



Virginia Task Force 2

4.01 Injury & Accident Reporting

February 2016

Urban Search and Rescue

Administrative Manual

Injury/Accident Reporting

ISSUE STATEMENT

To provide guidelines and procedures for Task Force members to report injuries/accidents.

REQUIRED ACTIONS

- All VATF 2 member injuries/accidents shall be reported immediately to the injured member's immediate supervisor.
- The injured member's supervisor is responsible for assuring the injury is appropriately treated and that the Chain of Command is notified.
- The immediate Supervisor (Task Force Leader, Lead Instructor, Work Group Supervisor) will immediately notify the Task Force Program Manager. The Task Force Program Manager will ensure that all appropriate notifications and injury/accident documentation is completed.
- **Non Deployment Status:** The following the reports will be completed for injuries:
 - Sponsoring Agency and Affiliated Members – DF 75, DF 159-3 and witness statements.
 - Participating Agency Members- Completed reports for the member's agency. (i.e. Chesapeake FD team members follows Chesapeake FD injury reporting guidelines)
- **Deployment Status:** Follow FEMA US&R Injury Reporting Procedures as outlined in **FEMA's Workers' Compensation Program** and the **Workers Compensation Documents for their local jurisdiction.**
- A Task Force Safety Officer will engage in assisting with documentation and any accident/injury review as directed by the Task Force Leader or Program Manager.
- **The FEMA Injured or Ill Employee should**
 - Report all job-related injuries or illnesses to his or her supervisor immediately. Traumatic injuries must be reported on Form CA-1, while occupational disease or illness should be reported on Form CA-2. Add cell phone numbers.
 - Complete and submit the above forms after they have completely filled out to the FEMA WCC. This should be done within 24 hours of the notice to the agency.
 - Provide all required information on the accident or illness, including medical documentation, fund code type of hire (Ex. DEA, DTE, NDMS, etc.) to FEMA management and FEMA WCC staff. Originals of all relevant materials should be sent to the FEMA WCC for processing.
 - Inform his or her supervisor of any possible third party (construction or maintenance contractor, insurance company, etc.) liability in causing the injury or illness of the employee.
 - Keep the supervisor informed of his or her medical status and any changes to his or her medical/physical status.
 - If worked less than 11 months, provide 52 weeks of wages.
 - Return to work as soon as he or she is medically and physically able to do so.
 - Cooperate with the supervisor, care provider and FEMA WCC in identifying reasonable accommodations to return to work.
 - Comply with FEMA and Federal regulations by reporting any criminal act or violation of the employee Code of Ethics and the FECA program and be sure that no fraudulent claims are submitted.



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- **The FEMA Supervisor of the Injured or Ill Employee Should:**

- Provide prompt and appropriate medical attention to the injured or ill employee.
- Contact FEMA WCC when an injury or illness occurs
- Refer the claimant to the FEMA WCC for information on his/her rights and responsibilities under the Federal Employees' Compensation Act and for copies of the appropriate OWCP claim forms (CA-1, CA-2, CA-7, and CA-20).
- Provide the employee or attending physician with **Form CA-16**, Authorization for Examination and Treatment, **immediately after a traumatic injury** so the employee can be treated for up to 60 days from the date of issuance. This form **should not be used for an occupational illness** or for cases where the facts surrounding the injury are questionable and/or the supervisor is recommending that the case should be controvertible (disputed). Any questions concerning the forms or the process should be addressed to the FEMA WCC. While most medical providers carry a supply of Form 1500, the employee may also ask for Form OWCP – 1500 that the physician must use to submit bills to the OWCP for payment.
- Obtain and fill out the appropriate OWCP forms and take responsibility to see that the employee section is completed and submitted **promptly** (within 24 hours for a traumatic injury (CA-1) and of the knowledge of an occupational disease (CA-2))to the FEMA WCC.
- Do not hold up submitting the required forms until all documentation has been received and reviewed. It is important that the FEMA WCC receives the original forms (overnight) within one to two days after the accident has been reported to management. Fax copies to the FEMA WCC in addition to mailing (overnight) the original/s, so the WCC can begin case management and monitoring as soon as possible.
- Assist the FEMA WCC in its review of the circumstances of the injury or illness and their identification of possible third parties by responding to their phone calls and requests for documentation and information.
- Advise the employee of his/her obligation to return to work as soon as possible and to keep the supervisor informed of any changes in their medical status.
- Provide or develop light-duty positions that accommodate any restrictions placed on the employee's early return to work.
- **Provide continuation-of-pay only when a traumatic injury is reported on Form CA-1**, for up to 45 days while the employee's case is being adjudicated by the OWCP. Advise employee COP may later be changed to annual or sick leave if OWCP denies claim or denies COP.
- Work with Safety and Health and other interested officials to determine the cause of each accident, report each accident or illness to the appropriate accident prevention office and take whatever steps are necessary to prevent further occurrences.
- Assure that the information and assistance is provided to the employee on benefits available and the processes to be followed, establish a supportive relationship with the employee, resolve conflicts and maintain a good rapport with the employee encouraging his or her recovery and return to work as quickly as possible.

