**(Model SOP)**

**United States Army**

**Name of the Clinic**

 **Occupational Health**

**(OFFICE SYMBOL) SOP No.\_\_\_\_\_\_**

 **Effective Date\_\_\_\_\_**

**Date Removed from Service\_\_\_\_\_**

**FEDERAL EMPLOYEES COMPENSATION ACT (FECA) FOR ARMY PERSONNEL**

**1. PURPOSE:**

Provide guidance on the Army Occupational Health Clinic’s role in the FECA process.

**2. AUTHORITY AND REGULATORY COMPLIANCE**

The Federal Workers' Compensation Program is based on the Federal Employees' Compensation Act-1972 (FECA), as amended, 5 USC 8101 et seq. The Department of Labor (DOL) Office of Workers' Compensation Program (OWCP) is responsible for administering the FECA program.

**3. REFERENCES**

1. 20 CFR Chapter I, Parts 1, 10, and 25
2. DoDI 1400.25-M, SC 810, DoD Civilian Personnel Management - Injury Compensation, 12 April 2005
3. DA PAM 40-11, Preventive Medicine, 22 Jul 2005

**4. ABBREVIATIONS / TERMS**

AHLTA - Armed Forces Health Longitudinal Technology Application

CFR - Code of Federal Regulations

Compensation Specialist - Employed by the OWCP and administers to worker’s compensation claims and the FECA program

DA - Department of the Army

DoD - Department of Defense

DoDI - Department of Defense Instruction

DOL - Department of Labor

FECA - Federal Employees’ Compensation Act

OWCP - Office of Workers’ Compensation Program

POV - Personally Owned Vehicle

**5. PROCEDURE**

1. General Provision of Medical Care for Injured/Ill Workers
2. DoD/DA workers who are injured during the performance of duty have a choice of where they may seek medical care:
3. Military Treatment Facility (MTF) where specialty care is available
4. Medical facility outside of the military healthcare system (primary care provider, civilian medical facility e.g. emergency room, urgent care clinic)
5. When a Worker Presents to the OHC After a Work-Related Injury
6. The worker will be treated promptly and within the capability of the OHC for any work-related injury or illness.
7. When the injury or illness exceeds the capability of the OHC and the worker still wishes to be seen in a MTF:
8. The worker will be transferred to (name of nearest MTF) by POV if stable
9. If the worker is unstable, contact installation EMS at (direct line phone # for Fire/EMS if available) or call 911 for transportation to the appropriate medical facility and render emergency care up to the scope of practice for the highest credentialed healthcare provider until EMS arrives
10. When a worker is treated at the OHC, the OHP must complete the proper documentation:
11. SF 600 or AHLTA equivalent to document the encounter (within 24 hours is preferable)
12. Part B (Attending Physician’s Report) of Form CA-16

- Note: Worker may not present with this form at the first visit, this will need to

 be filled out at a later date

1. Once the visit is complete, recommendations regarding further evaluation, follow-up, and work restrictions (if applicable) will be provided by the OHP.
2. In the event a referral is required, the OHP will provide a DOL Form CA-16 and the worker will be referred to a specialist. A copy of all CA-16s issued will be forwarded to the Injury Compensation Office.
3. All employees treated for a job related illness or injury will be directed to the Compensation Specialist’s Office to establish a Workers’ Compensation Claim, following initial treatment.
4. Medical notes relative to the employee’s job related injury or illness will be provided directly to the Injury Compensation Office to verify causal relationship in support of the Workers’ Compensation claim. A medical release form should be signed by the injured worker to release medical documentation, relative to the on-the-job injury, to the Injury Compensation Office.
5. The worker’s employer / supervisor is responsible for completing and submitting any paperwork (CA-1, CA-2, Part A of CA-16, any required OSHA log entries). Copies of this log must also be maintained by the installation Safety officer and OWCP. The OHN or OHP should remind the worker to follow-up on this requirement.
6. The OHP will assist the Compensation Specialist when requested regarding further medical assessment or input towards a resolution of the case.
7. Managing / Coordination of Medical Care for Injured / Ill Workers Seeking Care Outside the Military Healthcare System
8. The OHP may assist with managing or coordinating the provision of medical care to workers who chooses private medical care. The OHP may also be called upon to assist the Compensation Specialist when requested.
9. Other tasks the OHP will be required to perform in this case include:
10. Conduct a medical review of FECA cases treated outside of an MTF, if requested by the Compensation Specialist
11. Communicate and document interactions with the worker’s treating provider, clarify objective medical evidence, and review the worker’s return to work paperwork from the treating provider including prescribed work limitations, or work restrictions, if requested by the Compensation Specialist
12. Provide medical information and updates to the Compensation Specialist to support or challenge a claim for an occupational illness or work-related injury, if requested by the Compensation Specialist
13. **Point of Contact**
14. POC for this SOP is: