



UNITED STATES MARINE CORPS

MARINE CORPS AIR STATION
BOX 99100
YUMA, ARIZONA 85369-9100

StaO 12810.2A

3BF

16 OCT 1997

STATION ORDER 12810.2A

From: Commanding Officer
To: Distribution List

Subj: INJURY COMPENSATION

Ref: (a) CA 810
(b) CPI 810

Encl: (1) MCASY 12000/2 Occupational Health Permit

1. Purpose. To publish the procedures, responsibilities, and benefits of the Federal Employee's Compensation Act (FECA) as set forth in references (a) and (b) for Civil Service employees.

2. Cancellation. StaO 12810.2.

3. Policy. The FECA provides compensation benefits and medical care to Civil Service Employees for disability due to personal injury sustained while in the performance of duty or to employment related disease. The law also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. It is Station policy to:

a. Provide full assistance to all civilian employees who sustain disabling injuries and illnesses as a result of their employment.

b. Ensure accountability for injury compensation claims costs and increase compensation program awareness by the entire chain of command.

c. Ensure a program dedicated to return injured workers to the job, and to stress the availability of limited duty work which includes reasonable accommodation of physically and mentally handicapping conditions.

d. Pursue fraud and abuse in the system, with prosecution when appropriate

e. Engage in a positive working relationship with Department of Labor (DOL), District Office of Workers' Compensation Programs (OWCP).

- f. Ensure a meaningful claims tracking and feedback system for all costs, with timely reports to allow management action.
- g. Ensure an education program for private sector physicians to inform them of program efforts to return injured workers to the job.
- h. Ensure an adequate level of technical knowledge for supervisors and personnel engaged in program administration and claims processing.
- i. Encourage prevention of work place injuries and illnesses by complying with Marine Corps and Navy safety and health policies.

4. Information on FECA Benefits

a. General Information. A Civil Service employee who is injured while in the performance of duty has no right to recover damages from the United States for effects of the injury except through the FECA. The benefits provided by the Act are the exclusive remedy for work-related injuries or deaths. Any person who makes a false statement to obtain benefits or who accepts such benefits to which not entitled is subject to a fine and/or imprisonment. Any person charged with the responsibility for making reports in connection with an injury who willfully fails, neglects, or refuses to do so, knowingly files a false report, directs or compels an injured employee to forego filing a claim, is subject to a fine and/or imprisonment.

b. Medical Care. An injured employee is entitled to first aid and medical care for an injury, including hospital care when needed. The medical care is to be provided by the Branch Medical Clinic (dispensary) or any fully qualified local private physician, or hospital of the employee's choice. The term physician includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychiatrists, optometrists, and chiropractors within the scope of their practice as defined by state law. The term physician includes chiropractors only subject to specific regulations of the Secretary of Labor. Naturopaths, faith healers, and other practitioners of the healing arts are not recognized physicians within the meaning of the act. Generally, the local area is defined as within 25 miles of the employing activity or the employee's home.

c. Continuation of Pay (COP) - Traumatic Injury. Any employee who sustains a disabling job-related traumatic injury (unable to perform regular duties or available limited duty as determined by a physician) is entitled to COP for a period not to exceed 45 days. This pay is subject to income tax, retirement, and other deductions. COP is not authorized when disability is the result of occupational disease or illness, when a

traumatic injury was not reported on a Form CA-1 within 30 days following such injury, or if work stoppage first occurred 6 months or more following the date of the 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 identifiable by time and place of occurrence and part or function of the body affected; and 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 or destruction to prosthetic devices or appliances exclusive of eyeglasses and hearing aids unless the eyeglasses or hearing aids were damaged incidental to a personal injury requiring medical services. Traumatic injuries are distinguished from occupational diseases or illnesses in that the latter are produced by systematic infections, continued or repeated stress or strain, exposure to toxins, poisons, and fumes, or other continued and repeated exposure to conditions of the work environment over an extended period of time.

d. Compensation. Compensation (payment of money) based on loss of wages is payable, subject to the waiting days, after the 45th day in traumatic injuries or from the beginning of pay loss in all other types of injuries.

(1) When an injured employee loses pay due to temporary disability resulting from an injury, compensation is payable at the rate of 66 2/3 percent of the employee's pay, or 75 percent when there are one or more dependents.

(2) Compensation for loss of wages is payable after a 3-day waiting period. No waiting period is required when there is a permanent injury or where the disability causing wage loss exceeds 14 days.

