

## Federal Employees' Compensation Act FAQs for Supervisors

### 1. What should you do if you are a supervisor of an injured employee?

When an Appropriated Fund employee is injured as a result of work, ensure that the employee receives emergency medical care or medical treatment as appropriate and immediately notify the local safety office. Note that an Abbreviated Ground Accident Report (AGAR) must be completed and submitted to the local safety office through the Report It Accident Reporting System at <https://reportit.safety.army.mil>.

You must also ensure that the employee completes a Form CA-1, Federal Employee's Notice of Traumatic Injury or a Form CA-2 Federal Employee's Notice of Occupational Disease in ECOMP. If the employee's injury results from a specific event or series of events during one day or shift, the supervisor and employee complete a Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation using the Employees' Compensation Operations & Management Portal (ECOMP). If the employee develops a condition due to prolonged exposure lasting more than one day or shift, complete a Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation using ECOMP. Both the CA-1 and the CA-2 are available for electronic submission at <https://www.ecomp.dol.gov/#>. Click on the "File Form" green bar in center of page, or "File a Form" in left column, under Employee & Claimants.

When an employee under your supervision has filed a FECA claim in ECOMP, you will receive an email message advising you that the form requires your review. The email message will contain: the ECOMP control number (ECN); form type; status; status changed date; employing organization; employee's initials; date of event and date filed. Click on the link within the message to access the form.

First, the employee's name and organization will be displayed, along with the date of the event and the date the claim was initiated. You must confirm that you have the authority to complete the supervisor portion of this employee's claim. To proceed with review of the claim, click "Yes, I will review this form." If you believe that you do not have the authority to review the employee's claim, or that it was sent to you in error, click "No, I cannot review this form." You must also select a reason for refusing to review the claim. The employee and Agency Reviewer (AR) (the Injury Compensation Specialist in the Civilian Personnel Advisory Center) will be advised by email that you have declined to review the form and the reason you provided.

When you agree to review the form, your IP address will be recorded for security purposes, as noted. Click "I Agree" to proceed. Next, a summary of information pertaining to the employee's claim will be displayed. Click "Continue" to proceed. Information entered by the employee in each field of the CA-1 form will now be displayed. You may use the "Go to Field" button to view information entered in each

field of the employee portion of the form, but it may not be edited. Click “Continue” to proceed.

Next, enter your name, title and office telephone number, as well as the name and address of the reporting office. You can also enter the Occupational Health and Safety Administration (OSHA) site code, if known, but this field is optional. Click “Continue” to proceed. Next, select the employee’s occupation code, injury type code and injury source code from the drop down lists and select the employee’s retirement coverage. If the employee has a set work schedule, answer “yes” to this question and enter the regular work hours and work schedule. If the employee does not work a set schedule, respond “no” to this question. The date of injury and date notice received are pre-populated from the employee’s submission of the claim. The remaining fields are optional, but should be completed if this information is available: date stopped work; date pay stopped; date 45 day period began; and date returned to work. Click “Continue” to proceed.

Next, indicate whether the employee was injured in performance of duty. If not, an explanation must be provided. Also indicate whether the injury was caused by the employee’s willful misconduct, intoxication or intent to injure self or other. If so, an explanation must be provided. Additionally, indicate whether the injury was caused by a third party. If so, the name must be provided. The third party’s address should also be provided if known, however this field is optional. The anatomical location of injury, nature of injury, cause of injury and extent of injury should be selected from the drop down lists. Completion of these fields by the supervisor is optional. If you do not complete them the codes will be selected by the AR during final review of the form. Click “Continue” to proceed.

Next, if available, the name and address of the physician first providing medical care, as well as the first date medical care was received, should be entered, however these fields are optional. You must indicate whether medical reports show the employee is disabled from work, and whether your knowledge of the facts of the reported injury agrees with the statements of the employee and/or witnesses. If not, an explanation must be provided and may be used to challenge the claim’s validity. If you controvert, or dispute, the employee’s entitlement to Continuation of Pay (COP), the reason must be stated. Please refer to the help text for a list of valid controversion reasons. If COP is not controverted, this section should be left blank. You should also enter the pay rate as of the date the employee stopped work, if applicable, however this field is optional. If you wish to note any exceptions to the information furnished on the CA-1 form by you or the employee, enter an explanation in the space provided. Click “Continue” to proceed.

