



Supervisor's Resource Guide For The Air Force Injury Compensation Program

PURPOSE OF THE RESOURCE GUIDE

This resource guide was developed to provide you with a better understanding of the Federal Employees' Compensation Act (FECA) and your responsibilities as a Supervisor under the Act. The purpose of FECA is to *provide medical care and compensation for wage loss to injured employees who have suffered work-related injuries or occupational diseases*. These benefits include payment of medical expenses and compensation for wage loss. FECA also provides for payment of benefits to dependents of employees who die from work-related injuries or diseases. FECA does not provide retirement benefits. Employees who fully or partially recover from an injury are expected to return to work as soon as possible. As a supervisor, you play an important role in providing a safe work environment and returning injured employees to work as soon as it is medically feasible; thereby helping to reduce the high costs associated with injury compensation claims. This guide is meant to furnish information to help you educate yourself regarding what actions you can or should take with regard to workers' compensation claims.

Everyone has the right to file a workers' compensation claim but not every claim will be accepted. By assisting *injured workers* (IW) in filing claims; investigating accidents, challenging claims when necessary; monitoring employees' recoveries; and returning employees to work as soon as possible, we will be successful in improving service, containing costs, and diminishing abuse.

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Note: The information provided in this resource guide does not replace nor in any way modify the injury compensation regulations or guidance disseminated by the Department of Labor (DOL). For further assistance email us at injury.compensation@us.af.mil.

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ABOUT WORKERS' COMPENSATION

Introduction: This guide will walk you through the basic steps of getting your injured worker the needed medical care, and then guide you through the sometimes complicated and confusing steps of reporting and documenting your employee's compensation case. We'll touch on how you can assist your employee in returning to the workforce, which will help you get the workload accomplished and reduce compensation expenses.

While reading through this guide, remember you are not alone. Anytime you have questions or need assistance in dealing with a workers' compensation issue, you can call the AFPC Injury Compensation (IC) Office for assistance and advice (Appendix A). Point of contact information for the compensation office, detailed information on the types of forms required in filing a claim and instructions on how to electronically submit a claim, and checklists are included in the appendices of this guide to assist you with your responsibilities.

This guide does not cover all the details of FECA nor does it cover all the benefits employees may be due. Rather it provides quick and simple guidance that will help you through the majority of the situations you may encounter if one of your employees suffers a job related injury or disease.

Program Costs: All decisions to approve or deny benefits rest solely with the U.S. Department of Labor (DOL) Office of Workers' Compensation Programs (OWCP), and each Federal agency must annually reimburse DOL OWCP the costs of all benefits provided to current and former employees.

Program Operation: FECA is administered by the DOL OWCP. It provides tax-free monetary compensation, medical care and related services, continuation of pay (COP) for the IW for up to a maximum of 45 calendar days of disability (for traumatic injuries only), travel to and from medical care, vocational rehabilitation, funeral expenses, survivor benefits and retention rights to Federal employees injured in the performance of duty. While the Air Force pays the costs associated with FECA benefits, DOL OWCP makes all eligibility and disability decisions. FECA is intended to be remedial in nature and proceedings under it are non-adversarial.

Sole Remedy: The benefits provided under DOL OWCP are the only compensation benefits available to federal employees and their beneficiaries for work-related injuries, illnesses, or death. Employees and surviving dependents cannot sue the United States or its agencies for damages for any injury, illness or death covered by DOL OWCP.

Appeals: The Air Force may not appeal DOL OWCP decisions on claims. It may provide evidence and Agency recommendations to DOL OWCP during the claim adjudication process and during appeals made by the claimant. Only claimants may appeal case decisions by three appeal avenues:

1. Reconsideration by the district office;
2. Hearing before a hearing representative; and;

3. Appeal to the Employees' Compensation Appeals Board (ECAB). Air Force employees may not appeal DOL OWCP decisions through the agency since the agency has no jurisdiction over the program. Employees must follow the established **DOL OWCP** appeal process.

Penalties for Misuse: There are a number of statutory provisions making it a crime to file a false or fraudulent claim or statement or to wrongfully impede a FECA claim.

No supervisor or manager may require an employee to enter into any agreement to waive his or her right to claim compensation under FECA. Supervisors who discourages, prevents, willfully neglects, or refuses to make a report of injury or files a false report may be fined not more than \$500, be imprisoned not more than 1 year, or receive both penalties.

The penalty for knowingly making or certifying any false statement, misrepresenting, concealing facts of fraud with respect to a claim under FECA or knowingly accepting compensation to which one is not entitled is punishable by fine of not more than \$10,000 or imprisonment of not more than 5 years, or both.

The penalty for filing a fraudulent injury claim is punishable by a fine of not more than \$10,000, imprisonment not more than 10 years, or both.

When an employee pleads guilty to or is found guilty of defrauding the federal government in connection with a claim for benefits, the beneficiary's entitlement to further compensation benefits will terminate.

Administrative Matters: The DOL OWCP, through its district offices, has sole responsibility for administering the program and for making determinations on all claims. DOL OWCP retains the official case file and assigns a claim number. The number must be referenced for all correspondence regarding the claim.

Burden of Proof: The employee is responsible for establishing the essential elements of the claim. These elements are listed and described below under "*Conditions of Coverage by DOL OWCP*".

Questionable Claims: The supervisor is expected to investigate the circumstances of all accidents and provide supporting factual evidence to the AFPC IC Office. The submission of the claim, however, **shall not** be delayed while gathering this information. If, during the investigation or through subsequent actions on the part of the injured employee, you suspect a questionable on-the-job injury that does not meet the criteria for receiving workers' compensation, you should immediately notify the AFPC IC Office.

Decision and Notification: Once the claim is received by DOL OWCP, they will correspond directly in writing with the employee. They will also advise the employee of any subsequent decisions made on the claim. If a claim is denied, DOL OWCP will notify employees of their appeal rights.

CONDITIONS OF COVERAGE BY DOL OWCP

The 5 requirements every claim must meet:

Time: The claim must be filed within three years of the injury, illness, or death. A claim may be filed after that time and compensation still allowed if a written notice of injury was submitted within 30 days of the injury or if the supervisor had knowledge of the injury during that time period.

Civil Employee: The injured or deceased must have been a federal employee at the time of injury, illness, or death. There are some exceptions, such as volunteers, but these exceptions are determined on a case-by-case basis by DOL OWCP. Temporary employees are covered on the same basis as permanent employees.

Fact of Injury: There are two components to fact of injury, which must be considered together. The first component is whether the employee actually experienced the accident as alleged. This is a determination made by the DOL OWCP Claims Examiner based on the factual evidence of record. The second component is whether a medical condition has been diagnosed in connection with this event. This is a determination made based on the medical documentation of record. Simple exposure to a harmful environment or the existence of an accident is not sufficient in and of itself; a medical condition must have developed from the incident.

Performance of Duty: The injury must have occurred on agency premises, or in some circumstances off premises, while the employee was performing assigned duties or engaged in an activity that was reasonably associated with his/her employment.

Causal Relationship: Based solely upon medical evidence, the employee must establish a connection between the injury and the medical condition identified. The on-the-job injury must have caused the medical condition. Opinions by the employee, supervisor, or witnesses are not considered.

Statutory Exclusions: Benefits are denied if the circumstances of a case raise the issues of **willful misconduct, intention to bring about the injury or death of oneself or another, or intoxication.** The AFPC IC Specialist, who represents the Air Force, or DOL OWCP staff must assert and prove these factors.

TYPES OF INJURY CLAIMS

Traumatic Injury – Form CA-1: A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. It must be identifiable as to the time and place it occurred and the function of the body it affects. It must be caused by a specific event or incident or series of incidents within a **single day or work shift**, e.g., cuts, sprains, falls, etc. **This is the only type of injury where an employee can elect the Continuation of Pay benefit.**

Occupational Disease/Illness – Form CA-2: An occupational disease/illness injury is defined as a non-traumatic physiological harm or loss or loss of capacity produced by systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc., or other continued and repeated exposures to conditions of the work environment over a long period of time. For practical purposes, an occupational illness/disease is any reported condition where the employee cannot pinpoint the exact time and location of the occurrence and it occurs over more than a single day or work shift, e.g., carpal tunnel syndrome. **COP is not authorized for CA-2 claims. Employees must elect another form of leave, if required.**

NOTE: Notification of Traumatic Injury/Occupational Disease must be processed through you, the AFPC IC Office, and to DOL OWCP within 10 work days from the day the employee submits the paperwork to you. Upon receiving the documents, AFPC IC requests you fill out and submit claim through the Electronic Data Interchange (EDI) application within 48 hours. (See Appendices B and C for additional instructions.)

Recurrence – Form CA-2a: Occurs when the same injury, either traumatic or occupational, causes additional time loss from work or medical care. Recurrences can be easily identified when a worker suffers from an injury for no apparent reason but has had time loss for the same injury in the past. This also includes injuries where the employee filed an injury claim and returned to work with no lost time. *A recurrence is defined as a spontaneous return of symptoms with no intervening injury or incident.*

NOTE: Employees may suffer a recurrence of medical condition and/or recurrence of disability. If the need for medical treatment or the new period of disability results from a new occupational exposure or traumatic incident, even if to the same part of the body as the original injury, DOL OWCP considers this a new injury, and a CA-1 or CA-2 claim should be filed as appropriate. However, if the return of symptoms and disability was spontaneous and not attributable to a new incident, the employee should file a CA-2a, Notice of Recurrence.

