



# *Workers' Compensation Program*

*Ms. Jessica D'Amato*

**Point of Contact:**

**Mrs. Noelani M. A. DE Silva**

**Human Resources Specialist/ Injury Compensation Program  
Administrator**

**(808) 672-1238**

**[noelani.m.desilva.mil@mail.mil](mailto:noelani.m.desilva.mil@mail.mil)**



## Agenda

- **What is Workers Compensation**
- **FECA Overview**
- **Privacy Act**
- **Responsibilities**
- **Traumatic Injury**
- **Occupational Disease/Illness**
- **Conditions of Coverage**
  - **Timely Filing of Claim**
  - **Federal Civilian Employee**
  - **Fact of Injury**
  - **Performance of Duty**
  - **Causal Relationship**
- **ECOMP**
  - **OSHA-306**
  - **CA-1/CA-2**
- **OWCP Benefits**
- **Continuation of Pay**
- **Timekeeping Codes**
- **Light Duty**
- **Appeal Rights**
- **References**

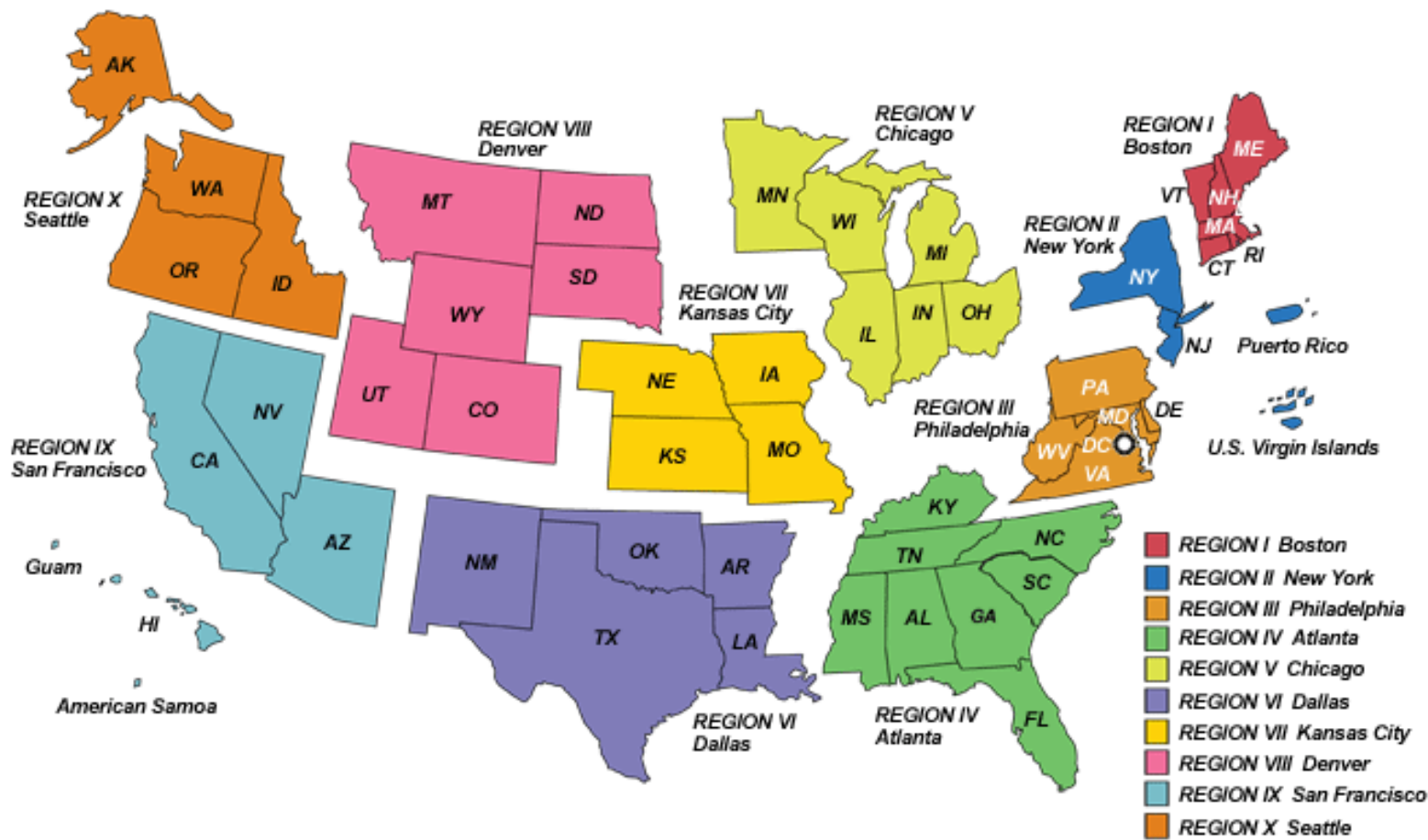


## Learning Objectives

- **What is FECA?**
- **What are my responsibilities?**
- **How to navigate in ECOMP**
- **What does benefits do OWCP provides?**
- **When to take action?**



# Department of Labor District Office Locations





## Workers' Compensation

- Covered under the...
  - Federal Employees' Compensation Act (FECA)
- Administered by the...
  - Department of Labor (DOL)
  - Office of Workers' Compensation Programs (OWCP)





## FECA Overview

- **Provides compensation benefits to civilian employees of the U.S. federal government for disability due to traumatic injury or disease or illness in performance of duties**
- **Provides payment of benefits to dependents for work-related death of an employee as a result of traumatic injury or occupational disease/illness**



**Note: FECA provides exclusive remedy for work-related injury, disease, or death**



## Privacy Act

- Claims are covered by The Privacy Act of 1974 “Need to know” is determined by OWCP, not employing agency;
- HIPAA
  - Does not apply to OWCP claims
  - Does not effect employing agencies



illustrations of.com #1127607