Next, you may upload any attachments which you wish to submit with the claim. If additional space is needed to explain responses to any of the previous fields completed in the supervisor portion of the form, you may indicate “see attached” in that field and upload an explanatory statement in this step. Click “Continue” to proceed.

Finally, a summary of information entered in the supervisor portion of the CA-1 form is displayed. If any required information has not been entered, there will be a notice at the top of the screen and the field will be indicated in red. You will need to go back and complete all required fields before you can continue. If any information needs to be edited you may use the "Go to Field" button to return to the field and make changes. When all information has been confirmed, click "Continue" to proceed.

You must then indicate whether the form is ready for forwarding to the AR for final review. If you feel the claim is not ready for forwarding and requires resubmission, click "Request Resubmission" and select the reason from the drop down list. The employee and AR will be notified by email that you have requested resubmission and the reason you provided.

If the claim is ready to be forwarded, click "Sign and Forward Form". You should also indicate whether the claim is related to any of the events listed in the drop down list. You must agree with the displayed acknowledgement statement to proceed. Confirmation that the claim has been forwarded will then be displayed. You may view or save a PDF copy of the CA-1 by clicking the "View" or "Get PDF" buttons (this will be your only opportunity to do so). Note that certain personally identifiable information will be masked in the PDF for the protection of the employee. When finished, click "Done" to exit.

Once the claim has been received by the AR, he or she will review the information entered for the claim by the employee and by you, the supervisor. The AR will be able to edit information in the supervisor portion of the form if necessary and upload additional attachments to the claim, and will determine if the claim needs to be submitted to the Office of Workers' Compensation (OWCP) for creation of a case.

Once final review of the CA-1 has been completed, the AR will print the form for your signature, as well as that of the employee. The CA-1 form with original signatures will be maintained by the AR.

If the employee has a traumatic injury (a specific event or series of events during one day or shift), provide a Form CA-16, Authorization for Examination and/or Treatment to the employee. This form should be issued within four hours of the injury, whether or not the claim appears valid, but no more than one week after the injury occurred. For questionable claims, box 6b should be checked to indicate its doubtful nature. Form CA-16 is available at the Injury Compensation Specialist's (ICS) office.

When completing Form CA-1 or CA-2, check to see that the facts are consistent. You need not have witnessed the injury to agree with the stated history. Complete the form and submit immediately, whether or not you feel that the claim should be approved. ECOMP will transmit it to your designated ICS who will review and transmit it to the OWCP. If you have specific information which casts doubt on the claim's validity, you

must challenge the claim and/or controvert COP (see above) and supply supporting information, but you must still submit the claim promptly. If the employee has a traumatic injury, explain that he/she is entitled to Continuation of Pay (COP) for absences up to a maximum of 45 days if supported by medical documentation. The specific COP periods should be clearly indicated on the time and attendance sheets, whether the employee loses entire days or only a few hours of a day. Time missed on the day of injury is marked 'LU'. Time missed for subsequent days is marked 'LT', provided appropriate medical documentation is submitted by the injured employee. REMINDER: COP is limited to a maximum of 45 calendar days.

Army has an obligation under the Federal Employees' Compensation Act to accommodate employees' medical limitations if the treating physician indicates that the employee is capable of performing light duty. Keeping a partially disabled employee in the work place tends to speed his or her recovery, which benefits the employee and reduces agency costs. If the employee is totally disabled, or if you are unable to accommodate the restrictions, maintain contact with the employee during his or her absence from work.

Immediately notify your local ICS and safety office of any injuries, regardless of severity. You should also refer the injured employee to the ICS for further assistance after taking the steps described above. The ICS will provide specific information throughout the course of the injury compensation claim, to both you and the injured employee. The ICS is also available to provide basic training which can help you become more familiar with what to do when one of your employees is injured at work.