Definition of Recurrence of Medical Condition: This defined as a documented need for medical treatment after release from treatment for the accepted condition, with no accompanying work stoppage. If the need for medical treatment occurs within 90 days of the case closure, DOL OWCP will typically accept a prima facie statement of causal relationship from the attending physician without requiring detailed medical rationale. If the need for treatment occurs outside of 90 days, the employee has the burden of submitting a detailed medical report discussing the causal relationship of the condition to the accepted injury; similar to the burden needed to establish the original claim.

Definition of Recurrence of Disability: This is defined as a work stoppage, which occurs after an employee has returned to work following a period of disability. This includes a material change in the accepted medical condition without an intervening injury or exposure, a return or increase of disability due to an accepted consequential injury, and withdrawal of a light duty assignment made specifically to accommodate the employee's work related injury. If, for a traumatic injury, the recurrence of disability occurs within 45 days from the first return to work date and the full 45 days of COP have not been used, the employee may be entitled to the remainder of his 45 days. Please see the section later in this document regarding COP usage.

Recurrence claims are not filed through the EDI application. Each employee should be advised to contact the AFPC IC Office for copies of the appropriate form to be completed by e-mailing injury.compensation@us.af.mil.

SUPERVISORS RESPONSIBILITIES

Your first concern will be to determine if your employee needs immediate medical care. If immediate care is required, utilize base medical facilities if they are available. If employee seeks immediate medical care off base, contact AFPC IC Office by e-mail, injury.compensation@us.af.mil, to request a CA-16, "Authorization for Examination and/or Treatment". The CA-16 authorizes payment to any medical provider for up to 60 days, but only for emergency traumatic injuries and must be requested within 7 calendar days from the date of the traumatic injury. Requests after 7 calendar days from the date of the traumatic injury will be denied. In emergent situations, the supervisor can provide a verbal authorization for such care and then follow up with issuing the CA-16 Form no more than 48 hrs later to the medical provider. If you need a CA-16 on a weekend or after hours, contact AFPC IC Office and the form will be provided to you on the next business day. If your employee was issued a CA-16, they **must** file a CA-1, Notice of Traumatic Injury, or they will be responsible for any medical bills incurred through the use of the CA-16. You should arrange for transportation to the medical facility and provide for the reasonable immediate needs of the employee, e.g. family notification, etc.

If the situation is not an emergency, you will want to take time to discuss the situation with your employee.

You should encourage your employees to report all work-related injuries to you and to file (at the time of the injury) an official claim even if there is no lost time or medical expense. The DOL OWCP considers claims to be 'timely' filed if they are submitted within 3 years; however, it will be easier for the employee to prove his or her case if supporting documentation submitted as soon as possible after the injury or disease occurs. Even if you do not agree with your employee's report of a work-related condition or event, you still need to work with the employee to report and file a claim. Filing a claim does not prevent you from challenging the validity of the employees claim.

REMEMBER - It is the supervisor's responsibility to insure that the employee has correctly completed the CA-1, but it is the employee's responsibility to file the claim.

Filing Claims Electronically: Claims **must** be filed electronically through the Electronic Data Interchange (EDI) application. Check for completeness. Review employee allegations, witness statements, and other circumstances of the alleged injury/illness. **Print a hard copy of the claim; sign it, have the employee sign it and have witnesses sign, if applicable.** **IMMEDIATELY** forward the claim to AFPC IC Office for further processing, regardless of whether you believe the claim should not be approved. (See Appendices B and C.)

The claim shall then be forwarded by fax or scanned/emailed to the AFPC IC Office within 5 days. Please adhere strictly to this timeframe. If you have specific information which casts doubt on the claim's validity, you may challenge it and provide the supporting information/documentation to the AFPC IC Office.

Advise employees of their responsibility to promptly communicate their medical status and its impact on return to duty to you and advise the employees of their obligation to return to full or restricted duty as soon as possible.

After the Claim is Filed: In order to monitor the employee's medical progress and to facilitate the employee's return to work, the supervisor should maintain personal contact with the injured employee. This contact should be of an information gathering nature.

Advise employee that you will provide whatever assistance you can to aid in his/her recovery. Indicate that every effort will be made to accommodate the employee if light duty is required while recovery continues. Ascertain the earliest date by which they can return to full or restricted duty.

Provide light duty assignments based on the written restrictions of the employee's physician. Adhere to the restrictions and contact the AFPC IC Office if your unit does not have light duty work available. Every attempt should be made to accommodate an employee with modified duties when the treating physician determines the employee can do light/limited duty. Keeping a partially disabled employee in the work place tends to speed his or her recovery, which benefits the employee and greatly reduces agency costs.

Controverting or Challenging a Workers' Compensation Claim:

Controversion: Simply put, controversion is denying a person's right to COP based on one of nine (9) reasons beginning on page 21 and also on the CA-1 form.

Challenging the Claim: The Agency may challenge any claim until it is adjudicated by DOL OWCP. The claim might be challenged on the basis that it does not meet one of the conditions of coverage established by DOL OWCP, which are previously described under "*Conditions of Coverage*" on page 7 of the guide.

How to Challenge a Claim: Whenever you submit information to challenge a claim, provide facts rather than personal opinions or conjecture. This will allow DOL OWCP to make a decision that will stand up in an appeal. The facts should be supported by **objective evidence**, such as witness statements, pictures, accident investigations, diagrams of injury location, time sheets, differing versions of the incident, evidence that the injury occurred outside work, or any other objective means.

DOL OWCP makes decisions on cases based primarily on three pieces of information:

1. The employee's claim;
2. The agency's response;
3. The medical evidence provided.

Employees have the right to appeal any decision on a claim. However, once a claim has been adjudicated, the agency has no appeal rights and therefore cannot request an appeal of the decision. For this reason, it is important to provide factual evidence at the onset of a claim (or as soon as such information is received) prior to DOL OWCP adjudication.

You should provide evidence which controverts/challenges the claim to AFPC IC Office in a memorandum signed by you or other agency official. The evidence must show how the claim is deficient in meeting at least one of the nine reasons for Controverting COP (see COP Facts) or at least one of the five Conditions of Coverage, or is excluded from coverage by statute (e.g., the employee was engaging in willful misconduct, was intoxicated or intended to harm himself or others).

Substantiating Suspicions of Fraudulent Claims: While neither supervisors nor the Air Force has the authority to make a final decision on an employee's claim for FECA benefits, there are certain clues that may help substantiate suspicions of fraudulent claims. These may include:

1. The employee has told different people conflicting stories as to the nature and circumstances surrounding an injury. The supervisor should request written, signed and dated statements from each of the parties involved.
2. Witnesses dispute or give significantly different accounts of the facts surrounding the injury. Again, the supervisor should request written, signed and dated statements.
3. On the day of the claimed injury, the employee reported to work with the appearance of a pre-existing condition or injury. The supervisor and other persons who can testify to this should complete statements concerning this observation.
4. The employee delays for a long period of time to report the injury (perhaps several weeks or months) and reports to work in the interim without appearing injured and is able to carry out normal job functions. The supervisor should give a written statement to this effect saying s/he was not aware of the injury.
5. Should witnesses report that the employee is working at another job or is otherwise seen in a manner inconsistent with the claimed injury during periods of total disability, contact the AFPC IC Office for advice and assistance in investigating and documenting such reports.
6. You learn that the employee had the same or similar condition or was receiving the same medical treatment *prior* to the claimed injury. Notify the AFPC IC Office, who will bring this to the attention of DOL OWCP.
7. If you are aware that the condition arising from a claimed injury is a degenerative condition which cannot be caused by a single incident, contact the AFPC IC Office.
8. Where there were no witnesses ask the employee for a detailed explanation of the circumstances of the injury.

9. The employee's claim coincides with some threat to job security, such as proposed removal. Provide written specifics to the AFPC IC Office.

Keep Up Communications!

- ✓ Communication is the key to insuring that your injured employee follows the procedures established to document/report their injury, obtain the proper medical treatment, follow up with their medical provider and keep you informed of the status. Communication is **essential** in assisting the injured employee with returning to work in an expeditious manner.
- ✓ As the supervisor, it is imperative that you make regular contact with your employee to let him/her know that the employee is missed at work and offer your assistance with any job or claim concerns. Your employee is anxious and nervous about what is happening with his/her job and future. Frequent and regular communication can work as a major factor in expediting your employee's recovery and helping him/her return to work.
- ✓ Send a form CA-17 or CA-20 to the injured employees' doctor every two weeks or as often as needed to keep updated on your employee's medical condition and return to work status.
- ✓ Frequent communications with the injured employee and his/her treating physician is essential to keeping your supervisors/managers and the injured employee's co-workers informed of what is happening. By doing so, you will receive their support and cooperation in keeping up the extra workload and, when the time comes, in bringing the injured worker back to duty. Bringing the injured worker back to a positive environment will help your employee continue down the road to recovery and/or help in the adjustment to job rehabilitation.
- ✓ Keep the AFPC IC Office and the DOL OWCP informed by **forwarding all** documentation regarding your injured worker for inclusion in the case file.

Supervisors who need advice or assistance regarding information about challenging a claim should contact the AFPC IC Office by emailing us at injury.compensation@us.af.mil.