Report any suspected fraud or violations of the Code of Ethics to the FEMA WCC.

FEMA WCC Address: FEMA Workers' Compensation Center

6601 Little River Turnpike, Suite 300

Alexandria, Virginia 22312

Phone: 703-333-5660

Toll Free: 1-888-750-3362

Fax: 703-941-9420



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- **Motor Vehicle Accident reporting procedures while in Non Deployment status includes the following;**
 - Do not move the vehicle and report the accident to the Police Department
 - Notify the immediate supervisor, Task Force Program Manager and request the VBFD Safety Officer be notified.
 - Complete DF 74-4, DF 75 and Drivers and witness statements statement.
- **Motor Vehicle Accident Reporting Procedures while on Deployment include the following:**
 - **When an Accident Happens**
 - If possible and it is safe to do so, move the vehicle from traffic lanes.
 - DO NOT make any statement that admits guilt or fault to any individuals.
 - If there are any injured parties, request medical assistance if necessary.
 - Call the Police and report the accident. If no phone service is available, activate the Qualcomm Satellite Emergency button. Type a description of the emergency and your location on the keyboard and send to Qualcomm. Advise Qualcomm if you need fire, EMS or police to be dispatched to your location.
 - Call your Supervisor, US&R Program Manager or IST Transportation Manager as soon as practical. If you have been advised by the Program Office for a response to a disaster and cannot reach your Program Manager, IST Leader or Transportation Leader, call the ESF-9 desk at 202-646-4684.
 - Obtain as much of the following information as possible;
 - a) Name, address, phone number, driver's license number, and issuing state of all involved parties.
 - b) Name of insurance company with policy number for all involved parties.
 - c) Make, model, license plate number and state of all involved vehicles
- **Vehicle Accident Reporting Procedures** - A Motor Vehicle Accident Report SF 91 must be filled out for any auto accident occurring during a disaster. Packets containing the necessary forms will be available at the FEMA Safety and Security Office or ESF -9 Program Office.
 - Required Documents:
 - a) SF 91 Vehicle Accident Report Form
 - b) Legible Copy of Rental Agreement
 - c) Copy of the Police Accident report , if any
 - d) Copy of the auto rental agency accident report
 - e) FEMA Form 61-5 "Report of Survey"
 - If applicable; be sure to notify the rental company and report the accident. Keep copies of any form or other forms that were filled out for the rental company.
 - If major damage occurs, it is recommended that a digital photo be taken of the vehicle(s) involved.
 - Make a copy of you files and submit the originals to the US&R Task Force Leader, IST Transportation Officer, or ESF-9 and FEMA Safety Department. Complete a FEMA form 61-5 "Report of Survey" and include with your submission if you are requesting the damages be reimbursed.
 - The involved US&R, IST, FEMA employee will be required to fill out a SF -91 "Motor Vehicle Accident Report" form.
 - Return the completed form to the Safety Department and US&R Task Force Program Manager.
 - If employee is contacted about the accident or payment, the FEMA contact is:
FEMA Tort Claims Division
500 C Street SW Suite 840
Washington, DC 20472
202-646-7084



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- A copy of the Accident Report and attached documents will be faxed to Tort Claims and a hard copy will follow in the mail.
- ESF -9 Phone number 202-646-4684