## **2. What is the difference between a 'Traumatic Injury' and an 'Occupational Disease or Illness'?**

A *traumatic injury* is a wound or other condition of the body caused by external force, including stress or strain. The injury must occur at a specific time and place, and it must affect a specific member or function of the body. The injury must be caused by a specific event or incident, or a series of events or incidents, within a single day or work shift. Traumatic injuries include damage solely to or destruction of prostheses, such as dentures or artificial limbs. Traumatic injuries also include damage to or destruction of personal appliances, such as eyeglasses or hearing aids, when a personal injury requiring medical services occurred.

An *occupational disease or illness* is a condition produced by the work environment over a period longer than one work day or shift. The condition may result from infection, repeated stress or strain, or repeated exposure to toxins, poisons, fumes or other continuing conditions of the work environment. The length of exposure, not the cause of the injury or the medical condition which results, determines whether an injury is traumatic or occupational. For instance, if an employee is exposed to toxic fumes for one day, the incident is considered a traumatic injury. If the employee is exposed to

toxic fumes for two or more days, the incident is considered an occupational disease. An occupational disease claim is not eligible for Continuation of Pay.

### **3. What forms are used to report injuries and diseases?**

Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, is used to report a traumatic injury. Form CA-2, Notice of Occupational Disease and Claim for Compensation, is used to report an occupational disease. The employee should carefully follow the instructions attached to Forms CA-1 and CA-2. Form CA-1 should be filed within 30 days of the injury, and Form CA-2 should be filed within 30 days of the date the employee realized the disease or illness was caused or aggravated by the employment. Both the CA-1 and the CA-2 are available for electronic submission at <https://www.ecomp.dol.gov/>. The employee should click on the 'File Form green bar in center of page, or "File a Form" in left column, under Employee & Claimants. The employee must complete the form in ECOMP and enter the supervisor's email address so that the form can be forwarded to the supervisor. The supervisor should act promptly to review and send the claim form in ECOMP to the Injury Compensation Specialist for processing, because the employer is expected to submit the completed form to the Office of Workers' Compensation Programs within 10 workdays.

### **4. Are all work-related injuries covered under the Federal Employees' Compensation Act?**

All kinds of injuries, including diseases caused by employment, are covered if they occur in the performance of duty. However, benefits cannot be paid if injury or death is caused by willful misconduct of the injured employee, by intent to bring about the injury or death of oneself or another, or by intoxication of the injured employee.

### **5. How do you follow up on an injury?**

Visit the location where injury occurred. Make note of what happened. Speak with witnesses, note what they saw and heard. Speak with the safety officer about what can be done to ensure this injury never happens again.

### **6. How do you follow up with the employee?**

Contact the employee at home. Ask what limitations the doctor placed and why. Ask when the employee may be able to return to work. Emphasize that the Army will do its best to provide light duty work or modify duties if the employee is not able to return to his or her original position. Emphasize sympathetic caring. If the employee must be off for more than a week, check with employee once a week for status. Remind the

employee he/she must furnish a physician's statement immediately supporting time off work.

### **7. What are some red flags that may indicate the injury is not legitimate?**

- ✓ Unexplained time delay in reporting injury or getting medical care.
- ✓ There are no witnesses even though injury happened in an area where it should have been observed.
- ✓ Witness frequently serves as witness for other injuries.
- ✓ The employee is facing disciplinary action, downsizing, or transfer.
- ✓ Injury reported immediately after the weekend or a holiday.
- ✓ Employee changes account of how the injury happened.

### **8. What do you do if you spot a red flag?**

You must process CA-1/CA-2 forms in ECOMP and give a CA-16 to the injured employee (for CA-1s, if requested within one week of the injury), but you should also communicate with the Injury Compensation Specialist (ICS) any concerns you have about the injury being work-related. Write down all the information you have and provide it to the ICS, since a challenge must be made immediately on all suspicious claims.

The challenge must be based on facts; being a poor performer is not an adequate reason. Your investigation and notes are crucial. *There is no format or specific form for a challenge.* Simply write up the facts and sign the document (or the ICS may sign). Include supporting information, such as signed witness statements, police report, or map showing location of accident if it did not occur at the installation.