TIME AND ATTENDANCE REPORTING

Date of Injury (DOI): For CA-1 traumatic injuries, the timecard should be coded “**LU**” indicating the hours away from the workplace for medical treatment. If no medical treatment was received on the DOI, the timecard should still be coded as **LU** indicating “0 hours”, so that the payroll system can identify an injury and accept other injury codes. (**Note:** When coding the timecard the supervisor should also remark the 4-digit date of the injury.) If the employee cannot return to work following the injury and the injury occurred after the beginning of the work shift, the employee is carried on the time and attendance report as completing the regular shift. This day is a “freebie.” An exception to this rule is if an injury occurs during overtime. Laws governing overtime preclude payment of overtime where work was not performed. This precludes payment for time away from the job to receive medical attention or if the employee is sent home.

Continuation of Pay (COP): Continuation of pay is coded “**LT**”, which stands for Traumatic Injury – (COP). This code may only be used if the employee suffered a **traumatic injury**, filed a claim **within 30 days** from the date of injury, has provided you medical documentation to support total disability due to the injury, and does not exceed **45 calendar days** of COP within a 45 day window from the date of injury. (You must first code DOI “**LU**” even if there was no time lost prior to coding any days with “**LT**” for COP.). Normally, DOL OWCP will allow up to 4 hours for appointments; however, anything beyond that must be substantiated by the provider’s office showing the actual time the employee was treated.

COP may be used in increments. Example: Your part-time (6 hours per day) employee has a release to return to work, but must go to physical therapy 2 hours per day. The time and attendance record would show 4 hours regular duty and 2 hours **LT**. Remember that even though only 2 hours of COP were used on this day, it still counts as whole day of the 45 day entitlement to COP.

For more detailed information see “Employee Benefits under Injury Compensation”, page 20.

Leave Without Pay (LWOP): Leave Without Pay due to an injury or occupational disease is coded “**KD**” which stands for “Office of Workers’ Compensation Program (OWCP). This puts the employee in an approved **leave without pay status** and flags it as being an absence due to a work-related injury. Unlike other leave without pay absences (KA), the time missed from work will not count against the employee’s tenure benefits, such as within grade increases or service computation date. Use “**KD**” for all traumatic injuries after COP period has ended and for all occupational diseases for hours lost from work due to medical appointments and/or for hours lost due to a decrease in work hours (part-time work).

RETURNING THE INJURED EMPLOYEE TO WORK

The ultimate goal in managing workers' compensation cases is to return the injured employee to medically suitable employment as soon as possible based on medical evidence. The nature of the injury and the medical evidence presented by the employee's physician will determine when and how an employee will return to work. Most medical restrictions deal with limiting the number of hours an employee can work each day or limiting specific work tasks. Ideally, if employees are unable to return to full duty, their position should be modified to accommodate the medical restrictions and allow them to return to work in a temporary alternate work assignment until they are medically able to return to full duty.

Value of Return to Work: There are immense economic and psychological values in returning an injured employee to some type of work. It is important to let our employees know up front that they will be returning to work and that they make a valuable contribution to the organization and the Air Force. By being proactive about returning employees to work, we can avoid having to replace injured employees and train new ones, thus saving a great deal of administrative AND supervisory time, as well as cost to the agency. If an injured employee is not provided light duty for 6 months or more, there is only a 50% chance of ever returning the employee to work, after 12 months, this drops to a 10% chance. An injured employee who is not returned to work results in an average lifetime cost to the AF of over **\$1.5M** in compensation alone.

Obtaining Medical Documentation: The supervisor and AFPC IC Office are entitled to obtain the most recent, detailed medical documentation of the employee's current work-related condition, for the purpose of returning the employee to work. This medical documentation may require the AFPC IC Office to contact the DOL OWCP office, the DOL OWCP nurse, or correspond with the treating physician. Detailed medical documentation should include:

- a. Detailed diagnosis of the work-related injury
- b. Current course of treatment (physical or occupational rehabilitation, medications, number of office visits, etc.)
- c. Prognosis for recovery (when the person is expected to recover)
- d. Current work capabilities/restrictions

Develop Temporary Alternate Duties: It is the Air Force policy to have injured workers return to work as soon as possible. The primary reason behind this policy is that all benefits injured employees receive from the DOL are charged back to the agency.

It is critical to have pre-identified alternate work duties available throughout the organization for injured workers. Supervisors should develop a set of six to eight return-to-work task options or projects that can be accomplished by injured workers. Identify the tasks and classify them by importance, required skills, physical demands, and availability/duration (on-going, periodic/seasonal or one-time only, available across all shifts or offered in less than eight-hour or full shift increments). Draft job descriptions of each of these tasks to provide to the AFPC IC

Office and/or physicians, as needed. Therefore, you will want to do everything possible to help your employee return to work by looking at the following options:

- Can my employee return-to-work in a light/limited duty capacity?
- What are my employee's medical restrictions?
- How will the employee's medical restrictions affect his/her ability to perform the essential functions of his/her current job?
- Are my employee's medical restrictions temporary or permanent?
- Can my employee return to his/her former job without modifications?
- Can my employee return to his/her former job with modifications?
- What type of modifications will be needed in order to accommodate my employee's ability to return to work?
- Is my employee able to return to work in another job within my organization?
- If a job is available within the organization how will my employees medical restrictions allow him/her to perform the essential functions of his/her new job?
- Can we create a job to accommodate my employee's restrictions within our organization?
- Are there any jobs within the base/installation that my employee could do that are within his/her medical restrictions and for which the employee might be qualified for?

Plan the Employee's Return to Work: In consultation with the AFPC IC Office and the Civilian Personnel Section, review most current medical information and develop a plan of action for assisting the injured employee back to work as soon as possible. This may include temporary alternate duties (light duty and/or transitional work) that match the employee's current work capabilities until the employee is fully recovered and able to resume full duties. DOL OWCP notifies claimants of their return-to-work requirements based on the medical documentation. However, we can plan an injured employee's return to work as soon as we have medical documentation that indicates the employee can return to work at some capacity.

Light Duty/Transitional Work Assignment: Since supervisors are most familiar with the work area, they are the first link in identifying any light-duty positions that employees could perform and for making "reasonable accommodations" for return to work. Any such accommodation must be documented in writing to ensure that the supervisor, the employee, the agency and the DOL OWCP know what accommodations have been made and that it is reasonable and within the employee's capabilities and medical restrictions. In the event that the work accommodations

are not documented, and the supervisor has to later separate the employee, or if the employee doesn't report for duty, the employee will likely be eligible to resume compensation.

Note: Reasonable accommodation may include, but shall not be limited to: (1) making facilities readily accessible to and usable by handicapped persons; and, (2) job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, the provision of readers and interpreters; and, other similar actions such as flexi-place employment.

Return to Full Duty/Permanent Reassignment: Chances are supervisors cannot afford to let injured employees out indefinitely. Good news!! There are steps that can be taken to reassign injured workers to another position so supervisors can better manage manpower allocations and work flow. If the injured employee reassignment results in lower wages or less hours of work for the employee, a claim can be filed for the difference in wages with the DOL OWCP. Contact the AFPC IC Office for guidance.

If supervisors cannot easily identify another position, work with AFPC IC Office, Classifications and/or Staffing personnel to see if another job/position can be developed, or if there are other jobs within the employee's organization or base that the employee is qualified for and may be able to perform.

Pipeline Reemployment Program. Pipeline is a reemployment initiative that returns recovering employees to productive duty when medically able. It provides over hire authority to DoD installations/agencies and funding for salary and benefits for the first year. Pipeline removes the budget and staffing barriers to reintegrating recovering employees into the workforce. It employs a three tier approach consisting of: Reemployment Process, Funding and Oversight. Requests for pipeline benefits are initiated by the AFPC IC Office and approved by the DoD.

In extreme cases, supervisors may not be able to accommodate injured workers and may have no choice but to separate the employee. However, this could potentially be a **\$1.5M** decision and should only be considered as a last resort. Once the employee is separated, the employee will likely be eligible to resume compensation benefits (even if separated through disability retirement) and may receive these compensation benefits for the rest of their life. As mentioned before, **these benefits will be charged back to the agency**, with organizations receiving no productivity in return.

Make the Return to Work Offer: Initially, supervisors may verbally make the employee a light-duty job offer. Within 48 hours of the verbal offer, supervisors are required to make the offer in writing and it should describe:

1. The physical requirements of the job.
2. The location of the job.
3. The date the job is available.

4. The date by which a response to the offer is necessary.
5. The pay rate or salary of the job offered.
6. The work schedule.

This light-duty letter/statement formally documents that the employee's status of being "totally disabled" has terminated and that a light-duty job offer has been initiated.

Response to Offer: The employee is required to accept any reasonable offer of light duty regardless of whether it is written or verbal. Whether the job is accepted or declined, supervisors must notify the AFPC IC Office who will in turn notify the DOL OWCP claims examiner so appropriate action may be taken. If the employee declines to accept the job offer, DOL OWCP will then determine any continued entitlement to compensation based on the medical reports and the job offered to the employee.

EMPLOYEE BENEFITS UNDER INJURY COMPENSATION

There are six basic types of benefits an IW may be eligible for under FECA once they apply for those benefits:

1. Medical Benefits
2. Continuation of Pay
3. Disability Wage Loss Compensation
4. Scheduled Awards
5. Vocational Rehabilitation
6. Death Benefits

Medical Benefits: DOL OWCP will pay for all necessary medical treatment associated with an injury determined to be causally related to employment. There is no limit on the length of time or the expense as long as the charges are reasonable and customary and there is a demonstrated medical need for treatment. This includes costs associated with doctors, pharmacies, hospitals, and travel for treatment. Invasive procedures such as surgery, experimental procedures, and destructive procedures such as amputation require prior authorization from DOL OWCP. These medical costs will be charged back to the Air Force.

