

ALASKA DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF FORESTRY  
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

CHAPTER 4  
COMPENSATION FOR INJURY

**PURPOSE:** This chapter provides information on procedures related to work-related injury and/or illness to regular State and EFF employees, as well as contract/agency crews. It also provides information on non-work-related medical treatment.

**NOTE:** Any State of Alaska employee, including EFF, **MUST** report any event involving serious injury (admitted to hospital) or fatality **WITHIN 8 HOURS** of learning of the event. Notification should be made to the Division Safety Officer or Designee:

- Safety Officer, Tom Greiling – 907-414-0994
- Designee, Prevention Officer, Dan Govoni – 907-355-2328
- Designee, Administrative Officer, Beth Cender – 907-987-0231

The Regional Forester must also be informed at 907-378-1324.

**CONFIDENTIALITY:** Medical information and records related to an individual’s claim are confidential and should not be discussed unless the information exchange is necessary to obtain medical assistance or to process the required documentation.

**COVERAGE:** The State of Alaska Workers’ Compensation Act provides for compensation and/or medical care for state employees who sustain injuries related to the performance of his/her duty. This includes off-shift hours when assigned to an incident or staging area or when in travel status. State of Alaska employees, including EFF, are covered by State of Alaska Worker’s Compensation, even when on a federal fire, disaster, or on assignment to the Lower 48. The Incident Agency is ultimately responsible for ensuring that compensation for injury cases are properly handled.

**WORK INJURIES/ILLNESSES GENERALLY COVERED**

- Accidental injury arising out of or in the course of employment
- Breakage of prosthetic devices which function as part of the body such as eyeglasses/contact lenses, hearing aids, or dentures as a direct result of duty performance, e.g., a limb falls and breaks an employee’s glasses
- Occupational diseases or infections such as dermatitis due to plant poison or chemical irritant or excessive smoke inhalation on a fire line
- Injury caused by the willful act of a third person directed against an employee because of his employment

**Conditions Which May Void Coverage of Worker’s Compensation**

- Willful misconduct of employee
- Injuries or death of an employee caused by their intention to bring about the injury or death of themselves or another person
- Intoxication of the injured employee
- Being under the influence of an illegal drug or the misuse of prescribed drugs

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**PROVIDER:** The worker's compensation insurance adjuster for State of Alaska employees is:

*Penser North America Inc.*  
*P.O. Box 241148*  
*Anchorage, Alaska 99524*  
*Phone: (907) 313-7650*  
*Fax: (907) 302-3803*  
[katherinee@penserna.com](mailto:katherinee@penserna.com)

**WORKER'S COMPENSATION CONTACT:**

[doa.dop.roi@alaska.gov](mailto:doa.dop.roi@alaska.gov)

**FILING PROCEDURES AND RESPONSIBILITIES**

The following State of Alaska Department of Labor forms are used to document work-related injuries and illnesses:

- **Employee Report of Occupational Injury or Illness to Employer 07-6100 (Form 1)**
- **Supervisor's Accident Investigation Report 02-932 (Form 2)**
- **Employer Report of Occupational Injury or Illness 07-6101 (Form 3)**
- **Physician's Report 07-6102 (Form 4)**
- **Injury Illness Info for Safety Officer (Form 5)**
- **Authorization for Treatment (Form 6)**
- **Release of Medical Documentation (Form 7)**

When an employee has been, or claims to have been, injured or becomes ill from work-related causes, Form 07-6100, Employee Report of Occupational Injury or Illness to Employer and Form 02-932, Supervisor's Accident Investigation Report must be completed and submitted **immediately** to the applicable Finance Section for forwarding to the employee's Home Unit or the Home Unit, whichever is applicable.

The Home Unit Admin must complete Form 07-6101, Employer Report of Occupational Injury or Illness. (Failure to file forms and supporting documentation within the required time may subject the Area/Region's operating budget to a penalty equal to 20% of the amount of compensation payable to the injured employee.)

An employee may file Form 07-6100 at any time without penalty. No one has the authority to deny an employee the right to file. If an employee chooses not to file, the supervisor may file on the employee's behalf relaying whatever information is available to them.

