

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  
AND FORT SAM HOUSTON  
Fort Sam Houston, Texas 78234-5014

FSH Regulation  
No. 690-27

11 Feb 98

Civilian Personnel  
**WORKERS' COMPENSATION PROGRAM**

Supplementation of this regulation is prohibited without prior approval from the Commander, U.S. Army Medical Department Center and School and Fort Sam Houston.

**1. PURPOSE**

a. This regulation is established to implement, monitor, and reduce Office of Workers' Compensation Program (OWCP) costs associated with appropriated fund civilian employee workplace injuries and illnesses. The objective is to reduce by 5 percent (Department of the Army's current goal) long-term disability roll cases, compensation costs, lost time compensable injury rates, continuation of pay (COP) days, and occupational illnesses.

b. This regulation, concentrates on management and control of the Workers' Compensation Program by involving all levels of management. The decision making process of accommodating injured employees and taking immediate fact-finding actions where controversions seem appropriate must be a cooperative effort. All supervisors are responsible for those employees who report directly to them. The supervisor is, therefore, personally responsible for taking action, and supporting the procedures in this regulation, which is a derivative of 20 CFR, Subchapter B, Part 10, Federal Employees' Compensation Act.

**2. APPLICABILITY.** This regulation applies to all activities that are serviced by the Fort Sam Houston (FSH) Civilian Personnel Advisory Center (CPAC) that have Federal civilian employees paid from appropriated funds.

**3. REFERENCES:**

- a. AR 385-10, The Army Safety Program.
- b. 20 CFR, Subchapter B, Part 10, Federal Employees' Compensation Act.
- c. Civilian Resource Conservation Information System (CRCIS Installation SON Detail Report (Department of Labor)).

4. CIVILIAN RESOURCE CONSERVATION PROGRAM (CRCP) COMMITTEE.

a. The CRCP is hereby established to proactively implement a Federal Employees Compensation Act (FECA) action plan. This committee's membership shall consist of the following representatives:

(1) Dual Chair: Garrison Commander and the Chief of Staff, Brooke Army Medical Center (BAMC).

The FECA Administrator, CPAC

(3) Safety Managers from BAMC, Installation Safety Office, and Fifth U.S. Army.

Director of Occupational Health

Occupational Health Nurse

(6) Directorate of Resource Management (DRM) Specialists.

(7) Criminal Investigation Command (CID) Agent

Staff Judge Advocate (SJA), Labor Counselor.

(9) Union representatives from all appropriated fund unions (NFFE Local 28, AFGE Local 1004, IAFF Local 89).

b. The CID agent and the SJA labor counselor will participate on an "as needed" basis to provide advice on potential criminal or legal issues.

c. The committee will meet on a quarterly basis to discuss matters pertinent to the installation's workers' compensation program. Major emphasis is in the following areas:

(1) Review work injury/illness claims in order to monitor trends and rectify potential problems.

(2) Develop and make recommendations to improve problem work areas.

(3) Develop policies/procedures to ensure prompt notification of injuries, so that light duty may be offered immediately in lieu of continuation of pay.

(4) Provide specific recommendations and/or information to respective commander(s) within 10 working days of all committee meetings.

5. POLICY.

a. Employees will receive prompt medical attention and full assistance in claiming just compensation for injuries or occupational illnesses incurred in the performance of their duties.

b. Employees should be strongly encouraged to first seek medical treatment at BAMC. However, the employee may select a physician of his/her choice.

c. Employees should be strongly encouraged to have prescriptions for medication for their job related conditions filled at BAMC. This includes prescriptions from their private physicians.

6. PROCEDURES.

a. Commanders and directors will:

(1) Provide a safe and healthful work environment for employees

(2) Create an attitude of safety consciousness in all supervisors and employees.

(3) Increase awareness of the FECA program throughout installation.

(4) Ensure injured/ill employees return to work as soon as medical authorization is received.

(5) Ensure supervisory and employee accountability for safety.

(6) Conduct periodic safety and occupational health meetings in accordance with (IAW) AR 385-10.

(7) Provide employees with periodic education and training regarding hazards in the workplace IAW AR 385-10.

(8) Ensure supervisors accompany injured employees, needing medical attention, to BAMC for initial treatment.

