

# SUPERVISOR'S CA-1 TRAUMATIC INJURY KIT CHECKLIST

SPECIAL NOTE: Completed original CA-1 MUST be submitted or mailed to the Health and Resource Management (HRM) Control Office on same day received from the employee and no later than employee's end of tour.

TAKE THE FOLLOWING STEPS:	Initial below upon completion of task.
<p><b>1. Identify circumstances</b></p> <ul style="list-style-type: none"> <li>✓ Upon report of an injury, immediately discuss the circumstances with the injured employee. Identify the required action and CA form based on the <b>definitions</b> provided for "Medical Emergency" and "Traumatic Injury, Occupational Disease, and Recurrence". Reminder; If a Medical Emergency is identified, immediate and appropriate medical care must be provided and you should continue with this kit when time permits.</li> <li>✓ If a <b>traumatic injury</b> is identified, continue with this checklist.</li> <li>✓ If an <b>occupational disease</b> is identified, go to the "Supervisor's CA-2 Occupational Disease Kit".</li> <li>✓ If a <b>recurrence</b> is identified, contact the HRM Control Office immediately.</li> </ul>	
<p><b>2. Provide to, and review with the employee, the "Employee Rights and Responsibilities; Traumatic Injury/Form CA-1" document</b></p> <ul style="list-style-type: none"> <li>✓ Print your name, date, and sign this document.</li> <li>✓ Make a copy of the signed document (Page 4 of 4) and return the original to the HRM Control Office, as specified at the end of this checklist.</li> <li>✓ Provide the employee with a copy of the signed document.</li> </ul>	
<p><b>3. Ask employee if they wish to receive medical care and/or file a CA-1</b></p> <ul style="list-style-type: none"> <li>✓ If employee elects:               <ul style="list-style-type: none"> <li>To file a CA-1 and receive medical care - Go to checklist item 4 and continue with this checklist.</li> <li>To file a CA-1 and <b>not</b> receive medical care at this time - Go to checklist item 4 and complete checklist items 6, 7, 12, 13, 14,,17, 18.</li> <li>Not to file a CA-1 -Go to checklist item 12 and then complete items 13, 14, 17, 18.</li> </ul> </li> </ul>	
<p><b>4. Provide Form CA-1 to injured employee for completion of items 1-15</b></p> <ul style="list-style-type: none"> <li>✓ Assist employee in election of COP or leave (CA-1, item no. 15).</li> </ul> <p><b>NOTE: Items 1-15 must NOT be completed by a supervisor or manager.</b></p>	
<p><b>5. Initiate medical care</b></p> <ul style="list-style-type: none"> <li>✓ Contact employee's choice of physician, as indicated per verbal request and determine if the physician is available and will provide treatment under the Federal Employees Compensation Act (FECA).</li> <li>✓ Offer assistance if the employee does not have or cannot make a choice of physician. Call First Health at 800-571-4501 for local facilities for employee consideration.</li> <li>✓ On a case by case basis, a management directed medical examination may be requested if the injured employee:               <ol style="list-style-type: none"> <li>1) Is in obvious discomfort or has obvious impairment and refuses medical care.</li> <li>2) Elects medical care and refuses to select a treating physician.</li> <li>3) Refuses to work pending his/her appointment.</li> <li>4) Selected physician is not immediately available.</li> </ol> </li> </ul> <p>Contact HRM Control Office for guidance on a management directed medical examination</p>	
<p><b>6. Review Employee Data, items 1-15 of the CA-1 for accuracy and completeness</b></p> <ul style="list-style-type: none"> <li>✓ Follow up with employee to complete any missing data.</li> </ul> <p><b>NOTE: Any discrepancies should be annotated in items 35 and 36 on the CA-1.</b></p>	

