assignment and requesting specific medical information.

f. Ensuring that recovered individuals on the re-employment priority list are given bona fide consideration and placed in vacancies for which qualified.

g. Holding supervisors accountable for effective compensation cost savings and providing recognition for accomplishments in this area.

5-3. EMPLOYEE RIGHTS AND RESPONSIBILITIES COUNSELING IN ON-THE-JOB INJURY PREVENTION AND RETURN TO WORK. An employee who is being separated or placed on leave without pay as a result of a compensable injury should be informed through effective counseling and in writing by the FECA Program Administrator:

How benefits such as health and life insurance, leave and retirement will be affected.

b. Restoration rights and how to exercise them.

Any time limits that apply.

d. What is required of the employee

The OWCP will inform him/her what his/her appeal right:

What bargaining unit and which union official to contact if appli

The employee should also be specifically informed that he/she has an obligation to keep the supervisor/FECA Program Administrator informed of his/her medical status and to seek restoration as soon as the medical condition permits. The FECA Program Administrator will provide the employee with a detailed listing of his/her rights.

5-4. LEAVES WITHOUT PAY AND SEPARATION. Because injured employees have a mandatory right to restoration if they recover within a year from the time compensation begins, activities will keep those employees expected to fully or partially recover on the rolls during this period. This will facilitate tracking the employee's recovery and will greatly simplify the administrative process and ensure a greater degree of Command control over the individual because, by definition, he/she will remain an employee. Separation of non-probationers would be effected under USAFACFS Reg 690-3 with adverse action procedures on the basis that the employee is unable to perform the duties of his/her position. The employee will be informed that this adverse action will not affect his/her entitlements to compensation, restoration rights, or disability retirement.

5-5. DISABILITY RETIREMENT. Disability retirement and disability compensation benefits are based on different statutory criteria and entitlement to one benefit does not automatically establish entitlement to the other. The FECA Program Administrator will provide detailed counseling on the criteria required for entitlement to both courses of action and the options and benefits available through each.

5-6. **RESTORATION RIGHTS.** Federal employees who have fully or partially recovered from employment-related injuries have certain job retention rights. An employee who recovered within 1 year of beginning compensation or who is considered physically disabled has certain mandatory restoration rights to his/her position or its equivalent regardless of whether he/she is still on the employment rolls. If fully recovered after 1 year, he/she is entitled to priority consideration provided that application is made within 30 days of the date that compensation ceases. If the employee is partially recovered, the Command must make every effort to restore him/her according to the circumstances of the case. When an employee resumes work, the FECA Program Administrator will verify with OWCP that the employee has been receiving compensation for the entire period of absence from service.

5-7. **RE-EMPLOYMENT WITH THE COMMAND.** When the medical evidence shows that total disability has ended, the employing activity will consider re-employment even if notification has not been received from OWCP. It is important to remember that, as long as the employee remains on an activity's rolls, his/her position is considered obligated, and a temporary overhire to fill it is an expense added to COP and compensation benefits being paid by OWCP. However, termination of an employee under provisions of USAFACFS Reg 690-3 also removes the employee from the control of the Command while compensation claim assessment remains against the Command. The following procedures will be used in all cases where injured employees remain on activity rolls regardless of how long they have been receiving compensation benefits:

a. **Medical Evidence.** In order to make an appropriate job offer, DCP will need to obtain and evaluate medical evidence pertinent to the employee's work tolerance limitations (in some cases OWCP will provide this information). Medical information which is not over 3 months old and which addresses current limitations will usually be sufficient for the purpose of making a job offer. If the supervisor/FECA Program Administrator is not receiving medical reports on a regular, timely basis or insufficient information is being received, the DCP has specific authority to require an employee to report for a medical examination by the Command's physician of choice (MTF) at no cost to the individual. The explicit purpose of this examination is to determine whether a job that is available is within the current limitations of the employee's medical condition. This authority to require a medical examination will be exercised through the FECA Program Administrator. The results of any Command-directed physical examination will be submitted to OWCP. If an employee refuses to participate in early stages of rehabilitation or Command efforts to restore employment (i.e., examinations, interviews, counseling, testing, and work evaluations), OWCP will, in the absence of evidence to the contrary, assume that the rehabilitation would have resulted in return to work with no loss of earning capacity. Thus, compensation would be reduced to zero. Any refusal to cooperate will be reported to OWCP.

b. **Degree of Recovery.** If the employee is expected to eventually return to the job held at the time of the injury, the activity should offer light or modified duty pending full recovery. Any such offer should be made in accordance with the procedures outlined in paragraph 5-7.c. and will be developed through coordinated efforts with DCP. If the residuals of the injury will prohibit the employee from returning to the position held at the time of the injury and the employee has been in receipt of compensation for over 1 year, the activity should consider re-employment in the following order of preference:

(1) Return to the position held at the time of the injury with modification to accommodate the claimant's limitations.

(2) Employment in another position at the same salary as the position held at the time of injury.