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**ROUTING OF INITIAL CLAIM FORMS – by the Home Unit:**

- Division of Worker’s Compensation at [doa.dop.roi@alaska.gov](mailto:doa.dop.roi@alaska.gov)
  - Employee Report 07-6100
  - Employer Report 07-6101
  
- Safety Officer, Regional Forester or equivalent Manager, Region Office
  - Supervisor’s Accident Investigation Report
  - Injury Illness Info for Safety Officer

**FOLLOW UP INFORMATION -**

- Any follow up medical documentation after initial appointment, Physician Report or return to work notes from the physician must be scanned to both following addresses:

[DOA.DRM.Penser@alaska.gov](mailto:DOA.DRM.Penser@alaska.gov)  
[sheri.gray@alaska.gov](mailto:sheri.gray@alaska.gov)

The Home Unit Office will keep the original Worker’s Compensation paperwork as the Agency copy in a locked, secure location, NOT in regular personnel files.

**Incident Supervisor’s Responsibility**

- Be sure the employee has been provided first aid and/or medical treatment if needed
- Assure the completion of Form 07-6100 by the injured employee, work comp specialist, supervisor, finance unit, or agency admin
- The supervisor must complete a Supervisor’s Accident Investigation Report, Form 02-932. This form will be submitted with the original Employee Report of Occupational Injury or Illness Form 07-6100 and will be included in the injury package sent to the Finance Section or Home Unit Admin, whichever is applicable.

At no time should employees comment on the likelihood of a claim being covered other than to inform the injured or ill party of their financial liability if the claim is determined not to be work related.

Final determination of work-related validity is the responsibility of the Adjustor. It is important that an employee is forewarned that they may be liable for any medical costs incurred if the injury/illness is determined NOT to be work-related.

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**CHUGACHMIUT CREW**

Report of Occupational Injury or Illness forms for Chugachmiut crew members will be completed to the extent we are aware of the information. This form, along with any physician's reports or medic forms from the incident, will be faxed to Chugachmiut attention of Phyllis Wimberley at (907)743-0644 and then mailed to:

Selma Gabbert  
Human Resources & Administration Division Director  
1840 Bragaw St. Suite 110  
Anchorage, AK 99508-3463  
PH: (907)562-4155  
FAX: (907)743-0644

Any questions during normal work hours should go to Selma at (907)562-4155, [Selma@chugachmiut.org](mailto:Selma@chugachmiut.org). After hours or on weekends, please call Robert Lacy at (907)562-4155, [robert@chugachmiut.org](mailto:robert@chugachmiut.org).

**TANANA CHIEFS CREW**

After initial medical treatment, management of the employee's care will be transferred to Tanana Chiefs Conference (TCC) staff. The injured firefighter is to call MEDCORE at 1(800)553-8041, to speak to a Registered Nurse (RN). The RN will give the TCC employee a case number and follow up instructions.

The employee may wish to complete the Employee Report of Occupational Injury or Illness to Employer (Form 07-6100) and scan to TCC, attention Holly Weaver at [holly.weaver@tananachiefs.org](mailto:holly.weaver@tananachiefs.org), then mail original to:

Holly Weaver  
122 First Avenue – Suite 600  
Fairbanks, AK 99701

Any questions during normal work hours should go to Holly at (907)452-8251 ext. 3282. After hours or on weekends, please call in the following order:

Clinton Northway      (907)978-0075  
Will Putman              (907)347-8068

The following is only for TCC employees!

24/7 injury helpline: 1-800-553-8041.

By using this helpline, you can avoid the paperwork, report your claim over the phone and receive a claim number right away.

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**UNIVERSITY OF ALASKA FAIRBANKS CREW**

Notify Bryan Uher of any injury.

Bryan Uher  
4280 Geist Rd  
Fairbanks, Alaska 99709  
[bmuh@alaska.edu](mailto:bmuh@alaska.edu)  
Phone: (907)474-2613  
Cell: (907)322-4655

## **EMERGENCY MEDICAL CARE**

Emergency medical care should be obtained from the nearest qualified physician or hospital. Employees will be responsible for all medical expenses if the injury/illness is not covered by worker's compensation. Before leaving the medical treatment facility, the employee or accompanying Admin will need to obtain a doctor's work release. If the employee does not receive a full release, any restrictions or limitations should be provided by the doctor in writing. Employees will not be allowed to return to work without the doctor's written release to work.

