



Florida Trail Association VOLUNTEER INJURY INSTRUCTIONS



Crew leaders should be familiar with the contents of this packet, carry it on each outing, and ensure that Trailhead Communication and Emergency Action Plans are in place before trail work begins.

IF AN INJURY OCCURS, FOLLOW THESE STEPS:

1. First Aid Lead initiates care for the patient. Get patient's medical and emergency contact information from Crew Leader. Write medical or SOAP notes if needed.
2. Communications Lead uses Trailhead Communication Plan (TCP) and calls 911 or relevant dispatch (if warranted). Relay pertinent medical or SOAP notes written by the First Aid Lead.
3. If immediate medical care is needed: Get emergency treatment from a medical provider.
4. Report injury to the US Forest Service and FTA. **In non-emergency situations, this notification occurs before formal medical care is sought. All injuries should be reported within 24 hours.**
 - USFS Administrator, Shawn Thomas: (850) 348-2780 (mobile)
 - FTA Trail Program Director, 812-325-3502
5. If needed, evacuate patient and send following documents with patient: medical and emergency contact information, SOAP note, TCP. Transportation can be provided by any member of the crew, FTA staff or agency partner.
 - The patient may use any insurance they have available as a private citizen.
 - Private insurance cannot be used in combination with federal workers' compensation.
 - Once private insurance is used, the patient cannot switch to federal workers' compensation.
 - If the patient chooses to use federal workers' compensation coverage, their medical provider must be enrolled as an OWCP FECA provider. All emergency rooms are OWCP FECA providers.
 - **More information about federal workers' compensation on Page 2.**
6. Contact the patient's emergency contact.

SUBMIT ALL DOCUMENTATION TO USFS AND FTA AS SOON AS POSSIBLE:

1. Patient should complete an incident report form **even if medical treatment is not sought.**
2. Completed Witness Statements.
3. Additional documentation is required if patient uses federal workers' compensation coverage for medical treatment. See Page 2.

THIS PACKET INCLUDES:

1. Volunteer Injury Instructions
2. Witness Statement: 2 copies
3. Saw Related Incident Report
4. SOAP Notes
5. Incident Report

*For additional copies of this packet, download forms
from www.floridatrail.org/crew-leader-corner/ or contact FTA at 352-378-8823.*

ADDITIONAL INFORMATION FOR FEDERAL WORKERS' COMPENSATION:

A volunteer working on the Florida National Scenic Trail is officially a volunteer of the U.S. Forest Service (USFS) and is entitled to certain protections when safety requirements and current volunteer agreements are in place.

The FTA Assumption of Risk Form and appropriate Job Hazard Analyses (JHAs) must be reviewed and signed **prior** to the beginning of the work trip and after the project should be sent to the FTA at 1022 NW 2nd St Gainesville, FL 32601 or emailed to the Regional Trail Program Manager.

Volunteers must work within the scope of their volunteer agreement, which includes following basic safety practices. This includes participating in a daily pre-work safety briefing (tailgate safety session), using all required personal protective equipment (PPE), and obtaining required training and certifications for specific tasks (example: chain saw or crosscut saw operation).

Volunteers are not covered if injured during the drive between home and the volunteer project site. Volunteers are covered if injured when transporting between the tailgate safety session location and the starting location of trail work. Volunteers are not compensated for time lost on a paid job due to an injury suffered as a volunteer.

STEPS FOR FEDERAL WORKERS' COMPENSATION:

1. In non-emergency situations and for ongoing treatment, the patient must confirm that their preferred medical provider is enrolled as an OWCP FECA provider (Office of Workers' Compensation Programs, Federal Employee's Compensation Act). Visit OWCP's online portal (<https://owcpmed.dol.gov/ecams/PortalServlet>) to search providers. Select DFEC for Program Name. FTA staff can assist in finding an enrolled provider. If the patient does not verify that the medical facility is enrolled, they could be liable for payment.

2. If emergency medical treatment is needed, inform the medical facility that the patient has been injured as a volunteer for the US Forest Service and will be pursuing federal workers' compensation.

If the medical facility has concerns, they can contact the U.S. Department of Labor, OWCP in Albuquerque, N.M., for additional information and emergency authorization. During regular business hours, call OWCP at (877) 372-7248, option 2, then option 5.

