

## Chapter 4 – Compensation for Injury

### PURPOSE

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

### INJURY NOTIFICATION

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

Tom Greiling	Safety Officer	(907) 414-0994
David Calvert	Designee, Medical Programs Coordinator	(907) 761-6374 or (907) 707-9197
Jeremy Douse	Northern Regional Forester	(907) 451-2670
Hans Rinke	Coastal Regional Forester	(907) 260-4262

The State of Alaska does not have any type of [Agency Provided Medical Care \(APMC\)](#) (Appendix F) available.

### 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.

### 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 medic will need to obtain a doctor’s work release.

### 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 is 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 WORKERS 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.

## PROVIDER CONTACTS

The worker's compensation insurance adjuster for State of Alaska employees.

**Penser North America Inc.**

**P.O. Box 241148**

**Anchorage, Alaska 99524**

**Toll free: 1-844-463-2727**

**Phone: (907) 313-7650**

**Fax: (907) 302-3803**

**[www.pensernorthamerica.com](http://www.pensernorthamerica.com)**

**Amber Treston-Claims Administrator: (907) 465-2184**

**Marie Lam-Risk Management (Light duty Return to Work Coordinator):  
(907) 465-2181 (Medical documentation goes to Marie)**

**Worker's Compensation Contact:** [doa.dop.roi@alaska.gov](mailto:doa.dop.roi@alaska.gov)

Any Alaskan EFF (crew or single resource) traveling to a medical facility for treatment of an injury or illness will have a fire medic accompany them to the facility and remain with them until their return to camp/duty station. The local Area dispatch office is to be notified when someone is taken to a medical facility. Area Admin may request notification as well and this can be coordinated as appropriate.

## FILING PROCEDURES AND RESPONSIBILITIES

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

- [Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#)  
Completed by the employee and submitted immediately to the Incident Finance Section or directly to the employee's Home Unit. The Finance Section will immediately submit all paperwork to the employee's Home Unit. The employee must complete this form within 30 days after the accident date or when they become aware that they have an illness or injury caused by their work.
- [Supervisor's Accident Investigation Report 02-932 \(Form 2\)](#)  
Completed by Incident Supervisor.
- [Employer Report of Occupational Injury or Illness 07-6101 \(Form 3\)](#)  
May be started by the Incident but is completed by the Home Unit. This form must be submitted to Worker's Comp within 10 days after a supervisor has knowledge that the employee has had or is claiming injury or illness due to work (do not wait for the employee to fill out the [Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#)). (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.)

- [Physician’s Report 07-6102 \(Form 4\)](#)  
If this form is used, it must be signed by a Physician. NOT A PA.
- [Injury Illness Info for Safety Officer \(Form 5\)](#)  
Completed by Home Unit.
- [Authorization for Treatment memo \(Form 6\)](#)  
Give to Health Care Provider.
- [State of Alaska Workers’ Compensation Notice to Employees \(Appendix E\)](#)  
Provided to eligible State employees (does not apply to EFF).

### **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 of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#)  
[Employer Report of Occupational Injury or Illness 07-6101 \(Form 3\)](#)
- Safety Officer, Regional Forester or equivalent Manager, Region Office  
[Supervisor’s Accident Investigation Report 02-932 \(Form 2\)](#)  
[Injury Illness Info for Safety Officer \(Form 5\)](#)

### Follow up Information

- Any follow up medical documentation after initial appointment, [Physician Report 07-6102 Form 4](#) or return to work notes from the physician must be scanned to the following address: [DOA.DRM.Penser@alaska.gov](mailto:DOA.DRM.Penser@alaska.gov) and [Marie.lam@alaska.gov](mailto:Marie.lam@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 [Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#) by the injured employee, work comp specialist, supervisor, finance unit, or agency admin.
- The supervisor must complete a [Supervisor’s Accident Investigation Report 02-932 \(Form 2\)](#). This form will be submitted with the original [Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#) and will be included in the injury package sent to the Finance Section or Home Unit Admin, whichever is applicable.

At no time should an employee 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.

Paperwork is to be submitted as soon as possible to the contacts in the table below.

