

ACCIDENT/INJURY AND ILLNESS REPORTING



ACCIDENT/INJURY AND ILLNESS REPORTING

- Course Outline
- Definition of an Injury
 - Definition of an Illness
 - What to do if an Injury or Illness Occur
 - Report to Supervisor
 - Obtain Medical Care
 - File Injury/Illness Report (CD-137)
 - File Written Notice
 - Submit Claim for COP/Leave and/or Compensation for Wage Loss

ACCIDENT/INJURY AND ILLNESS REPORTING

DEFINITION OF AN INJURY

Any incident such as a cut, fracture, sprain, amputation, etc. which results from a work accident

ACCIDENT/INJURY AND ILLNESS REPORTING

DEFINITION OF AN ILLNESS

Any abnormal condition or disorder caused by exposure to environmental factors associated with employment. These may be caused by inhalation, absorption, ingestion or direct contact. In addition, it also includes repetitive trauma disorders.

ACCIDENT/INJURY AND ILLNESS REPORTING

OBTAIN MEDICAL CARE

- *Before you obtain medical treatment ask the supervisor to authorize medical treatment by using form CA-16*
- *If you require emergency care, take care of this requirement after you have been treated.*

ACCIDENT/INJURY AND ILLNESS REPORTING

If an injury or illness occurs at work:

**REPORT IT TO THE SUPERVISOR
IMMEDIATELY**

- Every job related injury or illness must be reported to the supervisor as soon as possible*

ACCIDENT/INJURY AND ILLNESS REPORTING

FILE SAFETY INJURY/ILLNESS REPORT

- *For all injuries and illnesses, regardless of severity or loss of time, the employee fills out the top portion of Form CD-137. The supervisor then fills out the bottom portion, and forwards it to the Regional Safety Manager within **SIX** days at*

US DOC/NOAA/MASC/FLD

Attn: Regional Safety Manager

325 Broadway MC4X1

Boulder, Colorado 80305

Phone: 303-497-3912 or Rhonda.S.Carpenter@noaa.gov

ACCIDENT/INJURY AND ILLNESS REPORTING

CD-137

The Regional Safety Manager then uses
information from the CD-137 for

- 1) *Reporting injuries and illnesses to NOAA and the Dept of Labor*
- 2) *Establishing injury trends and recommending corrective actions.*

ACCIDENT/INJURY AND ILLNESS REPORTING

FILE WRITTEN NOTICE

- *Obtain a Form CA-1 “Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation”.*
- *Fill out employees portion*
- *Supervisor fills out his/her portion and forwards a copy to*

CCSI. L.P.

P.O. Box 542528

Dallas, Texas 7354-2528

Phone: (800) 743-2231

Fax: (800) 743-3293

ACCIDENT/INJURY AND ILLNESS REPORTING

CA-1 is used for reporting injuries

CA-2 is used for reporting illnesses

ACCIDENT/INJURY AND ILLNESS REPORTING

OBTAIN RECEIPT OF NOTICE

- *A “Receipt of Notice of Injury” is attached to each Form CA-1 and CA-2. The supervisor should complete the receipt and return it to the employee for his/her personal records.*

ACCIDENT/INJURY AND ILLNESS REPORTING

SUBMIT CLAIM FOR COP/LEAVE AND/OR COMPENSATION FOR WAGE LOSS

- If disabled due to traumatic injury, you may claim COP not to exceed 45 calendar days or use your own leave.*
- A claim for COP must be submitted no later than 30 days following the injury.*

ACCIDENT/INJURY AND ILLNESS REPORTING

IF YOU HAVE ANY QUESTIONS:

MASC Regional Safety Manager

Phone: 303-497-3912

Fax: 303-497-3043

Rhonda.S.Carpenter@noaa.gov

Additional Information available at

http://www.masc.noaa.gov/masc/fld/fld_safe.html