## Responsibilities

### *Employees:*

- **Observe health and safety regulations**
- **Report potential and actual health, safety and fire hazards**
- **Report all injuries to supervisor**
- **Obtain medical status reports from physician(s)**
- **Provide care providers with correct IC-D 9 Codes and Claim Number**
- **Cooperate with light duty placement**
- **It is the claimants responsibility to monitor his/her own claim, just as he/she would if it were an insurance claim**



## Responsibilities

### *Supervisors:*

- Encourage safe work habits and conditions and enforce safety regulations
- Advise employees on rights and responsibilities
- Encourage reporting of incidents ASAP
- Publicize the OWCP and employees' responsibilities under it
- Represent the agency's interest
- Ensure the P.T. Policy is adhered to & the “buddy system” is in place





## Responsibilities (cont.)

### *Supervisors:*

- Investigate incidents; obtain statements; controvert questionable claims
- Complete and submit forms in timely manner through ECOMP
  - CA-1 or CA-2 within three days of receipt
  - CA-7 within three days of receipt
- Keep in contact with employee
- Coordinate personnel actions with HRO
- Coordinate return to work with doctor and accommodate “light duty” work when able (CA17)
- Assist employees in returning to work





## Responsibilities

### ***HRO-M (ICPAs):***

- Assists in submission of claims
- Acts as the liaison between employee, supervisor, treating physicians and the DOL
- Informs employees and supervisors of program benefits and requirements



## Responsibilities

### *The Department of Labor (DOL)...*

- Administers the program for all federal agencies
- Accepts or denies claim
- Adjudicates all claims
- Provides for payment of claims



# Traumatic Injury

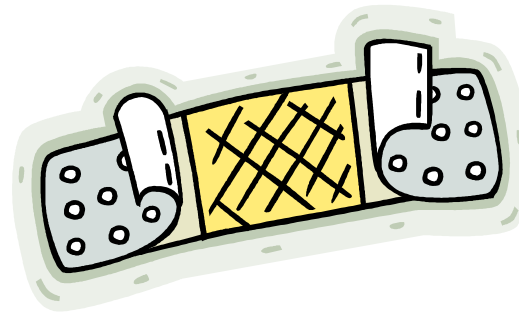
## CA-1

*A traumatic injury is...*

- A wound or other condition of the body caused by external force, including stress or strain