## **PRESCRIPTIONS**

All employees should bring with them enough of their prescribed medication to last the entire assignment. Situations arise where it is necessary to obtain a prescription while on an incident due to injury or illness. The employee will be responsible for the charges if the adjustor determines the injury or illness is not work-related. If the work relatedness of the injury or illness is questionable, the medications are charged to the employee's commissary. The employee can seek reimbursement from the adjustor.

Prescriptions can be paid for as follows:

- Injured employee pays up front and seeks reimbursement from adjustors
- Pharmacy charges the adjustor directly (if not work-related, employee will be responsible for the charges) – follow up with the Pharmacy may be required if a claim number has not yet been issued
- A PCard may be used to purchase the medication:
  - The cardholder must then:
    - Request a Resource Order (S-number) from the Incident for the purchase
    - Inform the Incident Finance Section that the cost of the medication is to be entered on the injured/ill employees' OF-288 as a payroll deduction (they will need a copy of the receipt)
    - Make sure that the charge is showing up on the employees' OF-288 as a payroll deduction (if regular State employee, must be noted on Timesheet as well)
    - Make a copy of the receipt to turn in with the Resource Order to reconcile the charge and give the original to the injured/ill employee
  - The injured/ill employee:
    - Turns in the receipt to the adjustor for reimbursement

## STATE OF ALASKA CREWS OR EMPLOYEES ON OUT OF STATE ASSIGNMENT

Federal Agency Provided Medical Care (APMC) may be utilized for State of Alaska employees and crews on a federal or out-of-state assignment. Refer to the Interagency Incident Business Management Handbook for explanation of APMC coverage and forms required.

All State of Alaska employees must fill out the Employee Report of Occupational Injury or Illness to Employer Form (Form 07-6100) if they seek any medical treatment, have a work-related injury or illness, or use APMC. If APMC is utilized, Form 07-6100 should clearly specify at the top, “**APMC UTILIZED**” to avoid duplicate payment. Any federal or medical forms filled out (i.e. physician’s statement) should be attached to the original Form 07-6100.

## AUTHORIZATION LETTER FROM THE DIRECTOR OF THE DIVISION OF FORESTRY

The intent of this letter is to show Canadian authorities and Canadian medical providers that State of Alaska Workers Compensation will cover Alaskan crews and overhead on fires in Canada for work-related injuries or illnesses. (See Form 6)

This letter should be offered to a provider only when treatment is refused for a truly work-related injury or illness. If treatment is refused due to payment method, there are three choices:

- The employee can pay and request reimbursement from the State’s adjustor
- The Supervisor or Agency Admin can charge it on a State P-Card, then charge the employee’s commissary
- The employee or Supervisor/Agency Administrator can contact **Penser** at (907)313-7650

If there are any questions, contact the Regional Administrative Officer at (907) 451-2663.

## NON-WORK-RELATED MEDICAL TREATMENT FOR ALASKA NATIVES (INCLUDING AMERICAN INDIANS)

Prior to seeking treatment, be sure to notify the employee that:

- Worker’s compensation does not cover non-work-related medical treatment
- Their contract health organization will only cover emergency care
- The employee may ultimately be responsible for all expenses incurred

In addition, the two contract health agencies, ANMC and Tanana Chiefs have strict guidelines for what they will cover and what they will not cover. Documents with these guidelines can be found on Appendix A and Appendix B. Please refer to the crew list on Appendix C to determine which agency is medically responsible for the employee.

If a non-work-related injury, illness, dental problem interferes with the capacity to work and medical attention is warranted, reasonable effort should be made to find the closest Indian Health Care provider where services may be obtained. Call the provider to be certain the employee’s visit will be covered. If not, a non-Indian Health Care Provider, dentist or doctor can be utilized, but the charge for the visit and any medications or prosthetic devices will be paid by the employee or paid by P-Card or other means and deducted from the employee’s pay via commissary.

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When receiving treatment by a non-Indian Health Services Provider or as soon as possible afterwards, contact the Tanana Chiefs Contract Health or the Alaska Native Medical Center Contract, depending on the residence of the employee to notify them of the treatment being provided to their client to see if the treatment will be covered by ANMC or TCC. If the medical treatment is being sought on a weekend or after hours, call the appropriate Native health agency at the numbers shown below as soon as possible during their normal business hours. Both contract health agencies in Alaska will only pay for emergency medical treatment.