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TAKE THE FOLLOWING STEPS:	Initial below upon completion of task.
<p><b>7. Complete the "Supervisor's Report" section of the CA-1, items 17-39 and the attached "Receipt of Notice of Injury"</b></p> <ul style="list-style-type: none"> <li>✓ Make a copy of the signed "Receipt of Notice of Injury" and forward it to the HRM Control Office with the original CA-1.</li> <li>✓ Give the original "Receipt of Notice of Injury" to the employee.</li> <li>✓ Submit the completed original CA-1 and all original correspondence (including documentation) to the HRM Control Office on the same day it is received from the employee.</li> </ul>	
<p><b>8. Contact IOD Control Point or HRM Control Office for Completion of Form CA-16, Authorization for Examination and/or Treatment, items 1-13, signature and date</b></p> <ul style="list-style-type: none"> <li>✓ A CA-16 is to be issued within 4 hours after a request is made for medical treatment.</li> <li>✓ A CA-16 is NOT issued if more than one week has passed since the injury occurred. Contact the HRM Control Office for guidance.</li> <li>✓ Make one copy and forward this copy to the HRM Control Office. Provide the injured employee the completed original CA-16 authorizing the selected physician to administer medical treatment and for the completion of Part B, "Attending Physician's Report", items 14-39. Instruct the employee to give the original CA-16 to the physician.</li> </ul> <p><b>NOTE: Form CA-16 should ONLY be issued to the employee's choice of physician and not for a management directed examination.</b></p>	
<p><b>9. Complete Side A of the CA-17, Duty Status Report, and provide the completed form to injured employee</b></p> <p><b>NOTE: Side A should reflect the usual physical requirements specific to the employee.</b></p> <ul style="list-style-type: none"> <li>✓ Make one copy and forward this copy to the HRM Control Office.</li> <li>✓ Inform the employee to have the physician complete Side B, items 8-20</li> <li>✓ Instruct employee to return the completed Form CA-17 or other medical documentation indicating duty status to supervisor on duty after the appointment.</li> <li>✓ Make a copy for your records and forward the original CA-17 and/or other medical documentation to the HRM Control Office, as specified at the end of this checklist.</li> </ul>	
<p><b>10. Provide the employee with First Script Prescription Card and instructions.</b></p>	
<p><b>11. Instruct the injured employee to provide the "Medical Services Provider" letter and ACS authorization request forms to the treating physician</b></p>	
<p><b>12. Inform employee that any absence due to the injury may be covered under Family and Medical Leave Act (FMLA)</b></p> <ul style="list-style-type: none"> <li>✓ Provide the current version of Publication 71, Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act.</li> <li>✓ Direct any FMLA questions the injured employee may have to the local FMLA Coordinator.</li> </ul>	
<p><b>13. Complete Injury/Medical Condition Notification Worksheet</b></p>	

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<p><b>14 Per local policy, notify Safety &amp; Health and Resource Management via email, FAX, and/or phone to report accident/injury</b></p> <ul style="list-style-type: none"> <li>• Provide all information that is available.</li> </ul>	
<p><b>15 Upon employee's return from medical examination, review CA-17, and/or all medical documentation to determine employee's return to work capability</b></p> <ul style="list-style-type: none"> <li>✓ If <b>No</b> restrictions are provided, proceed to checklist item 17 and return the employee to regular duties.</li> <li>✓ If restrictions are provided:               <ol style="list-style-type: none"> <li>1) Review the medical restrictions with the employee.</li> <li>2) Identify necessary tasks in accordance with ELM 546.142.</li> <li>3) Proceed to checklist item 16.</li> </ol> </li> </ul> <p>If employee is partially or totally disabled from work, contact HRM Control Office.</p>	
<p><b>16. Complete PS Form 2499, Offer of Modified Assignment (Limited Duty)</b></p> <ul style="list-style-type: none"> <li>✓ Have employee review the completed form and obtain feedback on the ability to perform the identified necessary tasks.</li> <li>✓ In Section IV of the 2499, make notes on any comments/concerns expressed by the employee.</li> <li>✓ Instruct employee they have the right to either accept or refuse the modified assignment offer, and that they must sign and date the 2499.</li> <li>✓ Make two (2) copies of the 2499; provide the original to the employee, send one copy to the HRM Control Office and keep one copy for your records.</li> </ul> <p><b>NOTE: If employee refuses modified assignment offer, immediately contact HRM Control Office</b></p>	
<p><b>17. Complete the appropriate accident reporting forms (Form 1769 etc.)</b> Forward to the District Safety Office in accordance with local procedures.</p>	
<p><b>18. Collect all forms and supporting documents</b></p> <ol style="list-style-type: none"> <li>a) Signed Employee Rights &amp; Responsibilities (original)</li> <li>b) Form CA-1 (original)</li> <li>c) Form CA-1 "Receipt of Notice of Injury" (copy)</li> <li>d) Form CA-16 issued to treating physician(copy)</li> <li>e) Form CA-17 provided to treating physician(copy of Side 1)</li> <li>f) All medical documentation including original CA-17/CA-16 that has been returned with the employee after the medical appointment</li> <li>g) Injury/Medical Condition Notification Worksheet (original), if applicable</li> <li>h) PS Form 2499 (copy)</li> <li>i) Initialed Traumatic Injury Kit Checklist (original)</li> </ol> <ul style="list-style-type: none"> <li>✓ Forward all completed forms and supporting documentation on the same day of receipt from employee to: Health and Resource Management Office</li> </ul>	