



U.S. Forest Service – Region 3 Fire Operations Risk Management Information Briefing Paper



Date: June 20, 2008

Topic: Wildland Firefighter Burn Injury Protocol for Region 3

Background: Burn injuries are often difficult to diagnose and may continue to worsen if they do not receive immediate, specialized treatment. The initial evaluation and treatment of these burns often happens in rural medical facilities with limited experience in burn injury care. In the past, this has resulted in evaluation and treatment that did not provide the best care to injured firefighters. Therefore, victims with either severe burns or burns that meet specific criteria should be immediately referred and transported to a regional burn center. The leading cause of death in burn victims continues to be infection of the burn wound.

Wildland fire has its own unique set of challenges which includes the ‘interpretation’ of current OWCP protocol for addressing burn injuries. During the summer of 2007 alone, there were at least two known cases of severe burn injuries to wildland firefighters that did not get the immediate needed attention by a burn center. The results included infection of the burn wounds to one burn victim and lack of authorized reimbursement to another burn victim resulting from a variance in how the burn victim received treatment. In both cases, the individuals sustained burns needing immediate treatment from an accredited burn unit, and both cases resulting in a multitude of “red tape” in receiving care and reimbursement for their medical expenses.

The Forest Service Risk Management and Human Performance Group at NIFC has closely tracked the development of recent protocols established by BLM and continue to share the BLM’s desire to ensure that firefighters receive proper and timely medical treatment. In an effort to mitigate these issues, Fire and Aviation Management in conjunction with Human Capital Management have worked closely to ensure that the processes are consistent and known by all. These processes are outlined in a recent letter dated March 18, 2008 by Human Capital Management. Although the OWCP protocol has not changed, the letter helps to clarify the process and ensure that the correct procedures are followed in regards to any incident injuries.

The intent of this briefing paper is to describe these OWCP processes and discuss how the Southwestern Region will implement them during the 2008 fire season.

Key Points: The Office of Workers’ Compensation Programs (OWCP) has jurisdiction over the authorization and payment of all medical care for work related injuries and illnesses. They have not delegated this authority to any other agency. OWCP has given agencies the authority to authorize initial medical treatment (CA-16) but require that we follow their guidance. Agency Provided Medical Care (APMC) authorities allow limited use of appropriated funds to purchase necessary medical supplies, services and other assistance for the immediate relief of individuals. APMC use is appropriate for injury/illness first aid cases involving only one APMC visit which occurs on the day of the injury/illness. One follow-up visit is permissible and the program is only available while the employee remains at the site of the incident.

In general, when medical care is necessary, OWCP directs us to refer the injured worker to a local physician/hospital and that individual/organization can make further referrals. The decision to refer the patient to a burn center is a medical decision involving OWCP and the treating physician. Dealing with continuing medical treatment is part of Case management and outside the scope of Incident activities. Additionally, most incident and local agency personnel do not have the training and necessary expertise in OWCP guidelines to facilitate case management medical issues.

Treatment at a burn center outside of the immediate area would not normally be considered initial medical treatment by OWCP; it would be considered continuing medical treatment. The potential unintended consequence that we seek to avoid is one in which the agency sends an employee to a burn center without the proper medical referral and OWCP authorization. In such a case, if OWCP denies payment, an employee would ultimately be responsible for all medical bills associated with subsequent burn treatment. In the case of a temporary/seasonal firefighter with no medical insurance or personal physician, such a scenario could result in a huge financial impact on the employee. There is no authority that allows an agency to pay for medical costs even if they were the result of bad advice from the agency.

Obtaining medical treatment for injured employees and ensuring that payment for such care is properly handled is a Human Resources function, not an aspect of Risk Management or Incident Management Teams per se. The ASC/HCM/Worker's Compensation Section (WC) is now the initial point of contact for managing all work related injury/illness claims. No other personnel or sub-units in the agency are allowed to provide these services. In conjunction with the Interagency Fire Business Management organization, WC has updated the worker's compensation direction of the Interagency Incident Business Management handbook (IIBMH) to address treatment of injured workers while at the site of an incident. This includes granting certain individual personnel limited authority to authorize medical care.

Recommendations:

- Ensure that employees, supervisors and Incident Management Team personnel are familiar with the established **24/7 OWCP** phone number for after hours (6:00p.m. – 7:00a.m. MST) and weekend emergencies. There is a 24-hour “duty officer” assigned to answer the help line at the Albuquerque Service Center established specifically to advise Forest Service employees in seeking the appropriate medical care and ensuring that they get it.
 - **505/280-7691**
- Review the attached letter dated March 18, 2008, from Office of Worker's Compensation Programs addressing incident injury/illness procedures.
- Visit the Human Capital Management/OWCP website and download all information specific to OWCP procedures and requirements and ensure that all wildland fire personnel, supervisors, and Incident Management Team personnel have complete knowledge and understanding of the **required** procedures.
 - <http://fsweb.hcm.fs.fed.us/owcp.html>
- Review the current Interagency Incident Business Management Handbook as it relates to incident injuries and illness procedures.
- Help to ensure that any injured or ill wildland fire personnel are provided an advocate to provide guidance to them through the entire OWCP process from the onset of the injury/illness. This advocate should be familiar with the OWCP regulations and maintain communication with the OWCP Specialist.

We are committed to ensuring the best care for our injured employees while at the same time avoiding financial consequences for firefighters injured in the line of duty. It's all about taking care of our employees and ensuring for their health and safety.

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