Choosing a Physician: The employee is entitled to choose his/her caregiver as long as the provider is a licensed medical physician participating in FECA program. Except for a referral made by the attending physician, **any change in treating physician must be authorized by DOL OWCP** where employee states the reason(s) why in writing. Additionally, an employee may elect to be treated by a government physician (if available). There shall be no charge for occupational health or DOL OWCP care for DoD employees treated at Federal government medical facilities. Under FECA, treatment by a chiropractor may be reimbursed only for treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated, by an x-ray, to exist. Chiropractors may also provide physical therapy when prescribed by the treating physician (MD or OD).

Exclusion of Providers: Some providers may be excluded from participation due to previous instances of fraud. Whereas some providers simply exclude themselves from FECA program altogether.

Payment of Bills: Medical providers should submit itemized bills on DOL OWCP standard claim forms HCFA 1500 for payments made by DOL OWCP based on maximum allowable charges. Reimbursements are made to employees after submission of receipts showing that payment was made, up to the maximum allowable charge. All payments to providers must be accepted as “payment in full” and the providers cannot seek additional payment from the employee. Providers can also use electronic means to process claims by visiting <http://owcp.dol.acs-inc.com> and enrolling via the internet. Additionally, bills must be submitted within 1 year of the date of service, 1 year beyond the calendar year in which the expense was incurred, or 1 year beyond the calendar year in which the claim was accepted, whichever is later or they will not be paid.

CONTINUATION OF PAY (COP): Your employee may be eligible for uninterrupted pay beyond the date of traumatic injury without charge to leave. COP is the continuation of an injured employee's regular pay by the Air Force including extra elements of pay, such as night differential, while recovering from a traumatic injury for up to a maximum of 45 calendar days. Since COP is not automatic, it is only granted for the days medical opinion certifies that the employee is totally disabled for any type of work. COP is subject to taxes and other payroll deductions; unlike compensation. By law, **Sunday Premium and Overtime are excluded from COP.** COP may be granted by you if the following conditions are met:

- The employee suffered a traumatic injury and filed form CA-1 **within 30 days** from the date of the injury.
- The employee has provided you with **valid medical documentation (from a medical doctor)** to show the inability to work in any capacity due to the injury within 10 calendar days. If valid medical documentation is not received within 10 calendar days of claiming COP, COP stops. This medical documentation should also be provided to their injury compensation specialist. (See "Medical Documentation" section below).
- The absences due to the injury began **within 45 calendar days** from the date of injury.
- The employee's absences do not exceed a total of **45 calendar days** of COP. COP counts in whole day increments. If the employee works partial days or attends a medical appointment on/off base, but is entitled to COP for the remainder of the work day, the few hours of COP count as a whole day of the 45-day entitlement. *However, while such a day is counted as one day of COP, the employee is NOT entitled to COP for the entire day or shift unless the physician advises (in writing) the employee is to stay at home for the rest of the day.* Additionally, the 45 calendar days of COP include scheduled days off, weekends, and holidays.

Controverting COP: The agency may only refuse to pay COP for one of the nine reasons listed below or if sufficient medical evidence is not provided within 10 calendar days. If the claim meets one of these criteria, sick or annual leave should be used instead of COP. The nine reason(s) for controverting COP has to be documented in writing and sent to the AFPC IC Office to support denial of COP. The final decision, however, rests with DOL OWCP. The nine reasons are:

1. The disability is due to an occupational disease or illness.
2. The employee is not a U.S. citizen.
3. The injury occurred off government premises and the employee **was not** involved in authorized "off premises" duties.
4. The injury was caused by the employee's **willful** misconduct.
5. The injury **was not** reported on CA-1 **within 30 days** after the injury.

6. Work stoppage first occurred 45 days or more after the injury.
7. The employee first reported the injury after his/her employment ended.
8. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work Study Program, or other similar groups.
9. The employee is a volunteer working without pay or for nominal pay.

Payment of COP: The Air Force pays COP, but DOL OWCP ultimately determines eligibility. Therefore, if a claim is denied by DOL OWCP, any COP time used must be converted to sick leave, annual leave or leave without pay. The supervisor must amend the time and attendance records accordingly.

Tracking COP: Time away from work for medical treatment on the **day of injury** (DOI) is coded as “**LU** (Date of Injury).” Time charged to COP is coded as “**LT** (Traumatic Injury). The 45-days begin according to the appropriate one of the three rules provided below:

1. If the injury occurs before the start of the employee’s scheduled tour of duty, the first day charged to COP is the date of injury.
2. If the injury occurs during the employee’s scheduled tour of duty and immediate time is lost, the first day charged to COP is the first calendar day after the date of injury.
3. When the time lost is not immediate, the first day charged to COP is the first day of lost time following the date of injury.

If an employee elects to use sick or annual leave, it is also important to remember that an employee has 1 year to convert any sick/annual leave used to COP. The employee must request the change to COP within 1 year of the date the leave was used or the date the claim was approved, whichever is later.

After COP Expires: If the employee is unable to return to full-duty work without restrictions and is about to exhaust the 45 days of COP, then the employee may submit a CA-7 to AFPC IC Office to request compensation for wage loss beyond the 45 days of COP. Time lost after COP should be coded as “**KD** (Office of Workers Compensation Programs (OWCP)).” Compensation may not be paid while an injured employee is in a COP status or receives pay for leave.

The employee has two options:

1. The employee can use sick or annual leave to continue uninterrupted pay, or;

2. Elect to go on Leave without Pay (LWOP) and submit the form CA-7 to request wage loss payments from the DOL OWCP. A form CA-7 alerts the DOL OWCP that the employee is not receiving any income and initiates wage loss pay. Additional CA-7s can be submitted in bi-weekly increments to claim continuing wage loss payments if the absences continue. The employee should anticipate a delay of approximately 1-3 weeks before they receive pay from the DOL OWCP. The delay can be longer if a claim is incomplete or controversial. (For instructions on filing a CA-7, see Appendix D.)

Medical Documentation: *It is the responsibility of the injured employee to provide detailed medical documentation to support total disability for all absences from work* including absences for doctor's appointments, therapy treatments, and recuperation. All COP time used, whether continuous or intermittent, must be certified by the employee's physician as necessary for treatment or recovery from the injury. The employee has the responsibility to keep his or her supervisor informed concerning his or her work status. If the attending physician of choice releases the employee for any type of duty, it is the responsibility of the employee to inform the supervisor that they are available for light duty.

Privacy Act (PA)/ Health Insurance Portability and Accountability Act (HIPPA): All medical documentation related to the work injury must be shared with the AFPC IC Office. However, keep in mind that all records are protected under the provisions of the PA/HIPPA and should be handled and shared accordingly.

NOTE: A checklist to assist you in tracking COP is provided at Appendix E.

COP and Occupational Disease Claims: COP **is not** a benefit for occupational disease. If the employee cannot work due to the claimed condition the employee has two options:

1. Elect to go on LWOP and submit a form CA-7 to request wage loss payments from DOL OWCP. A form CA-7 alerts DOL OWCP that the employee is not receiving any income and initiates wage loss pay. Additional CA-7s can be submitted in bi-weekly increments to claim continuing wage loss payments if the absences continue. The employee should anticipate a delay of approximately 1-3 weeks before they receive pay from DOL OWCP if their claim is approved. If the claim is not approved or is controversial the delay can be as long as several months. (For instructions on filing a CA-7, see Appendix D) or;

2. Use sick or annual leave to continue uninterrupted pay. Employees who elect to use their own sick or annual leave during a period of disability to avoid interruption of income, may claim compensation for the period of disability and "buy back" the leave used (subject to agency approval). Note the employee has only 1 year from the date his claim was accepted or from the date the leave was initially used to request LBB or the request will be denied by AFPC IC Office.

Additionally, the employee **must continue** to submit medical documentation to support that the ongoing absences are related to the work-injury. (See "Medical Documentation" section above)

Disability Wage Loss Compensation: If a claim is accepted by DOL OWCP, an employee may receive a combination of compensation for wage loss, medical benefits, and schedule award payments for the loss of function of a body part. For time off work beyond the 45 days of COP, the IW must use sick or annual leave or LWOP. Compensation may be claimed for intermittent medical appointments until recovery by claiming LWOP compensation on forms CA-7, *Claim for Compensation & CA7a, Time Analysis Sheet*, directly through the AFPC IC Office. Use these forms for Leave Buy Back, also. (For instructions see Appendix D)

Total Disability: Any employee declared totally disabled due to a job related injury is eligible for wage-loss compensation. Wage-loss compensation begins **after** the 45-day period of COP. Basic payment for total disability is 2/3 of regular pay or 3/4, if the employee has eligible dependents. Regular pay includes any shift differential but not overtime. To be paid for wage loss for any time off work beyond the 45 days of COP, once the claim is approved, the IW must file a CA-7 and attach supporting medical documentation. A Subsequent CA-7 and attached medical documentation must be filed for additional time missed from work due to the work injury.

Waiting Days Traumatic Injuries: If the disability continues for more than the 45 days provided under COP, compensation for lost wages is payable after a three-day waiting period in a non-paid status. No waiting period is required, however, if the disability causing the wage loss lasts longer than 14 days from the time compensation begins. The injured employee also has the option of using sick leave if it is to his or her benefit.

Waiting Days – Occupational Disease or Illness: COP does not apply to occupational disease or illness cases; compensation for lost wages is payable after an initial three-day waiting period in non-paid status. If the disability exceeds 14 days from the time compensation begins no waiting period is required.