The Army has only ONE opportunity to challenge a suspicious claim, and that is when the claim is first made. *The suspicious claim you don't challenge may become Army's million-dollar claim in the future.*

### **9. How do you handle timecards for an injured employee?**

- ✓ Time missed on day of injury is marked 'LU'.
- ✓ Time missed for subsequent days is marked 'LT', provided appropriate medical documentation is submitted by the injured employee. This annotates the timecard for Continuation of Pay (COP). COP does not deduct from employee's leave balances. The employee must give you his or her doctor's written statement, with the number of days needed to be off. Ensure the Injury Compensation Specialist gets a copy.
- ✓ REMINDER: COP is limited to a maximum of 45 calendar days.
- ✓ Once COP is consumed, the timecard should be marked as 'KD' for Workers' Compensation Leave Without Pay.

## **10. What if Continuation of Pay (COP) is used up?**

COP is capped at 45 calendar days, which includes weekends and holidays. If the injury recovery lasts longer than 45 days, the employee can use personal leave and pay continues as usual. Employees can also use Leave Without Pay and apply for compensation on a CA-7, Claim for Compensation form. If the claim is accepted the employee receives 75% of pay if they have dependents, or 66 2/3% if no dependents. Be certain which choice employee wants to make; prior to making a decision, have the employee confer with the Injury Compensation Specialist to ensure understanding of options.

## **11. What if the employee returns part-time?**

Employee can either use annual or sick leave for hours not worked - or can choose Leave Without Pay for those hours and claim 'compensation' on a CA-7, Claim for Compensation form. Work closely with the Injury Compensation Specialist to ensure the time is documented correctly.

## **12. What if the employee can't perform full duties of the position?**

Sometimes the doctor places restrictions on what a returning employee can do. We must abide by these restrictions!! Example: if doctor says the employee cannot lift more than 10 pounds, do not assign any heavier work than that. If restrictions are permanent, the original job may need to be assigned to another employee and a modified job created for the injured employee. If the restrictions appear to be unreasonable, work with the Injury Compensation Specialist to request a second medical opinion.

## **13. What if the injured employee can't return to work?**

If the employee is never able to meet physical requirements of his or her pre-injury or -illness job, work with the Human Resources Staffing Specialist and the Injury Compensation Specialist to create a new job within employee's capabilities, or to locate a position elsewhere in the organization with duties the employee can perform. Remember, the Army is paying the employee whether the employee works or stays home.

## **14. Why is it so important to get injured employees back to work?**

Returning our injured employees to work is the right thing to do. Also, the majority of Department of Defense workers' compensation dollars are spent on compensation for employees who are out of work for years. If Army doesn't get workers back, Army still pays them. Most injured employees can do something, so find out what the employee can do and build a position around that.

**15. What is Department of Defense's Pipeline Program?**

'Pipeline' provides an overhire authority and pays salary for the first 365 days for returning employees who have been out for 90 days or more. 'Pipeline' is designed to assist installations in returning employees to work.

**16. Are only regular, full-time employees eligible for Federal Employees' Compensation Act (FECA) benefits?**

No. FECA coverage is extended to Appropriated Fund employees regardless of the length of time on the job or the type of position held. Probationary, temporary, and term employees are covered on the same basis as permanent employees. Also, part-time, seasonal, and intermittent employees are covered.

**17. Does the Federal Employees' Compensation Act cover a pre-existing medical condition that is aggravated by factors of employment?**

Yes. Medical conditions aggravated, accelerated or precipitated by the employment are covered. The employee must submit medical and factual evidence showing that the employment aggravated, accelerated, or precipitated the medical condition.

**18. Is it necessary to report all injuries that occur at work, even minor ones such as a cut finger or bumped knee?**

All injuries should be reported when they occur, since a minor injury sometimes develops into a more serious condition. Benefits cannot be paid unless an injury is reported.

**19. If an employee has a work-related injury and also suffers damage to personal property, such as clothing, can the employee be paid for such loss?**

The Federal Employees' Compensation Act does not provide for reimbursement for loss of personal property. The employee may seek such reimbursement from his or her employer under the Military and Civilian Personal Property Act of 1964, 31 U.S.C. 240.