(3) Compensation is not paid while an injured employee is receiving pay for leave. The employee has the right to elect to receive pay for leave or to receive compensation.

(4) An employee may decide to take sick or annual leave, or both, to avoid interruption of income. If the claim is subsequently approved, the employee may arrange to buy back the leave used and have it reinstated to his/her leave account.

(5) Compensation is provided as a scheduled award for specified periods of time for the permanent or partial loss, or loss of use, of each of certain members, organs, and functions of the body.

16 OCT 1997

e. Vocational Rehabilitation. Vocational rehabilitation, job counseling, and placement assistance may be provided to an injured employee who is unable to return to previous employment because of permanent disability due to injury. Additional compensation may be paid if it is considered necessary for maintenance when the employee is pursuing an approved training course.

f. Death Benefits. A sum, not to exceed \$800.00, may be paid for funeral and burial expenses. The widow or widower and dependent children may be entitled to compensation and should be referred to HRO for assistance.

g. Dual Benefits

(1) As a general rule, a person may not concurrently receive compensation from OWCP and a retirement or survivor annuity from the Office of Personnel Management. The employee or survivor may choose to receive the benefit which is the most advantageous.

(2) An employee may receive compensation concurrently with military retired pay, retirement pay, retainer pay, or equivalent pay for service in the armed forces or other uniformed services, subject to the reduction of such pay in accordance with 5 USC 5532(b).

5. Program Responsibility and Procedures

a. Program Administration. The Labor Relations Officer (LRO), at the HRO is designated as program administrator.

b. Traumatic Injury

(1) Reporting. An employee who sustains a traumatic injury on-the-job, whether minor or major in nature, will report the injury to the supervisor, as soon as possible, but not later than 48 hours after the injury. Form CA-1, Federal Employee's Notice of Injury and Claim for Continuation of Pay/Compensation, must be completed by the employee, or a representative of the employee, and by the supervisor. The supervisor of the injured employee will furnish the employee Form CA-1, and assure its prompt completion and submission to HRO.

(2) Medical Care

(a) Upon reporting a traumatic injury, the employee will be authorized by the supervisor to obtain first aid or initial medical care at

the Dispensary. The supervisor will complete enclosure (1), Occupational Health Permit and refer the employee to the occupational health nurse at the dispensary.

(b) Employees requiring further medical care following initial care at the dispensary or who exercise their right to choose a private physician will be referred to the HRO, for the appropriate forms to take to the private physician of their choice.

(c) Should an employee wish to change private physicians after making an initial choice, advance approval must be obtained from OWCP. This does not apply to referral by the initial physician.

(d) In cases of traumatic injury where emergency treatment is necessary, the oral authorization will be given for such treatment by the supervisor. The supervisor will report to HRO for the treatment authorization form, CA-16, as soon as possible after the emergency, but no later than by close of business on the next working day.

(3) Continuation of Pay (COP). An employee sustaining a disabling job-related traumatic injury is entitled to COP for a period up to 45 days. Medical proof is required for authorizing COP. Continuation of pay will not be authorized if the medical authority indicates the employee is able to perform limited duty and such duty is available.

(4) Compensation. If medical evidence shows disability is expected to continue beyond 45 days, and compensation is desired, Form CA-7, Claim for Compensation on Account of Traumatic Injury, must be filed by the employee. In order to provide continuity of payment, the employee must complete CA-7 not more than 5 days after the end of the 45-day period. The employee may contact HRO to process the CA-7 or mail it directly to OWCP.

(5) Light Duty. Supervisors will provide modified duty assignments for employees who have sustained traumatic injuries. The type of modified assignment will be determined by the supervisor and the LRO, in accordance with the limitations indicated by the employee's physician and the light duty positions available throughout the station. When a department does not have any light duty positions available, the LRO will try to find light duty in another department.

c. Nontraumatic Injury/Occupational Disease. An employee, who suffers an injury believed to be caused by repeated exposure to the conditions of the work environment or suffers from a disease or illness believed to be caused by employment, will obtain from the supervisor Form CA-2, Federal

StaO 12810.2A
16 OCT 1997

Employee's Notice of Occupational Disease and Claim for Compensation. The supervisor will refer the employee to HRO for processing of the claim. Medical care for such conditions will not be authorized without written authorization from OWCP. Employees disabled for the performance of duties will have the right to select sick, annual, or leave without pay pending adjudication of the claim for compensation.

d. Return to Work. When an employee returns to duty following an absence covered by continuation of pay or compensation, the supervisor will complete enclosure (1), checking the "other" block and writing in "clearance for return to work" and refer the employee to the LRO. The LRO will determine if the employee needs to be referred to the dispensary for medical clearance to return to work.

e. Recurrence of Disability. If, after an employee returns to work, the same injury causes additional work stoppage, the supervisor will refer the employee to HRO for completion of appropriate documentation, including medical referrals, and determination of pay or leave status.