No compensation will be paid by DOL for any time the IW is using sick leave or annual leave. Compensation is tax-free although there are deductions for health benefits and life insurance premiums.

The employee must continue to submit medical documentation to DOL OWCP and the supervisor to support his/her disability for the life of the claim. The employee must also submit to any second opinion examination and/or rehabilitation services directed and provided by DOL OWCP in order to continue to receive compensation.

Partial Disability: In the event that the employee has an injury that leaves him or her partially disabled, any loss in wages suffered by taking a new job will be compensated at the 2/3 or 3/4 rate. If the employee is able to return to work but in a lower graded position, DOL OWCP will make up the difference between the current salary and the salary at the time of injury.

Separation from Federal Service: An employee who fully recovers *within one year* of beginning compensation has mandatory restoration rights to his/her former position or its equivalent (i.e., same type of work and same pay) regardless of whether or not s/he is still on the agency rolls. Beyond one year, the employee is only entitled to priority consideration for reinstatement to the Air Force.

Schedule Awards: If an employee suffers a disabling injury that also leads to the loss (or loss of use) of a limb or an organ, a schedule award may be paid. Schedule awards are paid after maximum medical improvement has been reached. They are for a specified period of time, which is proportional to the severity of the loss and may be paid even if the employee returns to work. Employees may not, however, receive wage-loss compensation for disability and a schedule award at the same time.

Vocational Rehabilitation: If an employee becomes disabled from his DOI job, but still has some capacity to work and no other positions are available, vocational rehabilitation may be arranged to provide re-training for work either in the private or Federal sector.

Once involved in a vocational rehabilitation program, an injured worker will receive compensation for total disability while the program is in process. Once completed, compensation is computed reflecting the employee's new earning capacity based on the employee's newly acquired skills.

Death Benefits: FECA provides benefits for the survivor(s) of an employee who dies from job-related causes. Wage-loss compensation ranging from 50% to 75% of the worker's regular wages is granted to a surviving spouse and/or dependents. Other benefits include payments for funeral cost, transportation of the deceased if the employee dies away from home, and reimbursement for costs incurred while terminating the worker's employment status.

LEAVE BUY BACK

Criteria for Leave Buy-Back (LBB): If an injured Federal employee elects to use sick or annual leave during a period of disability, the employee may (with agency approval) claim compensation for the period of disability and "buy back" the leave used. Compensation for leave repurchase is computed in the same way as compensation for temporary total disability. Since leave is paid at 100 percent of the usual wage rate, while compensation is paid at either 66 2/3 percent or 75 percent of the employee's usual pay rate, the employee must refund to the agency the difference between the compensation entitlement and the total amount of leave paid by the agency. The employee's leave record must be changed to leave-without-pay (LWOP) in order for compensation to be paid. Since leave is not earned during a period when an employee is in a LWOP status, the repurchase for leave may result in a reduction of earned leave. Buy back of leave is subject to agency concurrence and availability of official leave records (any sick leave or annual leave used during the 45-day COP period cannot be used for leave-buy-back purposes unless the employee was not entitled to COP).

Before leave-buy-back procedures begin, the following criteria must be met:

1. DOL OWCP has approved the employee's claim for compensation benefits.
2. The employee used sick or annual leave due to the disability.
3. The claim for leave buy-back is submitted within one year of the date the leave was used or the claim was accepted, whichever is later. (This would assure leave records and medical documentation are available to support disability for the period claimed.)
4. Requests for leave buy-back shall be submitted for a minimum of 10 hours of leave unless no further claims are anticipated. Medical documentation must be provided for all dates claimed.

How to Process LBB Requests: When an employee decides to file a leave buy-back claim, the employee should:

1. Complete a CA-7 for the dated claimed. When more than one continuous period of leave is claimed, the employee should complete a CA-7a, "Time Analysis Form".
2. The employee completes the forms and submits them to the AFPC IC Office, via fax or e-mail for further processing. (See Appendix A)
3. The Injury Compensation Specialist (ICS) reviews the CA-7/7a forms for accuracy of claimed hours and verifies the hours against payroll records. The ICS should contact the employing agency's payroll department to obtain the total repayment amount for all hours claimed. The determination as to which hours are actually compensable will remain a DOL OWCP function, based on review of the medical evidence on file.

4. The ICS forwards the CA-7 forms to Defense Finance and Accounting Service (DFAS) for an estimate of FECA entitlement using CA-7b, "Leave Buy-Back Worksheet/Certification and Election" form. Part II of the CA-7b will be completed by DFAS. The completed worksheet will show the total repurchase amount, the estimated amount DOL OWCP will pay, if all hours are approved, and the balance which the employee will be required to pay to the employing agency.

5. The ICS returns the CA-7b to the employee. The employee reviews the figures provided and determines whether to pursue the LBB request.

6. If the employee decides not to pursue the request, he or she will check the "NO" box on the CA-7b, sign the form, and return to the ICS. The employing agency will retain the claim rather than forwarding it to DOL OWCP.

7. If employee decides to pursue the request, he or she will check the "Yes" block on the CA-7b, sign the form, and return it to the ICS. The ICS will electronically submit the completed package, consisting of the CA-7, CA-7a (if applicable), and the CA-7b, along with any medical documentation submitted by the employee, to DOL OWCP.

8. The DOL OWCP District Office will review the estimate of FECA entitlement shown on the CA-7b. If there are no discrepancies greater than 10 percent, the LBB will be processed similar to a regular compensation payment.

NOTE: Once DOL OWCP has paid its estimated payment amount, the employee should receive a notice of payment from DOL OWCP. Upon receipt of this notice, the employee should contact the AFPC IC Office for further instruction.

9. After leave buyback has been approved and paid, the ICS should determine whether the leave was used but a tax return has not been filed for that year. If a tax return has been filed for that year, then the employee should be advised to request an adjusted W-2 from Payroll.

Impact on Leave Forfeiture and Leave Earnings: If annual leave is to be recredited to the employee's account and it exceeds the maximum permissible carryover balance, the excess amount is subject to forfeiture. Since the leave previously used must be converted to LWOP for "buy back" purposes, leave earned during the LBB period is nullified. In addition, the employee will no longer be entitled to pay received for any holiday that was included within the period of LWOP and each increment of 80 hours LWOP results in a corresponding loss of leave accruals.

Appendix A

AFPC IC OFFICE CONTACT INFORMATION

Mailing address:

HQ AFPC/DPIEPC Injury Compensation
550 C WEST SUITE 57 M/S 667
JBSA RANDOLPH TX 78150-4759

Fax:

DSN: 665-2952
Commercial: (210) 565-2952

E-mail address: injury.compensation@us.af.mil

Appendix B

SUPERVISOR INSTRUCTIONS FOR SUBMITTING A CLAIM THROUGH DIUCS

Forms CA-1 (Traumatic Injury) or CA-2 (Occupational Disease or Illness) will be completed electronically and submitted immediately through EDI, The EDI application is located on the Defense Civilian Advisory Service (DCPAS) website, listed below .

- Supervisor will access the EDI application through the Defense Civilian Personnel Advisory Service (DCPAS) Access Portal through the below link.:
- <https://cacdiucs3.cpms.osd.mil/portal/portal.html>
- Scroll down to “Claim Creation (No DIUCS) Account Needed)” option.
 - Click on “Enter Claim”.
 - The “Disclaimer” page will open. Read the disclaimer and Click “OK” to continue.
 - Supervisor will need to enter SSN and DOB of employee and select whether a CA-1 or CA-2 will be filed; Select “Enter Claim”
 - The form will now open with the employee’s information populated into the appropriate fields.
 - White fields are required, Yellow fields are optional, and Gray fields are informational
 - Supervisor will enter employee’s information onto the form. (Blocks 1 – 16)
 - Enter Home Phone without dashes or parenthesis. (Block 5)
 - If data is entered incorrectly, a message will be provided at the bottom of the screen to explain the problem. The application will not let you move to next field until the problem is corrected.
 - Date & Time of Injury (Block 10) has a default value of today’s date; CHANGE this to the actual date of injury.
 - Supervisor enters required information in Supervisor’s portion of the form. (Blocks 17 – 39)
 - If applicable, enter witness information.
 - Supervisor pays special attention to Block 23 (CA-1) – Date notice received or Block 26 (CA-2) – This is the date the employee gave the completed paper CA1 or CA2 to the

supervisor. This should also be today's date as the form must be submitted immediately using EDI.

- After Block 39 (Filing Instruction on CA-1) or Block 35 (CA-2), select “View Claim”, then select “View Claim for Printing and Submit to ICPA”. The form will open in PDF Format, select the printer icon and print claim. To close, simply click on the red “X” at the top right corner of your screen.
- The employee, witness and supervisor must sign their respective sections.
- Mail, Fax, or E-mail all documentation immediately after submission – Mail: HQ AFPC/DPIEPC, Injury Compensation, 550 C Street West, Suite 57, M/S 667, JBSA Randolph TX 78150; Fax: (210) 565-2952; E-mail: injury.compensation@us.af.mil, to be retained in the file.
- This office recommends that supervisors use the link provided above, <https://cacdiucs3.cpm.osd.mil/portal/portal.html> as the primary link when entering claims. Additionally, supervisors may also visit the DCPAS main website: **<https://extranet.apps.cpm.osd.mil/Divisions/Benefits%20and%20Worklife/Injury%20and%20Unemployment%20Compensation%20Branch.aspx>** to access Online Training Tools, Supervisor Responsibilities and , other injury compensation program information.