AND

- Caused by a specific event or incident within a single day or work shift



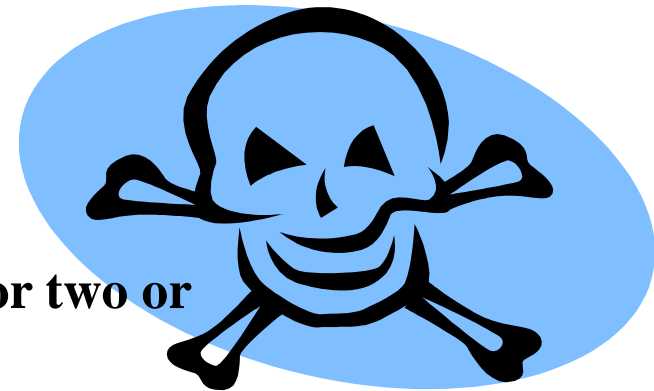


# Occupational Disease/Illness

## CA-2

### *Occupational Disease/Illness is...*

- **Condition produced over a period longer than one workday or shift, i.e.**
  - systemic infections
  - continued or repeated stress or strain
  - Exposure to toxins, poisons, fumes, etc
  - other exposure to conditions of the work environment for two or more work shifts
- **Continuation of Pay is not provided for Occupational Diseases**





## 5 Conditions of Coverage

- **Timely Filing of Claim**
- **Federal Civilian Employee**
- **Fact of Injury**
- **Performance of Duty**
- **Causal Relationship**





## Timely Filing



- **Traumatic Injuries:**
  - 3 years from date of injury (DOI) to file a claim
  - 30 days from the DOI for Continuation of Pay (COP) eligibility
- **Occupational Disease:**
  - Date of Injury
  - Date of First Awareness
  - Date of Last Exposure





## Federal Civilian Employee

- **FECA covers all civilian employees except for non-appropriated fund employees (NAF)**
- **Temporary employees covered on the same basis as permanent employees**
- **FECA does NOT cover:**
  - **State employees**
  - **Employees in a military status**
  - **Line of Duty injuries (to include drill)**



## Fact of Injury

### *Factual*

- actual occurrence of an accident, incident, or exposure in time, place, and manner alleged



### *Medical*

- medical condition diagnosed in connection with that accident, incident, or exposure. **A medical diagnosis is required**



## Performance of Duty

- **Injury occurred**
  - while performing assigned duties of engaging in an activity reasonably associated with the employment
  - on work premises (assigned work areas)
  - off the premises while engaging in work activity as it relates to the P.D.



- **PT injuries incurred during technician status as part of an approved program ARE considered if adhering to the policy**



## Causal Relationship

- **Link between work-related exposure/injury and any medical condition found**
- **Based entirely on medical evidence provided by physicians who have examined and treated the employee**
- **Opinions of employee, supervisor, or witnesses not considered**



## Statutory Exclusions

- **Willful misconduct**
  - deliberate and intentional disobedience of rules/orders (not carelessness)
- **Drug or Alcohol intoxication**
  - proximately caused the injury
- **Intent to injure self or others**
  - intent must be established





## Employees' Compensation Operations and Management Portal (ECOMP)



# ECOMP Overview



- **ECOMP is a web-based application accessible via the DOL public internet site, which is intended to allow injured federal workers and their employers to:**
  - **Electronically file OSHA 301s, CA-1s, CA-2s, CA-7s and CA-6s**
  - **Track the exact status of any form or document submitted via ECOMP (e.g., Pending Supervisor Approval, with Agency Reviewer, Received by OWCP, etc.)**
  - **Electronically upload and submit documents to Department of Federal Employees' Compensation's case files**
  - **Serve as a single portal for DFEC stakeholders**