(3) Employment in another position at a lower salary than the position held at the time of injury.

c. **Elements of a Job Offer.** The FECA Program Administrator, after coordination with the activity and the DCP, may contact the employee by telephone to advise of the availability of a job, but the offer must be confirmed as soon as possible in writing. The FECA Program Administrator will also send a copy of the job offer to OWCP at the same time. The job offer must include:

(1) A description of the duties to be performed

(2) The specific physical requirements of the position and any special demands of the workload or unusual working conditions.

(3) The organizational and geographical location of the job

(4) The date on which the job will be available.

(5) The date by which a response to the job offer is required.

d. Claimant's Response. The FECA Program Administrator will provide OWCP with a copy of the claimant's response as soon as it is received. OWCP will evaluate the position to determine whether it is suitable and advise the employee of its findings in writing. If OWCP finds the job offer suitable, the employee will be notified in writing that he/she is expected to accept the job or show reasonable cause for refusal. OWCP will advise the employee that failure to accept the job or respond within 30 days will result in termination of compensation. OWCP will always retain official approval authority on job offers.

5-8. VOCATIONAL REHABILITATION SERVICES. OWCP will provide vocational rehabilitation services for injured employees in order to assist them in returning to gainful employment. These rehabilitative services may be provided when requested by the treating physician, the employee, or the Command. The results of the rehabilitation should, as a minimum, increase the earning capacity of the employee and, therefore, reduce the amount of compensation. Should an employee involved in a rehabilitation program refuse to cooperate or make a good faith effort to obtain employment, OWCP may reduce or terminate compensation depending on the circumstances of the refusal.

APPENDIX A

References and Forms

A-1. REFERENCES:

5 U.S.C. 8101 et seq.  
5 CFR 339.102  
5 CFR 339.30(b)  
20 CFR 10.23  
FPM Chapter 339  
FPM Chapter 810  
AR 690-800

A-2. FORMS:

Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay  
Compensation  
Form CA-2, Notice of Occupational Disease and Claim for Compensation  
Form CA-2A, Notice of Employee's Recurrent of Disability and Claim for Pay/Compensation  
Form CA-3, Report of Termination of Disability and/or Payment  
Form CA-16, Authorization for Examination and/or Treatment  
Form CA-17, Duty Status Report  
Form CA-20, Attending Physician's Report  
Form CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease  
HCFA-1500, Health Insurance Claim Form

APPENDIX B

Glossary

Continuation of Pay (COP). The continued payment of full wages or salary and benefits for a maximum of 45 calendar days following an on-the-job injury. It will be shown as "COP" on the Time and Attendance Record.

Controversion. An official objection to a claim for continuation of pay following an alleged on-the-job injury. Any such objection must be supported by objective evidence and not opinion.

FECA Program Administrator. Appointed administrator of the Federal Employees' Compensation Act at the Command level and official liaison with the Office of Workers' Compensation Programs at the district level.

Long-Term Disability. Disability that will continue for at least 60 days following an on-the-job injury.

Injury (Consequential). A new injury that occurs as the result of a work-related injury; for example, it occurs because of weakness or impairment caused by a work-related injury.

Injury (Intervening). An injury that occurs outside the performance of duty to the same part of the body originally injured. The resulting injury will be considered related to the original injury unless the second injury alone is established as the cause.

Injury (Traumatic). A wound or other condition of the body caused by external force, including stress or strain. The term also includes damage to or the destruction of prosthetic devices or appliances, including eyeglasses and hearing aids if they were damaged incidental to personal injury requiring medical services.

Medical Treatment Facility (MTF). An Army dispensary, clinic, hospital emergency room, local facility under contract with the Army capable of providing medical care.

Occupational Disease or Illness. Disease or illness produced by systemic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc., or the continued exposure to conditions of the work environment over a long period of time.

Physician (Change of). An injured employee elects to discontinue seeing the initial of choice and desires to change physicians. Approval must be obtained from OWCP for compensation to continue.

Physician (Initial Choice of). The right to make an independent selection of a treating physician for a job-related injury or illness.

Physician (Treating). Includes doctors of medicine (MD), surgeons, podiatrists, dentists, chiropractors, and osteopathic practitioners caring for ill or injured persons within the scope of their practices as defined by state law. (Chiropractic care under the FECA is limited to treatment consisting of manipulation of the spine to correct a subluxation as demonstrated by x rays to exist; however, if a Form CA-16 is issued to a chiropractor for emergency care and the condition diagnosed is other than a subluxation, charges will be honored until OWCP terminates the authority of Form CA-16).

Recurrence. A spontaneous return or increase of disability due to previous injury or occupational disease without intervening cause, or a return or increase of disability consequential injury.

Referral. A treating physician sends an injured employee to another doctor or facility specialized treatment or testing. Referrals are compensable.

Willful Misconduct. Violation of a safety rule, disobedience of an order or regulation, or violation of a law in a deliberate and intentional manner as distinguished from a careless and heedless manner. Actions of this nature may destroy the right to compensation for subsequent injuries.

(ATZR-XPM)

FOR THE COMMANDER:



VOLLNEY B. CORN, JR.  
Colonel, FA  
Chief of Staff

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