Appendix C

SUPERVISOR SCREENSHOT INSTRUCTIONS FOR SUBMITTING A CLAIM THROUGH DIUCS

DCPAS Access Portal

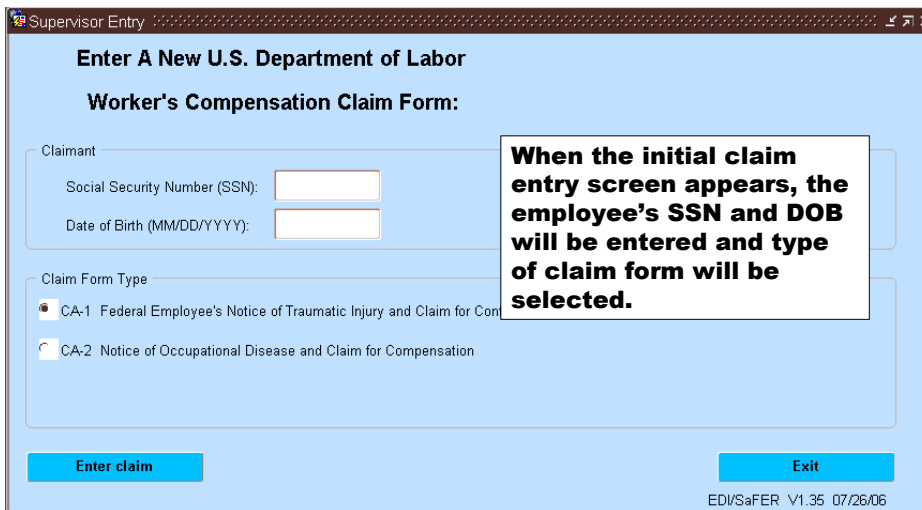
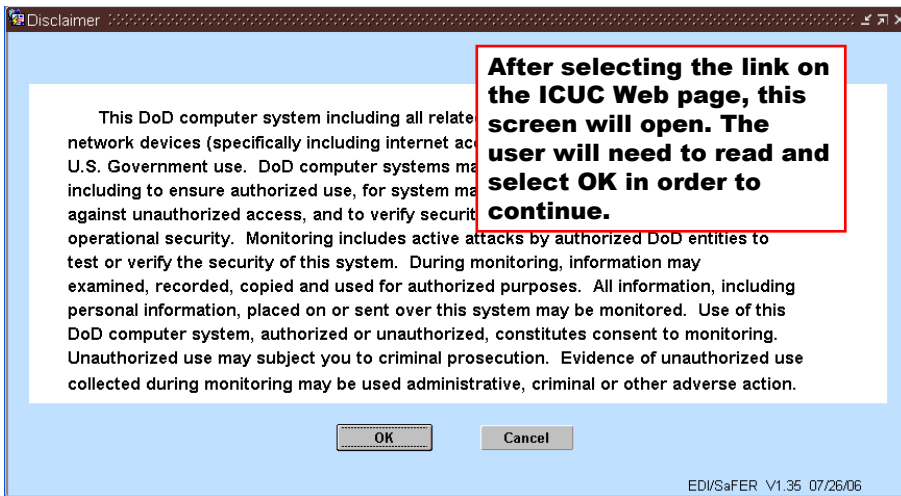
DIUCS ACCESS PORTAL

DEPARTMENT OF DEFENSE
DCPAS
Defense Civilian Personnel Advisory Service

The DIUCS application is currently available!
EDI claims can now be entered and processed.

CAC Registration START REGISTRATION Use to start the CAC registration process so that you can access DIUCS using your CAC Card and associated PIN. You must have existing DIUCS userid and password in order to register your CAC Card. Userid and password will not work once CAC Card has been registered.	DIUCS Application Access ENTER DIUCS APPLICATION Use to enter DIUCS application once you have successfully registered your CAC Card.
Request userid and password (Registered User) REQUEST ACCESS TO DIUCS Use to request an account for accessing DIUCS. After your request is processed, you will be provided with a userid and password that will be used to register your CAC card. CAC card registration is required in order to access the DIUCS application.	Claim Creation (No DIUCS Account needed) ENTER CLAIM Use to create and submit CA-1 and CA-2 claims electronically. Used by supervisors and ICPAs.

← Click Here



DIUCS v2.1 EDI
Window ORACLE

Supervisor Entry

Enter A New U.S. Department of Labor Worker's Compensation Claim Form:

Claimant

Social Security Number (SSN): 111-11-1111
Date of Birth (MM/DD/YYYY): 01/01/1960

Claim Form Type

CA-1 Federal Employee's Notice of Traumatic Injury and Compensation
 CA-2 Notice of Occupational Disease and Compensation Claim

Once the employee's information is added, select the Enter claim button to begin entering data.

Enter claim

Record: 1/1
Warning: Applet Window

DIUCS v2.1 EDI
Window ORACLE

EDI_CA1

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

1. Name of employee
Last Name: SMITH First Name: JOHN
Middle Name: [redacted] Suffix: (not entered)

2. Social Security Number
111-11-1111

3. Date of birth MM-DD-YYYY
01-01-1960

4. Sex
 Male Female

5. Home Phone
[redacted]

6. Grade as of date of injury
Level: WG10 Step: 05

7. Employee's home mailing address
Street Address: [redacted]
City: [redacted]
State: [redacted] ZIP Code: [redacted]

8. Dependents
 Wife, Husband
 Children under 18 years
 Other

Claim information
EDI claim number: [redacted] Status: [redacted]
Trading partner ID: FECAEDI Status time: [redacted]

The form will now open with the employee's information populated into the appropriate fields using data from the personnel system.

Record: 1/1
Warning: Applet Window

DIUCS v2.1 EDI

Window

EDI_CA1

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)
 MAIN OFFICE BUILDING, 1223445 WORK STREET, ANYTOWN FL

FLEMING ISLAND FL

10. Date & time injury occurred
 MM-DD-YYYY HH:MM [AM|PM]
 01-20-2005 02:30 PM

11. Date of this notice
 MM-DD-YYYY
 01-20-2005

The employee's information will be entered into the system. Pay particular attention to fields that require a date and time such as Block 10. If no time is entered in the block, the time will default to 12:00 am.

13. Cause of injury (Describe what happened and why)
 I WAS WALKING DOWN THE STAIRS AND I TRIPP

14. Nature of injury (Identify both the injury and the part of body, e.g. broken nose, bruised ribs)
 BROKEN NOSE, BRUISED RIBS

Nature of Injury
 Anatomical location code
 Part of Body Side of Body

Record: 1/1

Warning: Applet Window

DIUCS v2.1 EDI

Window

EDI_CA1

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

a. Continuation of regular pay (COP) not to exceed 45 days beyond 45 days. If my claim is denied, I understand that I may be required to use my sick or annual leave, or be deemed an overpayment within the time period.

b. Sick and/or Annual Leave

c. Unknown

The employee then elects whether to use Continuation of Pay and enters the date that the claim is being entered into the EDI application.

I hereby authorize any physician or hospital (or any other person, association, corporation, or government agency) to transmit any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date 01-20-2005

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Record: 1/1

Warning: Applet Window

DIUCS v2.1 EDI

Window

EDI_CA1

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

17. Agency name and address of reporting office

Agency name: GOVERNMENT AGENCY

Street Address: 123 WORK STREET

City: ANYTOWN

State: FL ZIP Code: 32006

18. Employee's duty station

Street Address: GOVERNMENT AGENCY

City: ANYTOWN

State: FL ZIP Code: 32006

19. Employee's retirement coverage

CSRS FERS OTHER (identify)

20. Regular work hours

HHMM [AM|PM] HHMM [AM|PM]

From: 09:00 AM To: 05:30 PM

21. Regular work schedule

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

22. Date of injury

MM-DD-YYYY

01-20-2005

23. Date notice received

MM-DD-YYYY

01-20-2005

24. Date & time employee stopped work

MM-DD-YYYY HHMM [AM|PM]

Record: 1/1

Warning: Applet Window

Enter the required information in the appropriate fields. Paying attention to the format for data entry. (No military time)

DIUCS v2.1 EDI

Window

EDI_CA1

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

25. Date pay stopped

MM-DD-YYYY

26. Date 45 day period began

MM-DD-YYYY

27. Date & time employee returned to work

MM-DD-YYYY HHMM [AM|PM]

28. Was employee injured in performance of duty?

Yes No (If "No", explain)

If the supervisor does not believe the employee was injured in performance of duty, "no" should be checked and the facts that support that position should be provided. Otherwise leave the box checked "yes."

If the information will not fit into this box, annotate "additional information forwarded under separate cover" and send the information to the ICPA to forward to OWCP.

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?

Yes (If "Yes", explain) No

If the supervisor believes that willful misconduct was involved, "yes" should be checked and the facts that support this position provided. Otherwise leave the box checked "no"

If the information will not fit into this box annotate "additional information forwarded under separate cover" and send the information to the ICPA to forward to OWCP.

Record: 1/1

Warning: Applet Window

DIUCS v2.1 EDI

Window

ORACLE

EDI_CA1

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

30. Was injury caused by third party?
 Yes
 No

31. Name and address of third party (include city, state, and ZIP code)
 3rd party name: [redacted]
 name continued: [redacted]
 Street Address: [redacted]
 City: [redacted]
 State: [redacted] ZIP Code: [redacted]

Example of a third party claims would be an automobile accident in which the other driver was found to be at fault.