**20. How does a claimant change an address with the Office of Workers' Compensation Programs (OWCP)?**

To change an address with the OWCP, the claimant must send a signed letter/statement to the OWCP at the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300, advising of the new address. Telephonic contact is not sufficient for the OWCP to change an address. Another acceptable document for an address change is the form SF-1199a, Direct Deposit Sign-up Form, used to elect receipt of compensation payments by electronic funds transfer (EFT). As is the case with anything sent to the OWCP, ensure the claimant notes their claim number on every page, sends only single sided copies, and keeps a copy for his or her record.

## **21. What is 'performance of duty'?**

It must be established that the employee sustained an injury or disease while engaged in the performance of duty when the injury or disease occurred. Usually, the injury or illness must occur on the employer's premises during working hours while the employee is performing assigned duties or engaging in an activity which is reasonably associated with the employment. Workers who perform assigned duties away from the employer's premises are also covered.

## **22. Is an employee in performance of duty while on break or at lunch?**

An employee is considered to be in performance of duty during break or at lunch on the employer's premises. Unless the employee is in travel status or is performing regular duties off the premises, an injury which occurs during lunch hour off the premises is not usually covered.

## **23. Is an injury which occurs during work-related recreational activities considered to be in performance of duty?**

Injuries occurring during recreation which the employee is required to perform as a part of training or assigned duties, or which occur while the employee is in pay status, are considered to be in performance of duty for compensation purposes. Injuries occurring during informal recreation on the employer's premises (for instance jogging) may also be covered, as may injuries occurring while an employee is engaged in activities approved as part of an individual plan developed under a formal physical fitness program managed by the employer. Injuries occurring during informal recreation off the employer's premises (such as playing on an employer-sponsored baseball team) may also be covered. The employer must explain what benefit it derived from the employee's participation, the extent to which the employer sponsored or directed the activity, and whether the employee's participation was required or not. For more information, see Department of Defense Instruction 1400.25 Volume 810, Injury Compensation, paragraph 11.b. (<http://www.dtic.mil/whs/directives/corres/pdf/1400.25-V810.pdf>).

**24. Is an employee considered to be in performance of duty while going to and from work?**

No. Employees are not generally covered by the Federal Employees' Compensation Act for injuries which occur before they reach the employer's premises or after they have left it. Coverage may be extended when the employer provides transportation to and from work, when the employee is required to travel during a curfew or an emergency, or when the employee is required to use his or her automobile during the work day.

**25. Is an employee considered to be in performance of duty 24 hours a day while in travel status?**

An employee in travel status is covered 24 hours a day for all activities reasonably related to the work assignment. Such activities include obtaining meals, using the hotel room, and traveling between the hotel and the work site. They usually do not include recreational or sightseeing trips.

**26. Can the injured worker choose the physician who will provide treatment?**

Yes, an injured worker is entitled to a first choice of physician or facility for treatment of an injury. A physician working for or under contract to the employer may examine the employee in accordance with the Office of Personnel Management regulations. The employee's choice of physician must be honored, and treatment by the employee's physician must not be delayed.

**27. Does an employee have to use sick or annual leave after Continuation of Pay is consumed?**

While an employee may use sick or annual leave, this is not required, and doing so can cost a significant amount of money to repurchase. It is normally preferable to use Leave Without Pay (LWOP) and claim compensation through the Federal Employees' Compensation Act instead. An employee should make this decision only after reviewing the information stated on Form CA-7b, Leave Buy Back (LBB) Worksheet/Certification and Election. An employee must be in LWOP status before compensation is payable.

**28. Recap of supervisor's role:**

1. Prevent injuries.
2. Handle injuries correctly if they occur.

3. Report injuries.
4. Investigate all facts of injuries and challenge all suspect claims.
5. Ensure the employee inputs claim into ECOMP and promptly complete the supervisor's portion of the claim in ECOMP.
6. Treat the Injury Compensation Specialist as your partner in all aspects of Workers' Compensation.
7. Return employees to work as soon as possible. If we don't get the employee back, Army pays workers' compensation payments for his entire life!!