

Injury, Near Miss, and Exposure Procedures for VIPs

North Country National Scenic Trail

October 2023

When a Traumatic Injury Occurs & Medical Care is Needed

- Obtain medical care. Bring a copy of the Authorization for Examination and/or Treatment (CA-16) to the physician, as well as the Quick Guide for Federal Worker's Compensation Medical Providers. (Note: It's extremely difficult to get this form completed after you have left the medical facility, so this is an important step.)
 - Instructions for completing the CA-16:
 1. Please complete **only** boxes 2-3.
 2. All other boxes in Part A on page 1 will be completed by an NPS employee. Please do not change any of the information in the boxes that have been pre-populated.
 3. Give the CA-16 to the treating physician so they can complete Part B on page 2.
 4. Mail or fax the completed CA-16 to Volunteer Program Manager Nic Loiseau* **immediately**. Her contact information is on page 4 of this document. (The process is time sensitive.) *Do not mail the CA-16 directly to Department of Labor (DOL). If the attending physician tries to forward the CA-16 directly to DOL, it will be rejected for lack of an OWCP case file number.*
- Provide the doctor or medical facility with a copy of the Quick Guide for Federal Worker's Compensation Medical Providers, indicating that all medical bills should be sent directly to U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY 40742. (This address appears at the bottom of the quick guide.)
- Billing should go directly from the physician's office to DOL in London, KY. If problems arise with direct billing issues and you are required to make any direct payments, save all receipts for co-pays and out-of-pocket expenses from emergency rooms, clinics or physician's offices, and pharmacies to submit a reimbursement request. (Obtain a reimbursement form OWCP-915 from Nic.)
- If you do not have any CA-16s on hand, contact Nic* and she can initiate the form and fax/mail the form to the appropriate medical facility.
- Immediately following the incident or as soon as reasonably possible, if treatment is needed, please contact Nic* at 616-302-9842 and your regional trail coordinator (if you are member of a NCTA chapter.) Nic will ask the following:

- Personal info (name, address, phone, email, date of birth, SSN if needed)
- Do you want to file a workers' compensation claim?
- Was there property damage involved in this incident? If so, what was damaged?
- What is the date and time of the incident?
- What is the zip code of the location (nearest known)?
- What is the specific place of the incident?
- Describe the incident and how it happened, including what led up to the incident.
- What is the severity of the injury?
- What is the name and address of the medical facility where you received treatment?
- What is the name of the treating physician?
- Were any preventative/corrective actions taken? If so, what were they?

NOTE:

- All determinations for workers compensation entitlement are by the U.S. Department of Labor Office of Workers' Compensation Programs (OWCP).
- All providers **MUST** be enrolled with OWCP (<https://owcpmed.dol.gov>).

If you are filing a workers' compensation claim, please note the following:

- Request copies of your medical records from all medical providers you see to support your claim. These must be signed by a licensed MD or DO, not a physician's assistant or nurse practitioner.
- File at <https://www.ecomp.dol.gov> from any computer. If you don't have access to a computer, assistance is available.
- You have three years from the date of injury to file a claim, but benefits may be reduced if you don't file within seven days. If you choose not to file a claim, you will be responsible for all medical bills.
- To assist in creating an account and filing a claim, help videos are available at <https://www.ecomp.dol.gov/#/help>.
- While completing the online form, your "supervisor" is an NPS employee with the North Country NST (Please ask who the person is when you call to report the injury.) For volunteers, the "occupational code is 9999.

When an Injury Occurs & Medical Care is NOT Needed

- Immediately following the incident, please contact Volunteer Program Manager Nic Loiseau* at 616-302-9842 and your regional trail coordinator (if you are member of a chapter.) Nic will ask the following:
 - Personal info (name, address, phone, email, date of birth, SSN if needed)
 - Was there property damage involved in this incident? If so, what was damaged?
 - What is the date and time of the incident?
 - What is the zip code of the location (nearest known)?
 - What is the specific place of the incident?
 - Describe the incident and how it happened, including what led up to the incident.

- What is the severity of the injury?
- Were any preventative/corrective actions taken? If so, what were they?
- All significant work-related injuries (beyond blisters, slivers, etc.) should be reported to Nic, regardless of whether medical treatment or expenses occurred.

Reporting Occupational Diseases

An occupational “disease” is any condition that is produced in the work environment by such factors as infections, continued or repeated stress or strain, or exposure to hazardous elements. The period of development is longer than a single workday or shift—it develops over time. Carpal tunnel syndrome is a good example of an occupational disease brought about by repeated stress to a body part that cannot be pinpointed to a single date and time of injury.

If you are experiencing a possible occupational disease, notify Nic Loiseau* as soon as you realize your condition was either caused or aggravated by your volunteer work. Note: You are responsible for all medical costs related to an occupational disease, until the case is accepted by the Department of Labor.

Reporting a Near Miss / Hazardous Condition

A **hazardous condition** is an unsafe condition that can cause injury, illness, and death and that currently needs attention.

A **near miss** is an unplanned event that did not result in injury, illness, or damage, but had the potential to do so. It’s something that makes you say, “Wow! That was close!” or “That could have been really bad.” Reporting near misses is vitally important to prevent serious, fatal, and catastrophic injuries. By capturing data, trends can be identified, lessons can be learned, and safety systems can be improved.

If you experience a near miss or see a hazardous condition, please contact Volunteer Program Manager Nic Loiseau* at 616-302-9842. The following will be asked:

- What date and time did the near miss/hazard occur?
- What is the zip code of the location (nearest known)?
- What is the specific location of the near miss/hazard?
- What activity occurred prior to the near miss/hazard?
- Describe the near miss/hazard.
- Were any preventative/corrective actions taken? If so, what were they?

Reporting an Exposure (Including Tick Bites)

Please report all exposures, including tick bites, animal bites, copious rodent/bird/bat droppings, and unmitigated noise, to Volunteer Program Manager Nic Loiseau* at 616-302-9842 within 24-48 hours. The following will be asked:

- Personal info (name, address, phone, email, date of birth, SSN if needed)
- What is the date and time of the incident?
- What is the zip code of the location (nearest known)?
- What is the specific place of the incident?
- Describe the incident and how it happened, including what led up to the incident.
- What was the body part(s) exposed?
- Were any preventative/corrective actions taken? If so, what were they?

Contact Information

Nic Loiseau, Volunteer Program Manager
North Country National Scenic Trail
318 E. Main St. Suite K
Lowell, MI 49331

616-302-9842 (cell)

616-319-7913 (fax)

Email: nicole_loiseau@nps.gov

***If Nic is not available, please contact:**

Ken Hendrickson, Trail Manager

616-250-3160 (cell)

616-319-7913 (fax)

Email: kenneth_hendrickson@nps.gov

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