<u>OFFICE</u>	<u>PHONE</u>	<u>PRIMARY</u>	<u>ALTERNATE</u>	<u>EMAIL</u>
COASTAL	(907) 761-6289	Kat Olson	Will Pace	<a href="mailto:dnr.dof.cr.admin@alaska.gov">dnr.dof.cr.admin@alaska.gov</a>
MSAO/Palmer	(907) 761-6389	Lisa Vietmeier	Valerie Hendrickson	<a href="mailto:lisa.vietmeier@alaska.gov">lisa.vietmeier@alaska.gov</a>
KKAO/Soldotna	(907) 260-4200	Becky Howard	Jody Fenton	<a href="mailto:becky.howard@alaska.gov">becky.howard@alaska.gov</a>
SWAO/McGrath	(907) 414-9349	Tina Clifford	Lisa Vietmeier	<a href="mailto:tina.clifford@alaska.gov">tina.clifford@alaska.gov</a>
VCRAO/Glennallen	(907) 822-5534	Kate Wilson	Mike Trimmer	<a href="mailto:kate.wilson@alaska.gov">kate.wilson@alaska.gov</a>
NORTHERN	(907) 451-2660	Lynn Crance	Sarah Burnett	<a href="mailto:dnr.nroeff@alaska.gov">dnr.nroeff@alaska.gov</a>
FAO/Fairbanks	(907) 451-2600	Tina Donahue	Cecelia Simon	<a href="mailto:tina.donahue@alaska.gov">tina.donahue@alaska.gov</a>
DAO/Delta	(907) 895-4225	Jessica Brooks	Mike Goyette	<a href="mailto:jessica.brooks@alaska.gov">jessica.brooks@alaska.gov</a>
TAO/Tok	(907) 883-1400	Christine Crites	Kato Howard	<a href="mailto:dnr.dof.tas@alaska.gov">dnr.dof.tas@alaska.gov</a>
SER/Ketchikan	(907) 225-3070	Mindy Byron	Greg Staunton	<a href="mailto:mindy.byron@alaska.gov">mindy.byron@alaska.gov</a>
Statewide Aviation	(907) 761-6270	Candy Turner	Kat Olson	<a href="mailto:candy.turner@alaska.gov">candy.turner@alaska.gov</a>
Statewide Fire	(907) 451-2611	Sarah Burnett	Lynn Crance	<a href="mailto:sarah.burnett@alaska.gov">sarah.burnett@alaska.gov</a>

### CHUGACHMIUT CREWS

Report of Occupational Injury or Illness forms for Chugachmiut crew members will be completed to the extent Forestry is aware of the information. This form, along with any physician's reports or medic forms from the incident, will be faxed to Chugachmiut and then mailed to:

Daisy Barnes Human Resources Manager 1840 Bragaw St. Suite 110 Anchorage, AK 99508-3463 PH: (907) 562-4155 FAX: (907) 743-0644 <a href="mailto:Daisy@chugachmiut.org">Daisy@chugachmiut.org</a> Any questions during normal work hours should go to Daisy	After Hours/Weekends Robert Lacy (907) 562-4155 <a href="mailto:robert@chugachmiut.org">robert@chugachmiut.org</a>
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### TANANA CHIEFS CREW

After initial medical treatment, management of the employees' 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 07-6100 \(Form 1\)](#) and scan to TCC, then mail original to:

Elise Alexander HR Generalist/TCC 122 1st Avenue Fairbanks, AK 99701 (907) 452-8251 Ext: 3259 Cell: (907) 347-2220 <a href="mailto:elise.alexander@tananachiefs.org">elise.alexander@tananachiefs.org</a> Any questions during normal work hours should go to Elise.	Point of Contact for the Fire Crew Jolene Bante (907) 452-8251 Ext: 3472 <a href="mailto:Jolene.bante@tananachiefs.org">Jolene.bante@tananachiefs.org</a>
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After hours or on weekends, please call in the following order:

1) Clinton Northway (907) 978-0075

2) Jolene Bante (907) 452-8251

**The following is only for TCC employees**

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

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

**UNIVERSITY OF ALASKA FAIRBANKS CREW**

Notify Julie Biddle of any injury. The members of the crew that are hired as EFF will have paperwork processed through the Northern Region as their Home Unit.