### ECOMP Home

### Employees & Claimants

- [File New Form](#)
- [Access Existing Form](#)
- [Claim Status \(CQS\)](#)

### Track Status

### Case Stakeholders

- [Upload Document to an Existing Case](#)
- [Agency Query System \(AQS\)](#)

### Reviewers

- [Agency Reviewers](#)
- [OSHA Record Keepers](#)

### Administration

- [Agency Maintenance](#)
- [ECOMP/DFEC Administrator](#)

### Help

- [About](#)
- [How to File a Form](#)
- [About Accessibility and 508 Compliance](#)



## Have you been hurt on the job?

If you are a **Federal Employee** or a **Contractor** and have sustained a work-related injury or illness, use ECOMP to report the incident to your supervisor.

If you are a **Federal Employee** you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing **OSHA's Form 301**, then file a claim using either form **CA-1 (for traumatic injury)** or form **CA-2 (for occupational disease)**. After you have received an official FECA case number, you may also file form **CA-7 (Claim for Compensation)**.

[File a Form](#)
[Sign In / Register](#)

## Need to upload a document?

Stakeholders and interested parties can use ECOMP to upload documents to active FECA cases. You can upload letters, medical reports and other supporting documentation. You will need the official FECA Case Number and other identifying information to use this feature.

**⚠ Do not upload OWCP forms or medical bills!** Forms or bills submitted as uploads will not be processed. Submit medical bills [here](#).

[Access Case & Upload Document](#)
[Agency Reviewers & OSHA Record Keepers Sign In](#)


## Track status of form or document


 Enter ECN or DCN [?](#)

[Go!](#)

# Employee Registration





UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

[ECOMP Home](#) | [File a Form](#) | [Upload Document](#) | [Register with ECOMP](#)

---

ECOMP / Register You are not currently signed in | [Sign In](#) | [Register](#)

**ECOMP Home**

**Employees & Claimants**

- File New Form
- Access Existing Form
- Claim Status (CQS)

**Track Status**

**Case Stakeholders**

- Upload Document to an Existing Case
- Agency Query System (AQS)

**Reviewers**

- Agency Reviewers
- OSHA Record Keepers

**Administration**

- Agency Maintenance
- ECOMP/DFEC Administrator

**Contact ECOMP Help**

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured

## Register for ECOMP

Your ECOMP account enables you to file and manage forms with the Department of Labor OWCP. Your account is subject to the [Privacy Act](#). If you already have an account you can [Sign In here](#).

**Account Basics**

Employee name (first, middle, last)

Home telephone

Your email address  [?](#)

Social security number   I am not a US citizen, and do not have a Social Security Number  
Note: This setting affects the way you file forms. It cannot be changed after you register.

Confirm SSN

**Government Organization**

What part of the government were you working for at the time of your injury? [?](#)

Department.....

Agency-Group.....

Agency.....    
3949 DIAMOND HEAD ROAD  
HONOLULU, HI 96816

Duty station.....

✓
You can file forms OSHA-301, CA-1, CA-2, CA-7 and CA-7a for this organization through ECOMP
[? What is this?](#)

Immediate supervisor's email [?](#)  @

**Password**

Choose a password

Re-enter password  Passwords must be a minimum of 8 characters, and contain at least one upper-case letter, one lower case letter, one number, and one special character.

