Exhibit 1, 240 FW 10 A Guide for Fish and Wildlife Service Employees Who Are Injured at Work New Date: October 22, 2012 Amended by Decision Memorandum, "Approval of Revisions to ~350 Directives to Remove Gender-Specific Pronouns," 6/22/2022 Series: Occupational Safety and Health Part 240: Safety Program Originating Office: Division of Safety and Health

WHEN INJURED AT WORK

A Guide for Fish & Wildlife Service employees

If you are injured at work, you may be entitled to injury compensation benefits provided under the Federal Employees' Compensation Act (FECA), as administered by the Department of Labor's Office of Workers' Compensation Program (OWCP). Federal employees have certain rights and responsibilities in filing for these benefits. Follow the guide below and contact your Regional/Headquarters (HQ) Injury Compensation Specialist. You can find out who that is by contacting your servicing Human Resources or Safety Office.

Report to Bupervisor Report any job-related injury as soon as possible to your supervisor. Injury also means any illness or disease that is caused or aggravated by the employment, as well as damage to medical braces, artificial limbs, and other prosthetic devices.

Obtain Prompt Medical Care Before you obtain medical treatment for injuries, ask your supervisor to authorize the treatment on form CA-16, Authorization for Examination And/Or Treatment (they fill out the front side). This form is available at your office or from your Regional/HQ Injury Compensation Specialist. You should ask the doctor to complete it (the back side, titled *Attending Physician's Report*) before you leave your first visit with them.

You may seek emergency medical treatment for an injury without prior authorization.

Form CA-16 is not issued for occupational disease claims.

You are entitled to the initial choice of physician for treatment of an injury. You may choose any licensed physician in private practice who is not excluded by OWCP. This may be a private physician or a physician at a Government medical facility.

Form OWCP-1500, Health Insurance Claim Form (alt. HCFA-1500) (http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-1500.pdf) This is the billing form physicians must use to submit bills to OWCP-ACS.

Form OWCP-04, Uniform Billing Form

(http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-04.pdf) This is the form hospitals must use to submit bills to OWCP-ACS.

Pharmacies use their Electronic Data Exchange.

NOTE: Mail all billings directly to ACS, the Department of Labor's Bill Processing Facility, at:

U.S. Department of Labor DFEC Central Mailroom P.O. Box 8300 London, KY 40742-8300

Do not submit bills before OWCP accepts a claim.

File Electronic Notice Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation: For injuries sustained within a single day or work shift, you must log on to the Safety Management Information System (SMIS) (https://www.smis.doi.gov) and complete the employee's module of the electronic form CA-1 as soon as possible, but not later than 30 days following the date of injury. Your supervisor will be notified by the SMIS AUTOMAILER (email) that your module is complete and will then complete his/her/their module immediately. When both sides are completed and electronically sent to the Regional/HQ Injury Compensation Specialist, the CA-1 is considered field.

Form CA-2, Notice of Occupational Disease and Claim for Compensation: If you develop a condition due to prolonged exposure lasting more than 1 day or shift, log on to SMIS and complete form CA-2 for occupational disease. You and your supervisor must complete the modules within the same time limits as above.

See SMIS Frequently Asked Questions for more guidance.

You are responsible for:

- Obtaining all substantiating medical evidence (office notes, discharge papers, medical narratives, reports of x-rays, etc.);
- Ensuring that the information adequately addresses how the cause was work-related; and
- Submitting these documents immediately to the Regional/HQ Injury Compensation Specialist.

NOTE: You must mail a hard copy CA-1 or CA-2 with original signatures to your Regional/HQ Injury Compensation Specialist.

Your supervisor will give you the original portion of the CA-1 or CA-2 titled "Return of Receipt of Notice" to verify that both parties completed the form as required, and he/she/they will send a copy to the Regional/HQ Injury Compensation Specialist.

Submit Claim for COP/Leave or C

Compensation For Wage Loss, or Both Wage loss compensation on form CA-7 and CA-7a, along with substantiating medical evidence, or you may use leave. If disabled due to occupational disease, you may claim wage loss compensation in the same manner. You should submit a claim for wage loss compensation for disability as soon as possible after it is apparent that you are disabled and will enter a leave-without-pay status.

For more information about this policy, contact the Safety Operations office. For more information about this website, contact <u>Krista Bibb</u> in the Policy and Regulations Branch (PRB), Division of Policy, Economics, Risk Management, and Analytics.

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