Julie Biddle  
Director, UAF Interior Alaska Campus  
125C Harper Building  
810 Draanjik Drive/PO Box 756720  
Fairbanks, Alaska 99775  
[jlbiddle@alaska.edu](mailto:jlbiddle@alaska.edu)  
Phone: (907) 474-6490  
Fax: (907) 474-5208

**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 employees' 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:*
    1. Request a Resource Order (S#) from the Incident for the purchase.
    2. Inform the Incident Finance Section that the cost of the medication is to be entered on the injured/ill employees' [OF-288 \(Form 7\)](#) as a payroll deduction (they will need a copy of the receipt).
    3. Make sure that the charge is showing up on the employees' [OF-288 \(Form 7\)](#) as a payroll deduction (if regular State employee, must be noted on timesheet as well).
    4. 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:*
    1. Turns in the receipt to the adjustor for reimbursement.

## **STATE OF ALASKA CREWS OR EMPLOYEES ON OUTSIDE ASSIGNMENT**

[Federal Agency Provided Medical Care \(APMC\)](#) (Appendix F) may be utilized for State of Alaska employees and crews on a federal or out-of-state assignment. Refer to the [NWCG Standards for Interagency Incident Business Management PMS 902](#) 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 07-6100](#) (Form 1) if they seek any medical treatment, have a work-related injury or illness, or use [Federal Agency Provided Medical Care \(APMC\)](#) (Appendix F). If [APMC](#) is utilized, [Employee Report of Occupational Injury or Illness to Employer Form 07-6100](#) (Form 1) 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 [Employee Report of Occupational Injury or Illness to Employer Form 07-6100](#) (Form 1).

## **AUTHORIZATION LETTER FROM THE DIRECTOR OF THE DIVISION OF FORESTRY** (Form 6)

The intent of this letter is to show authorities and medical providers that State of Alaska Workers Compensation will cover Alaskan crews and overhead on fires in Alaska, Canada, and the Lower 48 for work-related injuries or illnesses.

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/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.

## **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, Alaska Native Medical Center Contract-[ANMC](#) (Appendix A) and Tanana Chiefs-[TCC](#) (Appendix B) have strict guidelines for what they will cover and what they will not cover. Please refer to the [crew list](#) (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.



When receiving treatment by a non-Indian Health Services Provider or as soon as possible afterwards, contact the [TCC](#) (Appendix B) or the [ANMC](#) (Appendix A), 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](#) (Appendix A) or [TCC](#) (Appendix B). 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 [Employee Report of Occupational Injury or Illness to Employer Form 07-6100](#) (Form 1) may be completed and submitted. A Medical Log will be provided for the final fire package to the Home Unit.

### **TIMEKEEPING ADJUSTMENTS**

For regular state employees and 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 eight 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. Any crew personnel unable to work on the line may be assigned to camp duty not to exceed three days if light duty is assigned. Camp time must be noted as such and the crewmember will be paid their guaranteed eight hours. An injury log must be kept. All paperwork must be sent to the DOF Home Unit point of contact listed above..

### **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.

<u>Alaska Fire Service</u> Financial Services P.O. Box 35005 Ft. Wainwright, AK 99703 Phone: (907) 356-5786 Fax: (907) 356-5789	<u>Other BLM Employees</u> Fax the forms to the home unit within 48 hours.	<u>US Forest Service</u> 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
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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. Chugach Duty Officer	(907) 743-9433
2. Eric Stahlin	(907) 743-9435 Cell (907) 240-1208
3. Kevin Martin	(503) 703-4334

If the injured is a Chugachmiut employee, please call Robert Lacy @ (907) 562-4155, [robert@chugachmiut.org](mailto:robert@chugachmiut.org).

For a Tongass National Forest employee, contact (907) 772-5879 or cell: (907) 209-2446

**Burn Injury Protocol**  
**See Appendix D**