



UNITED STATES MARINE CORPS
MARINE CORPS COMMUNITY SERVICES
POSTAL SERVICE CENTER BOX 8009
CHERRY POINT, NORTH CAROLINA 28533-0009

MCCSO 5102.1D
MCCS
11 Apr 13

MARINE CORPS COMMUNITY SERVICES ORDER 5102.1D

From: Director
To: Distribution

Subj: ON THE JOB INJURY REPORTING

Ref: (a) Longshoremen's and Harbor Workers Compensation Act as amended by Public Law 92-576, enacted 27 Oct 1972 (notal)
(b) MCCSO 12810.1B

Encl: (1) Form OPNAV 5100/9 Medical Referral
(2) Supervisor's Report of Employee Injury
(3) MCCS Mishap, Injury and Exposure Report
(4) Leave Supplement Choice of Doctor
(5) Consent and Authorization to Release of Information
(6) Mileage Reimbursement Form
(7) RX First Fill Form
(8) Light Duty Advisory

1. Purpose. To disseminate information and procedures concerning benefits under reference (a) as extended to the Nonappropriated Fund Instrumentalities and administered by the U.S. Department of Labor, Office of Workers' Compensation Programs.

2. Cancellation. MCCSO 5102.1C

3. Background. Reference (a) provides workers' compensation benefits coverage to employees for injury or illness arising out of, or in the course of employment. The coverage provides benefits for medical costs, partial wage indemnification, funeral expense, rehabilitation, and an annuity benefit to dependents in the event of an employee's death. "Injury" means a wound or condition of the body induced by accident or trauma, and includes a disease or illness proximately caused by the employment for which benefits are provided under the Act.

4. Information. The Human Resources Office is responsible for processing all workers' compensation claims, assuring that forms are properly completed and submitted within specified time limits and for assisting and advising both management and employees of the regulations.

5. Action

a. The supervisor, upon receiving notice that an employee has suffered an employment related injury, if an emergency will call 911 for immediate help, or will promptly authorize medical treatment, if needed, by giving the employee a Medical Referral (enclosure 1) to take to the Occupational Health Clinic during the hours of 0730-1600, Monday through Friday, or if after hours to a Hospital Emergency Room.

b. The supervisor will file a report through the Enterprise Safety Applications Management System (ESAMS) system as soon as possible. The following link is provided:

https://esams.cnmc.navy.mil/ESAMS_GEN_2/LoginESAMS.aspx

c. The supervisor will complete Supervisor's Report of Employee Injury (enclosure 2) and send to Human Resources upon notification of injury. Upon the return of the employee to the work site from Occupational Health or Hospital Emergency Room, the supervisor will code the employee's time for the remainder of the day of injury as appropriate.

d. The supervisor will also complete the MCCS Mishap, Injury and Exposure Report (enclosure 3) and submit the report to Human Resources and the Safety Office.

e. It is the responsibility of the employee to ensure their Leave Supplement/Choice of Doctor (enclosure 4) accepts workers compensation cases. Furthermore, it is the responsibility of the employee to give a copy of all paperwork from Doctor visits to their supervisor or Human Resources representative.

Supervisors that receive paperwork from Doctor visits associated with a workers compensation claim should forward the information to Human Resources. Leave Supplement/Choice of Doctor (enclosure 4) is provided for reference ONLY and should

not be distributed. The form and instruction will be provided to the employee by Human Resources.

f. Consent and Authorization to Release Of Information (enclosure 5), Mileage Reimbursement Form (enclosure 6), and RX First Fill Form (enclosure 7) are provided for reference ONLY. Enclosures 4 through 7 will be provided to the employee for completion as directed by HR, if determined necessary.

g. If the employee is placed in a light duty status, by the attending physician, the supervisor will make every effort to accommodate the restrictions imposed by the light duty status in order to return the employee to work as soon as possible. If the supervisor is unable to provide light duty work, the supervisor will notify their Department's Light Duty/Return to Work Coordinator as outlined in reference (b). The Light Duty Advisory form (enclosure 8) will be completed by the Supervisor or HR Office if needed.

h. If the employee is placed in a non-work status by the attending physician or has been sent home due to the non-availability of light duty work, the supervisor will advise the employee of their obligation to provide the supervisor with continuous updates from the attending physician on their non-work status. These updates will be forwarded to the Human Resources Office and the supervisor will notify the Human Resources Office promptly by e-mail, telephone or fax, on the day the employee returns to a work status. The supervisor will notify Human Resources of any subsequent timeframes that an employee is placed on a non-work status by the Workers Comp attending physician. The manager will notify HR if the employee is out of work at any time, whether by Doctor's note or by the employee's choice of calling to be out of work due to the Workers Comp injury. The Department of Labor must be notified of any lost time in a timely manner.

6. Penalties. Any employer, insurance carrier, or self-insured employer who knowingly and willingly fails to notify Human Resources in a timely manner (10 days from the employee notifying supervisor or supervisor visually observing injury) or refuses to send any report required, or who willingly and willfully makes a false statement or misrepresentation in any

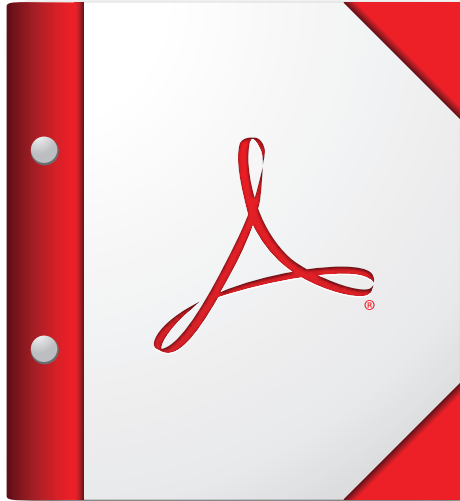
11 Apr 13

report, shall be subject to a civil penalty from the Department of Labor, not to exceed \$11,000 for each such refusal, false statement or misrepresentation.

A handwritten signature in black ink, appearing to read "M. Largent", with a stylized, cursive script.

MIKE LARGENT

DISTRIBUTION STATEMENT: Approved for electronic release.



**For the best experience, open this PDF portfolio in
Acrobat 9 or Adobe Reader 9, or later.**

[Get Adobe Reader Now!](#)