**Security Questions**

**Employee will have to register with ECOMP in order to file a claim. The employee will designate their supervisor during the registration process. As the supervisor you will not need an ECOMP account in order to review forms submitted to you.**



# Filing an OSHA-301: Email to Supervisor



From: noreplyuat@ecomp.dol.gov  
 To: [Redacted]  
 Cc: [Redacted]  
 Subject: ECOMP: ECN #104706 requires your review

Sent: Tue 11/27/2012 1:41 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review the attached OSHA 301 incident form. To access this form, click on this link:  
<https://www.training.ecomp.dol.gov/#lid=pktbzy0f4>

-----  
 ECN #:  
 - 104706  
 Form:  
 - OSHA301  
 Status:  
 - Pending review by Supervisor  
 Status Changed Date:  
 - 11/27/2012 01:40 PM  
 Responsible Organization:  
 - DEPARTMENT OF STATE  
 - Other Agencies  
 - BUREAU OF ADMINISTRATION  
 - PER-ER-EP  
 Employee's Initials:  
 - G.R.  
 Date of Event:  
 - 11/27/2012  
 Date Filed:  
 - 11/27/2012 01:42 PM

-----  
 If you believe you were sent this message in error, follow the above link and select "I am not the supervisor" button.

-----  
 Questions about this email, or ECOMP:  
<https://www.training.ecomp.dol.gov>  
 Please direct problems or issues to:  
[uat@ecomp.dol.gov](mailto:uat@ecomp.dol.gov)

[Message ID: D7466445-A60F-4296-ABF7-E5146D011D8F]

The email will contain a link to access the form for review

The type of form to be reviewed

The initials of the employee

Pertinent dates



# Filing an OSHA-301: Supervisor Portion



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

[Supervisor Review](#)

[Upload Document](#)

SUPERVISOR

Signed in as **Supervisor** @dol.gov | [Sign Out](#)

## Supervisor Review

### Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

## Supervisor Review

You have been named by an employee of the US government to review this form:

<b>ECN 104706</b>	<b>OSHA-301</b>	
Employee	Joe Employee	Da
Organization	BUREAU OF ADMINISTRATION	Ini

**You should review this form if both of these are true:**

Your email is **Supervisor** @dol.gov  
 You work as a supervisor at the **DEPARTMENT OF STATE**

**Yes, I will review this form**

**No, I cannot review this form**

**If the supervisor elects to review the form because they do indeed supervise the employee that submitted the form then the supervisor would select the Yes, I will review this form button at the bottom of the screen.**



# Filing an OSHA-301: Supervisor Portion



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Supervisor [redacted] | Sign Out

OSHA-301  
Pending review by Supervisor

1) Form Summary  
2) Review OSHA 301  
3) Reviewer Info & File Form

**Actions**  
· Save Progress for Later

**Help**  
· DOL's Privacy Policy

OSHA Form 301

Step 1 Form Summary **Continue**

Claimant:	Joe Employee	ECN:	104706
Email:	Joe.employee@gmail.com	Date of event:	11/27/2012
		Filed:	11/27/2012
		Supervisor:	Supervisor @dol.gov
		Agency:	BUREAU OF ADMINISTRATION

**Continue**

To start the review, the supervisor will click on the **Continue** button.



# Filing an OSHA-301: Supervisor Portion



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Supervisor Review SUPERVISOR

**OSHA Form 301**

Step 3 **Reviewer Info & File Form**

**Supervisor contact**

Supervisor telephone   International

**Did this incident result in the employee's death?**  Yes  No

Date of death

**Work-related consequences**

Incident resulted in  Days away from work  Job transfer or restriction  None of the above

