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**Route To:**

**Subject:** Revised Addendum to Facilitating Treatment of Traumatic Injuries

**To:** All Employees

This letter provides additional guidance to assist employees, supervisors and units in addressing traumatic injuries, including those that are incident (wildfire) related. The first priority in a work related traumatic injury is to ensure the employee receives expedient medical treatment.

We recognize the nature of an injury can complicate field treatment, stabilization and transport of traumatically injured employees. The seriousness of an injury may be difficult to determine; therefore, all work related traumatic injuries will be assessed by the on-site individual with the highest level of medical certification. This person will direct patient care, transport and treatment until the employee is released to the care of a senior medical professional (i.e., life-flight nurse/paramedic, ambulance paramedic, emergency room physician, etc.). A seriously injured employee will be transported to the nearest emergency room or trauma center, unless otherwise directed by a physician. The local unit shall immediately assign a liaison to provide assistance to the injured employee. The liaison will communicate on behalf of an incapacitated employee to his/her family, coworkers, supervisor and direct media inquiries to the appropriate public affairs/information officer and line officer. In addition, the liaison will assist the Human Resources Management, Workers' Compensation (HRM WC) case manager in obtaining information required to expedite the claim process.

General guidance in dealing with traumatic injuries sustained in an emergency incident is found in the Interagency Incident Business Management Handbook, Chapter 10, and the Interagency Standards for Fire and Aviation Operations, Chapter 7. As these publications provide interagency direction, please refer to the steps below and the enclosed document for Forest Service specific guidance on traumatic injuries involving burns.

- After on-site medical response, initial medical stabilization and evaluation are completed, the decision to refer the employee to a specialty care physician/facility is made only by the attending physician. WC benefits may be denied in the event the employee is transported to a specialty care physician/facility without a referral from the attending physician.
- The Agency Administrator or designee for the incident will coordinate with the employee's home unit to identify a patient liaison. This liaison will assist the injured employee with filing the WC claim and coordinating with HRM WC.



Our goal is to ensure our injured employees are afforded quality medical care in accordance with the Federal Employees Compensation Act. If you have questions regarding this letter, please contact Kirk Powell, WC Program Manager, at (505) 944-8116, or [kdpowell@fs.fed.us](mailto:kdpowell@fs.fed.us).

*/s/ Gerry L. Jackson (for)*  
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Deputy Chief for Business Operations

Enclosure

cc: pdl wo ops asc hrm hros  
Kirk D Powell

### **Facilitating Treatment Specific to Burn Injuries**

When there is any doubt as to the severity of a burn injury, the recommended action should be to work closely with the treating physician to facilitate the referral and transport of the burned employee to the nearest burn center. It should be kept in mind, however, that not all burns require referral to a burn center. The following criteria from the [American Burn Association](#) are meant to help guide the patient referral process.

#### **Burn injuries that should be referred to a burn center include:**

1. Partial thickness burns greater than 10% total body surface area (TBSA). In partial thickness (second degree) burns, the skin may be red, blistered, swollen and very painful.
2. Burns that involve the face, hands, feet, genitalia, perineum or major joints.
3. Third degree burns in any age group. Third Degree (full thickness) burns are whitish, charred or translucent, no pin prick sensation in the burned area.
4. Electrical burns, including lightning injury.
5. Chemical burns.
6. Inhalation injury.
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery or affect mortality.
8. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.

When the treating physician does not refer the patient to a burn center, the employee (if able) is allowed under the Federal Employees Compensation Act (FECA) to select a physician after emergency treatment has been rendered. The employee may select a burn center as the treating facility, with the understanding that the burn center treating physician will be the primary physician for any follow-up care. The employee may be referred to another medical provider by the burn center physician, or may request a change of physician through the Department of Labor (DOL). A family member or other person authorized to make medical decisions on behalf of the employee may make this decision if the employee is unable to do so. Agency personnel may not interfere with the employee's right to choose a physician.

Obtaining medical treatment for injured employees can involve a complex set of procedures and actions. In order to avoid adverse consequences for the employee, it is imperative that the Office of Workers' Compensation Programs (OWCP) procedures be adhered to. Communication between the employee or their representative and the Human Resources Management, Workers' Compensation (HRM WC) office is crucial to avoid unnecessary hardship and/or delays in payment of claims for the injured employee.

Information and training on WC procedures are available on the [HRM Web site](#).