(9) Ensure initial claim form(s) CA-1, Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, and/or CA-2, Federal Employees Notice of

Occupational Disease and Claim of Compensation, is (are) completed and forwarded to the CAPC within 2 working days of the injury/illness.

(10) Identify and ensure light/limited duty positions are made available, and encourage return to work as soon as possible.

(11) Demonstrate concern for injured/ill employees by making a telephone call or sending correspondence (i.e. card) as appropriate. Supervisors, chain of command staff members, and the CPAC staff will only do a home visit upon request by an injured/ill employee or after coordinating with the union.

(12) Coordinate with the CPAC to request a medical examination to determine medical limitations that may affect placement decisions concerning injured or ill employees receiving continuation of pay or compensation as a result of on-the-job injuries or disease.

(13) Manage questionable cases. Meet with FECA administrator/specialist for assistance on issues requiring adjudication.

(14) When an injured employee returns to work, instruct on measures to prevent recurrence of injury/illness.

(15) Investigate accidents and their causes, and take actions to correct deficiencies. Prepare and submit accident reports to the respective Safety Office within 30 days of occurrence, as required by AR 385-10.

b. The Safety Manager will:

(1) Perform safety inspections of workplaces IAW 385-10

(2) Conduct safety training for employees and supervisors aimed at target claims areas.

(3) Conduct periodic briefings to keep commander(s) and directors informed of the safety and health of the installation.

(4) Analyze new case claims data for trends.

(5) Develop targeted countermeasure programs based on analysis of injury/illness data.

c. The CPAC will:

(1) Provide quarterly briefs to the commander, or his designee, on efforts to reduce compensation costs (i.e. returning employees to duty, etc.).

Review new FECA claims and initiate follow-up.

(3) Maintain contact with private physicians to provide vocational information and ensure the medical documentation will support the employee's release for duty.

(4) Review position modifications to accommodate medical limitations with Occupational Health, the Safety Office, and supervisor(s).

(5) Initiate job search for reassignment, if available, of injured/ill employee into a compatible position when accommodation isn't possible in the employee's current position.

Validate workers' compensation injury/illness claims

7) Assist supervisors in controverting claims.

(8) Recommend the reemployment of former employees who are on long-term compensation when warranted by the facts.

(9) Monitor chargeback costs reported on the Department of Labor Quarterly Civilian Resource Conservation Information System (CRCIS) Installation SON Detail Report, to ensure accuracy.

Train supervisors in the compensation claims process

Involve CID in support of individual or collective cases

(12) Conduct quarterly reviews (on site or by correspondence, telephone) with the Office of Workers' Compensation in Dallas, for direct review of cases.

(13) Develop, maintain, and distribute, on a quarterly basis, to all major organizations necessary statistical data on their organization's injury/compensation claims.

(14) Serve as member of CRCP committee.

d. The Director of Occupational Health, BAMC will:

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(1) Perform work site visits, and focus on sites where employees have been injured or had an exposure.

(2) Participate in training and education programs, e.g. back injury and carpal tunnel syndrome prevention.

(3) Ensure BAMC is available for treatment of injured/ill employees.

(4) Communicate with injured employee's personal physician to clarify medical documentation.

(5) As requested, provide medical and environmental information for forwarding to OWCP to support controversion.

(6) Conduct medical evaluation of injured/ill employee as indicated, for light or limited duty work.

(7) Serve as member of CRCP committee, along with the occupational health nurse.

e. The DRM will:

Monitor cost goal.

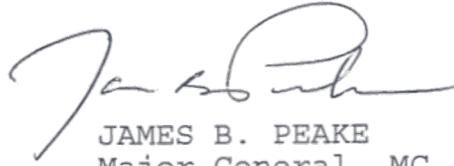
Assure adequate resourcing for FECA.

Identify costs/savings and report to commander(s)

(4) Advise injured/ill employee's organization of status of costs at least annually.

7. REVIEW OF THIS REGULATION. Within 30 days after the second quarterly meeting of the CRCP, the CRCP including union representatives, will review this regulation for possible supplementation.

The proponent of this regulation is the Civilian Personnel Advisory Center. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, U.S. Army Medical Department Center and School and Fort Sam Houston, ATTN: MCGA-CPAC, Fort Sam Houston, Texas 78234-5022.



JAMES B. PEAKE  
Major General, MC  
Installation Commander

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