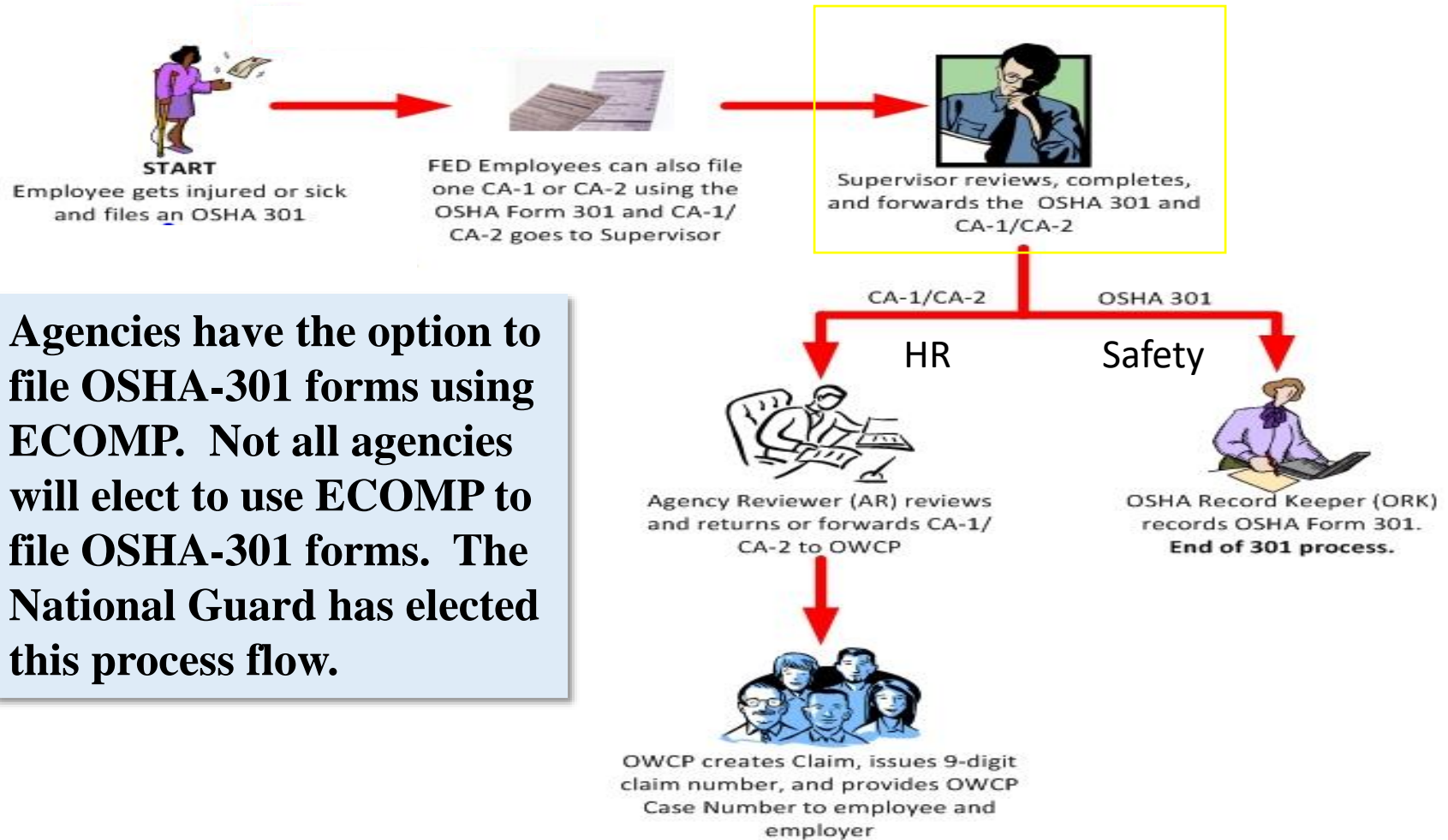
**Nature of incident**  Injury  Illness

Type of illness  Skin disorder  Respiratory condition  Poisoning  Hearing Loss  All other illness

The supervisor would also add any additional information into the form as well. Once the supervisor is done processing the form the File Form button at the bottom of the screen is selected.



# ECOMP's Claims Workflow



Agencies have the option to file OSHA-301 forms using ECOMP. Not all agencies will elect to use ECOMP to file OSHA-301 forms. The National Guard has elected this process flow.