32. Name and address of physician first providing medical care (include city, state, and ZIP code)
 Last Name: [redacted] First Name: [redacted] Middle Name: [redacted] Title: [redacted]
 Street Address: [redacted]
 City: [redacted]
 State: [redacted] ZIP Code: [redacted]

If the individual was treated at an agency facility the information in Block 32 must be provided (unique to EDI/SAFER)

33. First date medical care received
 MM-DD-YYYY: [redacted]

33a. Provided by Agency medical facility?
 Yes No

34. [redacted]

Record: 1/1
 Warning: Applet Window

DIUCS v2.1 EDI

Window

ORACLE

EDI_CA1

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?
 Yes No (if "No", explain)

If, in the investigation of the claim, nothing contradicting the employee or witness is uncovered, it would be appropriate to answer "yes". The supervisor does not have to witness the alleged incident to answer "yes".
If an investigation has been started, but the results are not available at the time of claim filing, then annotate "investigation in progress, results forwarded under separate cover". The ICPA should be provided with a copy of the results to forward to OWCP

36. If the employing agency controverts continuation of pay, state the reason in detail.
 [redacted]

37. Pay rate when employee stopped work
 Amount: [redacted] Per: <not entered>

Record: 1/1
 Warning: Applet Window

DIUCS v2.1 EDI

Window

EDI_CAI

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?

Yes No (If "No", explain)

If the agency wishes to challenge the claim, then "no" must be selected for this item and the reasons for the challenge entered into this space. If the information will not fit, then annotate "additional information will be forwarded under separate cover" and forward the information to the ICPA

36. If the employing agency controverts continuation of pay, state the reason in detail.

37. Pay rate when employee stopped work

Amount: Per:

Record: 1/1

Warning: Applet Window

DIUCS v2.1 EDI

Window

EDI_CAI

Emp. Data | Injury | Emp. Signature | Witness | Sup Rpt 1 | Sup Rpt 2 | Sup Rpt 3 | Sup Rpt 4 | Safety Data | Sup Signature

Work Environment Exceptions

- Employee was member of general public rather than employee
- Injury resulted from non-work related event or exposure
- Injury resulted from voluntary participation in a work-related activity
- Injury resulted from employee eating, drinking, or smoking
- Injury resulted from personal grooming, self medication, or use of a personal vehicle
- Injury resulted from a motor vehicle accident occurring while on duty
- Injury is the common cold or flu.

Privacy Case Status:

General Recording Criteria

- Employee is deceased as a result of the incident.
- Employee suffered days away from work as a result of the incident.
- Employee's work activity was restricted as a result of the incident.
- Employee was treated in an emergency room as a result of the incident.
- Employee was hospitalized overnight as an in-patient.
- Employee lost consciousness as a result of the incident.
- Employee was transferred to another job as a result of the incident.

Preliminary OSHA Recordability

29 CFR 1950:

OSHA 200 Log Coding:

29 CFR 1904:

OSHA 300 Log Coding:

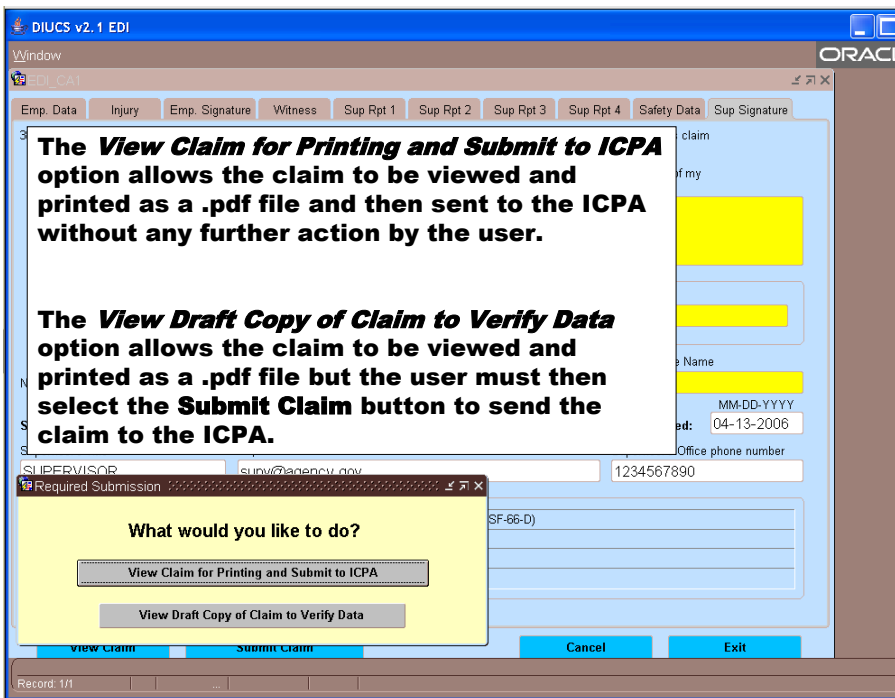
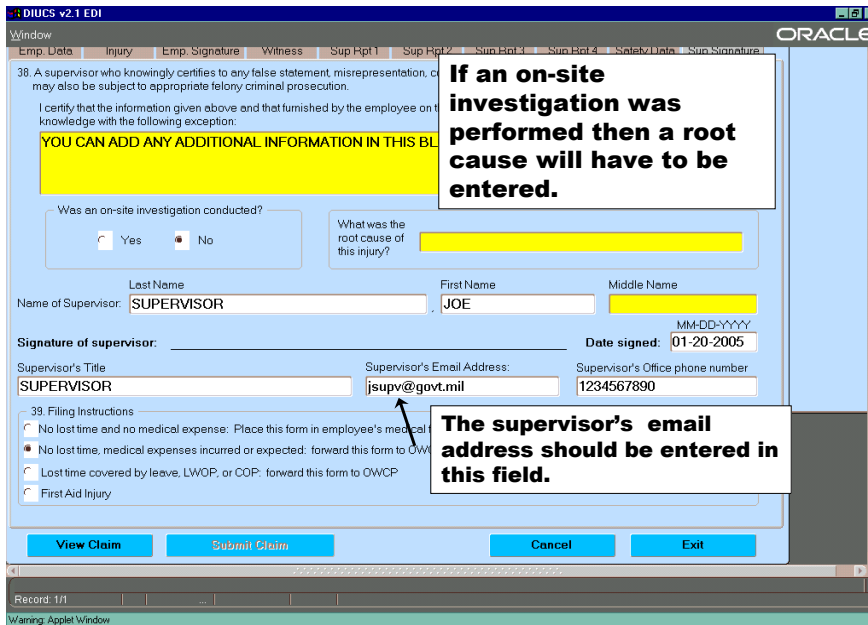
Injury Classification:

As Of:

Check all that apply for the sections on this tab. This information will be used to generate the OSHA 301 notice used for safety notification (Unique to EDI/SAFER) and will not be sent to OWCP.

Record: 1/1

Warning: Applet Window



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Review the claim. If the information is correct, select the print icon and print the claim. The employee, supervisor, and witness should then sign their portion. The signed copy is forwarded to the ICPA for record retention.

Federal Employee's Notice of Traumatic Injury and Claim for Continuation Pay/Compensation
 Employee: Please complete all boxes 1-15 below. Do not complete shaded or
 Witness: Complete bottom section 16.
 Employing Agency (Supervisor or Compensation Specialist): Complete shaded

Employee Data

1. Name of Employee (Last, First Middle Suffix) SMITH JOHN			2. Social Security Number 111111111
3. Date of Birth 01/01/1960	4. Sex MALE	5. Home Telephone 123456789	6. Grade as of date of injury Level WG10 Step 05
7. Employee's home mailing address (include city, state, and ZIP code) 123 MAIN STREET ANY TOWN FL 32006			8. Dependents <input type="checkbox"/> Wife/Husband <input type="checkbox"/> Children under 18 year <input type="checkbox"/> Other

Description of Injury

9. Place where injury occurred (e.g., 2nd floor, Main Post Office Bldg., 12th & Pine)
 MAIN OFFICE BUILDING, 123445 WORK STREET, ANY TOWN FL
 FLEMING ISLAND FL

10. Date injury occurred 01/20/2006 02:30 PM	11. Date of this notice 01/20/2005	12. Employee's job title MAIL CLERK
---	---------------------------------------	--

13. Cause of injury (Describe what happened and why)
 I WAS WALKING DOWN THE STAIRS AND I TRIPPED AND FELL

1 of 8 10 x 11 in

Appendix D

Instructions for Completing Form CA-7, Claim for Compensation

Below are instructions for AF Civilian employees requesting compensation under FECA in regards to their accepted work injuries. By following the below instructions, every injured worker can be assured that their compensation claim will be processed without any undue delay.

First, any employee can obtain a CA-7 form from their supervisor, or from the following website: <http://www.dol.gov/owcp/regs/compliance/ca-7.pdf> . Please read and follow the instructions for this form carefully and as detailed below. Once you have completed page 1 of the CA-7, Claim for Compensation, either provide it to your supervisor, or send it directly to AFPC IC Office per our FAX: (210) 565-2952 or per our e-mail: injury.compensation@us.af.mil.

- CA-7s should be submitted with inclusive date range for each 2-week pay period.
- CA-7s should be submitted after end of each pay period and cannot be submitted with *future dates*.
- CA-7's must be received by AFPC IC Office within 2 calendar days from Employee Signature date to allow this office to submit to DOL OWCP by the 7th calendar day (A DOL OWCP Requirement) – FAX or Scan and EMAIL

Sign and date the form on the same day you are submitting the form to the AFPC IC Office. The AFPC IC Office is required by regulation to forward CA-7s to DOL OWCP within 7 calendar days of signature date, therefore any CA-7 received by this office that is dated more than 2 calendar days from our receipt date is subject to be returned to you to be resigned and dated. This form should be submitted every 2 weeks, immediately after the end of any pay period in which you missed time from work due to the work injury. If you are claiming compensation for leave without pay, leave buy back, or other wage loss, the AFPC IC Office will then verify your claim with your time and attendance as it was certified in payroll. Please note that access to certified payroll for any pay period will not be available to the AFPC IC Office for verification until the third work day following the end of the pay period.

