

CIVILIAN PERSONNEL ADVISORY CENTER

Federal Employee's Compensation Act
(FECA)

Employee Rights & Responsibilities Under FECA

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FILING A CLAIM....OR NOT

- It is the RIGHT of any Employee to file a claim of injury
- Employees cannot be ordered/forced to file a claim
- Basic requirements to file a FECA claim with OWCP includes at least one of the following:
 - receiving more than first aid
 - absence from work (lost time)
 - medical expenses



TRAUMATIC INJURY-CA 1 Form

Defined as...



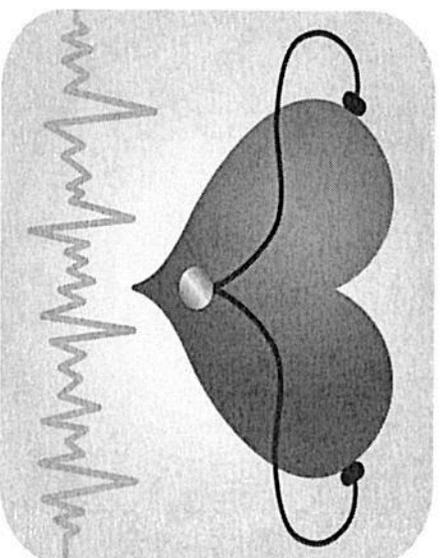
↗ a wound or other condition of the body caused by an external force, including a stress or strain

- -The injury must be identifiable by the time and place of occurrence and part of the body affected
- -It must be caused by a specific event or incident, or several events/incidents which occurred within a single work shift

OCCUPATIONAL DISEASE/CONDITION-

CA 2 Form

Defined as...



- ↗ a condition acquired in the work environment over a period longer than one workday or shift
- It may result from systemic infection, repeated stress or strain, exposure to toxins/poisons/ fumes, or other continuing conditions of the work environment (does not cover common conditions such as colds)

What To Do If You Are Injured During Duty Hours

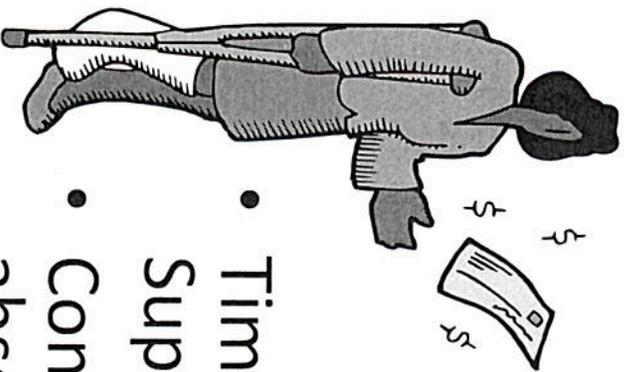


- Report to your Supervisor and seek medical care
 - Occupational Health Clinic (OHC) during normal clinic hours
 - Emergency Room if warranted-True emergency is life or limb or off clinic hours
 - Personal physician
- Request Form CA 16 authorizing treatment from the FECCA Office (will be emailed/faxed to Supervisor)
- Clear through OHC on your first working day after injury
- Make appointment with FECCA Staff ASAP after injury if you want to file a claim
- Provide all original documentation from the OHC/ER/private physician to FECCA Office for OWCP

5 Basic Elements of Entitlement

Required for Claim to be approved

- Claim Filed Timely --30 calendar days to file CA 1 & 10 calendar days to provide medical documentation -- Up to 3 yrs to file CA 2
- Federal Employee
- Fact of Injury (Factual and Medical)—Investigation by Agency & Sufficient required medical documentation
- Performance of Duty--Off duty/TDY/Horseplay/Organizational sports...Not all injuries/conditions that happen at work are work related
- Causal Relationship—How the work environment caused the injury vs aggravation of pre-existing/personal condition



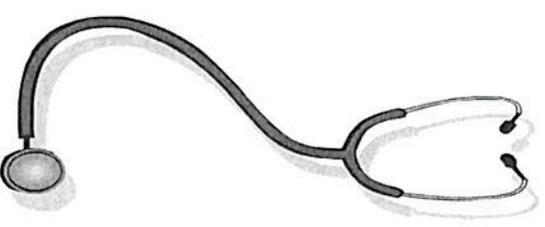
TIME CODING FOR INJURIES

- Time card codes are provided to the Supervisor/timekeeper by the FECA Staff
- Continuation of Pay (COP)-Up to 45 days absence following date of injury (consecutive or intermittent)
- COP paid for doctor appointments/PT up to 4hrs only
- Medical documentation are met in accordance with OWCP/DOL requirements
- Wage compensation after COP requires an additional form completed by the Employee and FECA Staff

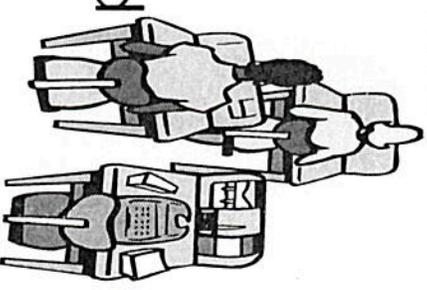
MEDICAL DOCUMENTATION REQUIRED

BY REGULATION & OWCP/DOL

- Must be on Physician's office letterhead paper
- Signed & dated by Physician (not office staff, nurse practitioner or physician assistant)
- Report must include:
 - Diagnosis & work environment relation to the claimed injury
 - Physical evaluation (subjective & objective)
 - Test/Procedure results (lab, x-ray, MRI, etc.)
 - Treatment plan
 - Restrictions for light/limited duty if appropriate



RESPONSIBILITIES OF EMPLOYEE



- Required by regulation to request Leave-SF 71 form must be signed by Supervisor
- Know that Occupational Health is NOT authorized send Employees home until claim is accepted by OWCP and in-house treatment form completed by Employee
- Per OWCP: The Employee has the burden of proof to substantiate that an injury occurred...not the Agency
- Provide “sufficient” medical documentation (absence slips not acceptable under OWCP regulations)
- Inform your physician that light duty is available
- Accept light duty work and report to an ordered evaluation at Agency or it will be reported to OWCP and may result in loss of COP or the claim itself

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Please sign and return to supervisor acknowledging
your rights and responsibilities under FECA

EMPLOYEE SIGNATURE: _____