# Additional Training



- Employee & Claimants**
  - File a Form
  - Access Existing Form
  - Claim Status (CQS)
- Track Status**
- Case Stakeholders**
  - Upload Document to an Existing Case
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[File Form](#)

## Track status of form

Enter ECN or DCN

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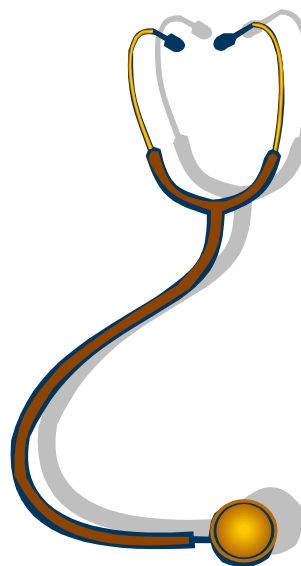
**Training is available for employees, supervisors, safety personnel and ICPAs. To view training for supervisors click on the Reviewing Forms as a Supervisor link**





## OWCP Benefits

- **Medical expenses (fee schedule)**
- **First aid expenses**
- **Rehabilitation**
- **Travel expenses to care provider**
- **Chiropractic care (limited)**
- **Early nurse intervention**
- **Assisted Reemployment Program**
- **Continuation of Pay (COP)**
- **Compensation for lost wages**
- **Scheduled benefits**
- **Permanent total disability**
- **Death benefits**





## Continuation of Pay (COP)

- **Continuation of an employee's regular pay by the employing agency with no charge to sick or annual leave**
  - **Traumatic injury claims *only***
  - **Maximum of 45 calendar days per injury**
  - **Written notice of injury must be submitted within 30 days of the date of injury**
  - **Medical evidence is required**



## Terminating COP

- **Employee returns to work with no loss of pay**
  - **Employee's period of employment expires**
  - **OWCP directs the employer to stop**
  - **COP has been paid for 45 days**
- **However, the agency may controvert the employee's COP entitlement pending a final determination by OWCP**
- **NOTE: OWCP has the exclusive authority to determine questions of entitlement and all other issues relating to COP**



## Timekeeping Codes

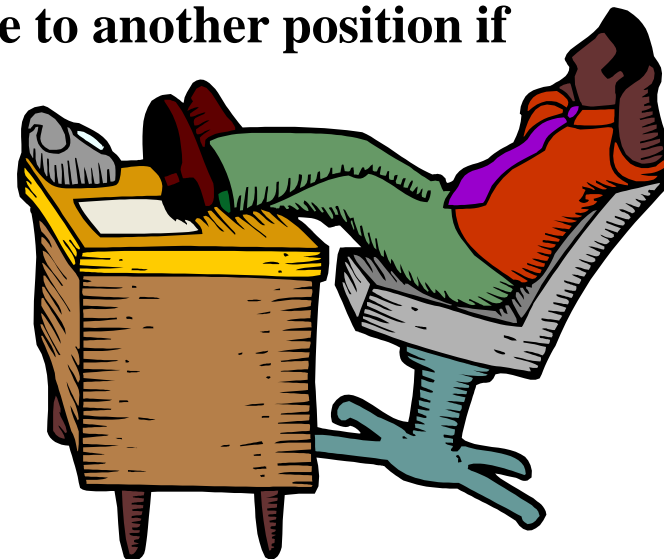
- **LU**
  - Used in conjunction with Traumatic injuries on the 1<sup>st</sup> day of injury
  - Also enter the “injury number” with the leave code
  - Injury Number = month and day on which the first day of absence occurred
    - ex: Injury occurring on 15 February = LU# 0215
- **LT**
  - Continuation of pay
- **KD**
  - LWOP code for Workers Comp.



## Light Duty

### *Responsibility of...*

- The supervisor to try to accommodate the return of an employee on light duty
- The HRO to officially reassign an employee to another position if necessary
- The employee to cooperate





## Appeal Rights

- **Oral Hearing within 30 Days**
- **Reconsideration within 1 year**
- **ECAB Appeal Board within 180 Days From date of Decision**



## References

- **5 U.S.C. 8101**
- **Code of Federal Regulations, 20 CFR part 10**
- **FECA Procedure Manual Part 2**
- **Publication CA-810**
- **OWCP Directive**
- **ECAB Decisions**



# Questions