6. Employees Excluded from FECA. Any employee whose injury or death is caused by willful misconduct or by intention to cause the injury or death of self or another is not entitled to FECA coverage. If intoxication or the use of illegal drugs is the cause of injury, illness or death, neither the claimant nor claimant survivors are entitled to compensation benefits.

7. Action

a. Employees are required to give their immediate supervisors written notice of a traumatic injury. Compensation may be denied if notice is not given within 30 days after an injury.

b. An injured employee or survivor is required to file a written claim for compensation (payment of medical expenses and/or payment for loss of wages and death benefits). Compensation claims are adjudicated and paid by OWCP of the U.S. Department of Labor.

8. Summary of Revision. This revision contains a substantial number of changes and should be reviewed in its entirety.


C. J. TURNER

DISTRIBUTION: C plus Code 3BF (45)

OCCUPATIONAL HEALTH PERMIT
MCASY 12000/2 (3-96)

THIS SECTION TO BE COMPLETED BY SUPERVISOR

TO: OCCUPATIONAL HEALTH BRANCH, MEDICAL CLINIC, MCAS YUMA, AZ 85369

FROM: (Title of Supervisor, Shop or Office and Location)

NAME OF EMPLOYEE (First, middle, last)	PAYROLL NUMBER	SOCIAL SEC NUMBER
JOB TITLE	TIME LEFT JOB	TIME RETURNED

REASON FOR REFERRAL

INJURY ILLNESS EMPLOYER'S REQUEST OTHER (Specify)

DATE OF INJURY	DATE REFERRED TO CLINIC	OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE
----------------	-------------------------	--

REMARKS

NAME OF SUPERVISOR (Print)	SIGNATURE	PHONE	DATE
----------------------------	-----------	-------	------

THIS SECTION TO BE COMPLETED BY MEDICAL OFFICER

TIME REPORTED	TIME RELEASED	OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE
---------------	---------------	--

DEGREE OF INJURY

FIRST AID DISPENSARY HOSPITAL PERSONAL PHYSICIAN SENT HOME OTHER

DISPOSITION OF EMPLOYEE

RETURN FOR FURTHER TREATMENT	TIME	DATE
RETURN TO WORK		
DISCHARGED, TREATMENT COMPLETED		
RETURN TO LIMITED DUTY AS INDICATED BELOW		

REMARKS

RECOMMENDED DUTY STATUS

NO LIFTING, PULLING OR CARRYING IN EXCESS OF _____ LBS	DESK JOB ONLY
NO EXCESSIVE WALKING, STANDING OR BENDING	NO DRIVING GOVERNMENT VEHICLE
NO EXPOSURE TO SOLVENTS, GREASES, OILS, DETERGENTS, ETC.	NO WORKING AROUND MOVING MACHINERY
NO WALKING ON UNEVEN OR SLIPPERY SURFACES	NO WORKING ON LADDERS, SCAFFOLDING, ETC.
NO EXPOSURE TO EXTREME TEMPERATURE OR HUMIDITY	ONE HAND JOB ONLY
OTHER (EXPLAIN)	

DATE LIMITED DUTY RECOMMENDED	SIGNATURE MEDICAL OFFICER
-------------------------------	---------------------------

THIS SECTION TO BE COMPLETED BY SUPERVISOR

WAS EMPLOYEE ASSIGNED LIMITED DUTY? YES NO (IF YES DESCRIBE DUTIES ASSIGNED)

PRIVACY ACT STATEMENT

Authority: SECNAVINST 5100.10B and OPNAVINST 5100.14

Principal Purpose: To control and monitor treatment and disposition of civilians at Naval Dispensaries in cases of occupational injury or illness.

Routine Use: To ensure prompt investigation of occupational injuries and to initiate any necessary immediate corrective action.

NOTE: Return completed form to Civilian Personnel Office, Attention: Compensation Clerk, within TWENTY-FOUR HOURS FOLLOWING ON THE JOB INJURY.