The employee or employee's representative completes Sections 1 through 7.

SECTION 1

- Enter your last name, first name, and middle name (if no middle name, enter "NMN")
- Enter your mailing address, DOL OWCP File Number, Date of Injury, SSN, and Telephone/Fax Number

SECTION 2

- Check appropriate box
- Enter beginning and ending dates of time lost due to injury
- If Intermittent, complete Form CA-7a, Time Analysis Sheet

SECTION 3

- Check appropriate box

SECTION 4

- Check appropriate box. If yes, provide other information requested in section 5 through 7
- Provide Form SF-1199A, Direct Deposit Sign-up Form
- If no, check appropriate box

SECTION 5

- List all dependents (including adopted children) that depend on you for support. A spouse living with you is considered a dependent whether or not he or she is financially dependent on you.
- List to who support payments are made, if applicable and if these support payments were ordered by a court, you need to provide a copy of the court order with your 1st CA-7 submission.

SECTION 6

- Check appropriate box as to whether there be a claim made against a 3rd party
- If you have applied or received benefits from Department of Veterans Affairs and Federal Retirement or Disability Law you need to provide all the requested information.

SECTION 7

- Provide your signature and date that you are actually faxing or emailing this form to the AFPC IC Office. If you want to provide a CA-7 for future dates (projected surgery), you must leave the date portion blank. We will then enter the date for you when we submit the CA-7 to DOL OWCP.

The AFPC IC Office will complete Section 8 through 15

Appendix E

COP WORKSHEET

Claimant Name: _____ DOL OWCP Claim Number: _____

Date of Injury: _____ Supervisor Name: _____

Use this worksheet to track the dates and hours of COP authorized for this claimant as a result of the injury case noted in the DOL OWCP Claim Number above.

Count	Date	*Day Type	#Hours	Count	Date	*Day Type	#Hours
01				24			
02				25			
03				26			
04				27			
05				28			
06				29			
07				30			
08				31			
09				32			
10				33			
11				34			
12				35			
13				36			
14				37			
15				38			
16				39			
17				40			
18				41			
19				42			
20				43			
21				44			
22				45			
23				***			

*Day Type: W=Work Day; H-Holiday; N=Non-Scheduled Day

Appendix F

Master Index of Compensation Forms and Purposes:

The following information is provided for only those forms you are likely to use and can be found through DOL website at <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>.

CA-1 - Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Use for traumatic injury - employee was hurt because of a single event or within one workday. Mail original to the AFPC IC Office. (See Appendix A)

CA-2 - Notice of Occupational Disease and Claim for Compensation. Use for occupational disease or illness claims. Medical condition developed over more than one workday (i.e. carpal tunnel, skin disease). A checklist (CA-35a to CA-35h), which is needed to support the claim, and or Factual and Medical Development Sheet should accompany each CA-2. Contact the AFPC IC Office (1-800-525-0102) for checklist and/or sheet. Mail original to the AFPC IC Office. (See Appendix A)

CA-2a - Notice of Recurrence. Use for recurrence of injury or occupational disease - medical condition has flared up for no other explainable reason other than a previous work-related condition. Do not issue CA-16. Do not pay COP. Mail original to the AFPC IC Office. (See Appendix A)

***CA-7 - Claim for Compensation (Medical documentation must be included).** Used for three purposes:

1. To claim lost wages when continuation of pay expires on a traumatic injury, and to claim wage loss on occupational disease claims.
2. Use to initiate leave buy backs.
3. Use to claim a scheduled award (employee has reached maximum medical improvement but has suffered a permanent loss or impairment to a part of their body).

CA-7a - Form CA-7a - Use in conjunction with a CA-7 intermittent periods of disability.

CA-7b Form - Use in conjunction with a CA-7, and CA-7a (if applicable) to request LBB.

CA-16 - Authorization for Examination and/or Treatment. CA-16 can be issued within 7 calendar days from the date of injury **ONLY**. **CA-16 IS LIKE A BLANK CHECK.** Use caution when issuing but don't delay if emergency care is needed. It is good for 60 days. (This form cannot be found online. Please call AFPC IC at 1-800-525-0102 to obtain.)

CA-17 - Duty Status Report. This form allows the physician to keep you updated on your employees' work restrictions and/or duty status. When sending the CA-17 to the doctor, include the employee's Position Description on the first visit and always advise the doctor if he is

providing work restrictions, if you do or do not have light duty available.

GLOSSARY OF TERMS

These terms and their definitions are for the purposes of this guide.

Air Force Personnel Center Injury Compensation Office (AFPC IC Office). The AFPC IC Office is a staff of Human Resources Specialists with extensive experience in injury compensation.

Compensation. Benefits paid or payable under FECA, including money paid because of loss of wages, medical expenses, rehabilitation expenses, loss of use of major body functions, as well as death benefits to survivor(s).

Continuation of Pay (COP). Continuation of regular pay to a traumatically injured employee with no charge to sick or annual leave for the first 45 calendar days of disability. COP is subject to taxes and all other usual payroll deductions.

Controversion. The formal administrative procedure through which DoD management presents evidence to DOL OWCP to challenge an employee's claim for benefits. Management may controvert claims for COP that is clearly in conflict with the provisions of the regulations, or if there is serious doubt as to the validity of the claim. Controversions must be thoroughly documented and submitted at the earliest date the facts are available.

Defense Injury/Unemployment Compensation System (DIUCS). The automated injury compensation database used by DoD injury compensation professionals to manage claims and validate costs.

Electronic Data Interchange (EDI). The technical solution that allows Defense activities to complete CA-1 and CA-2 forms online and submit them via the internet to the AFPC IC Office.

Federal Employees' Compensation Act (FECA). Outlines the statutory regulations for the workers' compensation program which is identified in 5 USC 8101 *et seq* as amended in 1974.

Fraud. An intentional deceptive act, or series of acts, committed by an individual with the specific intent to cause the DoD or DOL OWCP to grant benefits under FECA which would normally not be granted.

Injury Compensation Specialist (ICS). The individual designated by the AFPC who oversees and is responsible for the Air Force Injury Compensation Program.

Leave Buy-Back. A procedure whereby an employee may have leave restored to his or her account if it was initially used due to a job-related injury.

Light Duty. The temporary or permanent assignment to productive duty of an employee who is partially disabled from a job-related injury or illness and is unable to perform his or her regular

duties. The employee's return to work must be recommended by appropriate medical authority and the assigned tasks must be fully consistent with the physical limitations specified by such medical authority.

Occupational Disease or Illness. An illness or disease produced by: systemic infections, conditions or repeated stress or strain, exposure to toxins, poisons, fumes, or other continued and repeated exposure to the work environment over a period greater than a single day or work shift. Persons suffering from occupational diseases are limited to injury compensation payments provided by FECA or to sick or annual leave.

Office of Workers' Compensation Programs (OWCP). The Office of the Department of Labor that has overall responsibility for administration of FECA.

Partial Disability. Cases where an employee's injury or illness precludes return to regular duty, but is not totally disabling for all work.

Pipeline Reemployment Program. Provides temporary funding and over hire authority of positions established for employees and former employees in receipt of workers' compensation benefits. Requests for pipeline benefits are approved by the DoD.

Reasonable Accommodation. Reasonable accommodation may include, but shall not be limited to: (1) making facilities readily accessible to and usable by handicapped persons; and, (2) job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, the provision of readers and interpreters; and, other similar actions such as flexiplace employment.

Recurrence. After returning to work, an injured employee is again disabled and stops work as a result of the original injury or occupational disease. A work stoppage is not a recurrence of disability if it is caused by a condition that results from a new incident of injury even to the same portion of the body previously injured or from a new exposure to the cause(s) of a previously suffered occupational disease.

Rehabilitation. Services and/or training provided to an injured employee who suffers from a vocational handicap due to a work-related injury or illness and who cannot resume usual

Employment. The goal is to successfully place the person in a job that they can perform within their limitations.

Schedule Awards. Compensation provided for specified periods of time for the permanent loss or loss of use of each of certain members, organs, or functions of the body. Compensation for proportionate periods of time is payable for partial loss of use of each member or organ. The compensation for schedule awards will equal 66 2/3 percent of the employee's pay or 75 percent when there is a dependent. Schedule awards are payable even if a person is federally employed or receiving Federal retirement benefits for the period of the award.

Termination of COP. Termination of COP can be accomplished for any of the nine reasons listed on Form CA-1 or if medical documentation of disability has not been received within 10 work days after the claim has been made for COP.

Total Disability. When an employee is unable to work in any capacity, as a result of a job-related injury or illness.

Traumatic Injury. A wound or other condition of the body caused by external force, including stress or strain. It must be identifiable as to time and place of occurrence and member or function 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. For example, a strained back caused by lifting a heavy box would be a traumatic injury. Only traumatic injuries entitle employees to COP. Traumatic injuries include damage to or destruction of prosthetic devices or appliances. Eyeglasses and hearing aids are accepted, unless damaged or destroyed as a direct result of a job-related personal injury requiring medical attention.