3. USFS submits and certifies the incident and supporting documents in eSafety to file the claim.

4. It is very important that patients monitor their emails for communications. The patient will receive an email once the Department of Labor has assigned a claim number. The patient may also retrieve claim number by calling OWCP at (877) 372-7248.

5. It is the patient's responsibility to provide the DOL claim number to all medical providers for billing. Failure to do so may result in bills being sent to collections. If bills go into collections, OWCP cannot reverse the process.

Questions or concerns?
Contact the FTA at incident@floridatrail.org

Florida Trail Association Saw Related Incident Report

(Submit to FTA within 2 days of incident)

Saw operator contact information (name, title, address, email, and phone number): _____ _____ _____	
Incident location: _____ _____ _____	
Date and time of incident/injury:	
Name of person(s) involved:	Volunteer <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Permanent Employee <input type="checkbox"/> Timber <input type="checkbox"/> Fire <input type="checkbox"/> Recreation <input type="checkbox"/> Engineering <input type="checkbox"/> LEI <input type="checkbox"/>
Person Reporting Incident:	
Incident/activity narrative (examples: line construction, trail clearing, brush crew): _____ _____ _____	
Type/model of chainsaw or crosscut saw (examples: Stihl 461, 28" bar, chisel bit or 4' Crosscut, lance tooth): _____	
PPE used: hard hat <input type="checkbox"/> eye protection <input type="checkbox"/> ear protection <input type="checkbox"/> long-sleeved shirt <input type="checkbox"/> gloves <input type="checkbox"/> long pants <input type="checkbox"/> chaps <input type="checkbox"/> 8" leather boots <input type="checkbox"/> Other: _____	
Saw operator experience & certification level (example: A Sawyer bucking/felling 1 month, C Sawyer Bucking Only, 5 yrs.): _____	
Saw recertification date: chainsaw: _____	crosscut saw: _____
Unit Saw Program Coordinator (name, title, email, phone number & address): _____ _____	
National Recognized Sawyer Training Curriculum attended: S-212 <input type="checkbox"/> MTDC <input type="checkbox"/> Game of Logging <input type="checkbox"/> other: _____	
Certifying Official who signed saw card (name, title, email, address & phone number): _____ _____	
Extent of accident and/or injury): _____ _____ _____	

SAW RELATED INCIDENT REPORT

(Submit to FTA within 2 days of incident)

Description of incident (what happened?):	
Assessment of cause:	
Submitted by:	
Witness statement completed by:	Date:
Name, email, phone number of witness(es): _____ _____	
Line officer review and/or comments:	
Line officer signature:	Date:
Note: This incident report does not eliminate or change the immediate Accident Notification and investigation Procedures outlined in FSH 6709.12, Chapter 30.	

formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to accommodate your disability. Please contact our office or your OWCP claims examiner to ask about this assistance.

If you have a disability, federal law gives you the right to receive help from the OWCP in the form of communication assistance, accommodation(s) and/or modification(s) to aid you in the claims process. For example, we will provide you with copies of documents in alternate

Patient Assessment	
Patient Name:	Date: Time:
A irway	
B reathing	
C irculation	
D isability	
E nvironment	
F ocused Exam	
Head/Neck	
Shoulders/Clavicle	
Chest/Sternum	
Abdomen	
Pelvis/Hips	
Legs/Feet	
Arms/Hands	
Back Cervical Thoracic Lumbar Sacrum Coccyx	
G et Vitals	
Time	
Level of Responsiveness (AVPU)	
Heart Rate/Rhythm/Quality	
Respiration Rate/Rhythm/Quality	
Skin Color/Temp/Moisture	
H istory	
Chief Complaint	
MOI (Mechanism of Injury)	
S ymptoms	
O nset	
P rovoke/Palliate	
Q uality	
R adiate (Leads to where?)	
S everity (1-10)	
T rend (When did it start)	
A llergies	
M edications	
P ertinent History	
L ast Intake/Output	
E vents Preceding	

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SOAP Note					
	Date:	Time:			
Patient	Name:				Age:
	Address:				M or F
	Phone:			Notify:	
	Relation:			Phone:	
Subjective	(moi c/c opqrst)				
	(Patient Exam SAMPLE History)				
Vital Signs	Time	AVPU	HR/Character	RR/Character	SCTM
Assessment					
Plan					