Tanana Chiefs Contract Health

(907) 451-6682, ext. 3613 or 1-800-478-6682, ext. 3613

Alaska Native Medical Center Contract Health

(907) 563-2662 or 1-800 478-1636

**NON-WORK-RELATED MEDICAL TREATMENT FOR NON-NATIVES**

If the employee is not an American Indian or Alaska Native, seek medical treatment in the most practical and expedient manner. The employee should be informed that worker’s compensation does not cover non-work-related problems and they will be responsible for all medical expenses if their claim is denied by the Worker’s Compensation Adjustor. A Report of State of Alaska Report of Occupational Injury or Illness must be completed and submitted.

*A Medical Log will be provided for the final fire package to the Home Unit.*

**TIMEKEEPING ADJUSTMENTS**

For non-crew EFF, time ends at the time of arrival at the medical facility. For crew EFF, time ends at the time of arrival at the medical facility or 8 hours into shift time to meet the Crew Management Guide guarantee (whichever is greater). Time spent receiving care is non-compensable unless required to meet guaranteed hours.

**State Compensation for Injury Contacts**

<u>OFFICE</u>	<u>PHONE</u>	<u>PRIMARY</u>	<u>ALTERNATE</u>
COASTAL	(907) 761-6289	Will Pace	RaDonna Turner
AMSO/Palmer	(907) 761-6389	Lisa Vietmeier	Lezelda Fiebig
KKAO/Soldotna	(907) 260-4200	Becky Howard	Jody Fenton
SWAO/McGrath	(907) 414-9349	Lezelda Fiebig	Lisa Vietmeier
VCRAO/Glennallen	(907) 822-5534	Tammy Mauden	Mike Trimmer
NORTHERN	(907) 451-2663	Beth Cender	Accounting Tech
FAO/Fairbanks	(907) 451-2600	Tina Donahue	Cecelia Simon
DAO/Delta	(907) 895-4225	Angi Tucker	Mike Goyette
TAO/Tok	(907) 883-1400	Sylvia Jacobson	Peter Talus
SER/Ketchikan	(907) 225-3070	Mindy Byron	Greg Staunton
Statewide Aviation	(907) 761-6270	Candy Simmons	Will Pace
Statewide Fire	(907) 451-2611	Sarah Burnett	Lynn Crance

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## FEDERAL WORKER'S COMPENSATION CLAIMS DISTRIBUTION

Financial Services (located at BLM-AFS on Ft. Wainwright) coordinates federal worker's compensation claims for Alaska BLM employees. Financial Services may coordinate claims for other federal employees (Forest Service, Fish and Wildlife, etc.) if they receive treatment in Fairbanks, or if requested to do so by an Incident Management Team or host agency.

For BLM-Alaska Fire Service employees, fax the relevant forms to AFS – Financial Services within 48 hours. All **originals** to go to BLM – Alaska Fire Service.

Alaska Fire Service  
Financial Services  
P.O. Box 35005  
Ft. Wainwright, AK 99703  
Phone: (907) 356-5786  
Fax: (907) 356-5694

### Other BLM Employees

Fax the forms to the home unit within 48 hours.

### US Forest Service

Fax and mail the original to:

Fax: (866)339-8583

US Forest Service, ASC-HRM-Annex

Attn: Workers' Compensation

3900 Masthead St. NE

Albuquerque, NM 87109

If you have any questions, please call the Forest Service Workers' Comp office at (877)372-7248 and press 2, option 2, during the hours of 7am and 6pm, Monday through Friday, Mountain Time.

***If a USFS employee is seriously injured, please call the following in descending order until contact is made:***

1. Chugiach Duty Officer (907) 743-9433
2. Eric Stahlin (907) 743-9435 Cell (907) 240-1208
3. Bobbi Scopa (503) 915-8725
4. Kevin Martin (503) 703-4334

If the injured is a Chugach National Forest employee, contact Robert Lacey (907)562-4155, [robert@chugachmiut.org](mailto:robert@chugachmiut.org)

For a Tongass National Forest employee, contact Charlie Struli (907)772-5882.



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**State of Alaska Department of Natural Resources**  
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**Burn Injury Protocol**  
**See Appendix D**

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