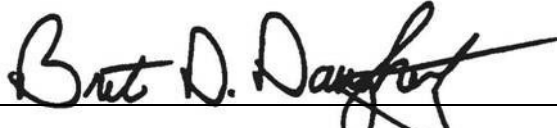




Department Policy No. HR-253-02

Title:	State Active Duty Injury/ Illness - Death Reporting and Claims Process
Former Number:	00-020-02
Authorizing Source:	Title 38, Revised Code of Washington, Chapter 38.40.030 Title 51, Revised of Washington Title 296, Washington Administrative Code Department of Defense Instruction 1332.38 AFI 36-2910 , Line of Duty (Misconduct) Determination AR 638-8 , Army Casualty Operations/Assistance/Insurance ANGI 36-2001 , Line of Duty and Misconduct Determinations Code
References:	WMD Form 2029-15, Request for Medical Treatment for Washington National Guard Member on State Active Duty WMD Form 2030-15, WA State Active Duty – Accident Claim Form WMD Form 2031-15, Pre-State Active Duty Medical Questionnaire WMD Form 2032-15, Post State Active Duty Medical Questionnaire WMD Form, 2033-15 State Active Duty Personal Expense Reimbursement Request
Information Contact:	Military Department Human Resources Director Building #20B (253) 512-7130
Effective Date:	August 19, 2002
Mandatory Review Date:	March 2, 2026
Revised:	March 2, 2022
Approved By:	 Bret D. Daugherty, Major General The Adjutant General Washington Military Department Director

Purpose

To set forth policy regarding initiation and processing of State Active Duty (SAD) Accident Claim process for illness, injury, or fatal incident claims, to include eligibility determination for medical treatment, lost time after deactivation and benefits when accidents or illnesses result in a fatality while in the line of duty.

Scope

This policy applies to all Washington Army and Air National Guard (WNG) members as well as State Guard members when activated by the Governor in SAD status only. It does not apply to regular state employees, federal military technicians, or guardsmen in a Title 32 military status.

Policy

- A. When a Service Member (SM) is injured, becomes ill or incapacitated, or dies while on SAD, an Accident Claim form will be completed in accordance with procedural guidance set forth in this policy. The investigation will be documented using the Washington SAD – Accident Claim Form (WMD Form 2030-15) and referenced throughout this policy as the SAD Accident Claim form.
- B. Pre-SAD Medical Questionnaire
Prior to mobilization to SAD, a SM must complete a Pre-SAD Medical Questionnaire (WMD Form 2031-5). The questionnaire will be reviewed to determine suitable physical and mental health for SAD activation of the member. Any response indicating medical challenges must be cleared with the consultation of a medical professional prior to activation.
- C. SAD Medical Personnel
When it is determined by the Joint Operations Center (JOC) that the operation of the mission warrants the need for medical personnel (doctor, nurse, physician's assistant, or medical specialist), the necessary medical personnel will also be activated in support of the SAD mission.
- D. Military Medical Review Board
RCW 38.40.030 establishes the Military Medical Review Board (MMRB) as the mechanism for inquiring into SAD claims, making findings about compensation eligibility, compensation for review and approval by The Adjutant General (TAG). (The MMRB will use federal military Accident Claim standards and guidance in determining whether a claim is compensable.) The MMRB is comprised of the WMD Human Resources Director, the Director of Joint Operations or designee, and a Medical Officer. The State Claims Manager, Joint Chief of Staff, Federal Human Resources Director and the Judge Advocate General (JAG) serve as board resources. The MMRB reserves the right to consult with Subject Matter Experts.
- E. Reporting a death, in-patient hospitalization, amputation or loss of an eye
When a state activation results in the death or in-patient hospitalization of a WNG member, the incident must be reported to the Labor and Industries (L&I) Division of Occupational

Safety and Health within the following specific timeframes.

- a. A workplace fatality or in-patient hospitalization must be reported within 8 hours of the incident.
- b. An amputation or loss of an eye(s) must be reported within 24 hours of the incident. Use the 8-hour guideline, if the amputation or loss of the eye(s) results in a death.
- c. Contact the L&I Division of Occupational Safety and Health via their Hotline at 1-800-423-7233. The following information must be provided.
 - Your contact name and number
 - Injured Worker's Name
 - WMD Claims Manager/HR, Contact Information:
253-512-7376 and 253-512-7130
 - Agency name: Washington Military Department
 - Location of the incident
 - Time and date of the incident
 - # of employees who have expired, lost limbs or eyesight; and their names
 - A brief description of the incident.

F. Responsibilities

1. The SM who sustains an injury, becomes ill, or is otherwise medically incapacitated while activated on SAD shall:
 - a. Notify their chain-of-command/commander immediately of injury, illness or other incapacitation. If they are unable to do so, another knowledgeable person may report it to the commander.
 - b. Provide information on facts and circumstances of injury or illness by completing Part I of the SAD Accident Claim form, including the release section allowing agency access to medical, employment, and military record information required to administer the SAD medical claim.
 - c. Respond to any other requests for information or documentation from the command or the state administrative services office for purposes of processing the SAD medical claim.
2. The WNG Medical Personnel/JOC Officer in Charge shall:
 - a. Determine whether the injured or ill member should be sent to a medical facility for further treatment.
 - b. Determine whether the member should be demobilized and released from SAD, due to the medical condition.
 - c. When an SM is sent to a medical facility, the medical personnel (or the commander's representative assisting the member if no medical personnel are activated) is responsible to:
 - 1) Ensure the injured SM completes and signs Part II of the SAD Accident Claim form unless the severity of the injury or illness precludes it at the time of admittance to the medical facility.

- 2) Complete Part III of the SAD Accident Claim form.
 - 3) Complete a Request for Medical Treatment for WNG Member on SAD (WMD Form 2029-15).
 - 4) Ensure there will be a “buddy” to accompany injured SM to the medical facility. This “buddy” must be able to explain claim criteria and processing procedures (Part IV of the SAD Accident Claim form must be completed by the physician) and ensure all necessary forms are returned to the Commander/TF S1.
3. The Commander shall:
- a. Ensure the SAD Accident Claim form regarding the injury or illness is completed.
 - b. Forward the completed SAD Accident Claim form with accompanying supporting witness statements and medical treatment documents to the JOC within 24 hours of the injury, who shall forward it to the State Claims Manager/Human Resources (HR).
 - c. In the event of death or dismemberment immediately call the L&I Reporting Hotline as notated previously in this policy.
 - d. Take pictures of the scene as it appears immediately following the incident; cordon off the area whenever possible in preparation for L&I Inspection.
 - e. Notify State Claims Manager/HR along with other required notifications.
4. The State Claims Manager shall:
- a. Receive the SAD Accident Claim form from the JOC, review for completeness and send the form to the MMRB for their review and recommendation.
 - b. Maintain files on each SM including all correspondence, medical bills, and other appropriate claim information.
 - c. Forward the information to the MMRB for their review and recommendation.
 - d. Forward the MMRB recommendation to TAG for approval.
 - e. Administer disbursement of compensation.
 - f. Oversee further actions regarding the claim to include further medical treatment and/or rehabilitation.
 - g. In the event of a death or dismemberment, validate that the L&I Hotline has been called. Respond to the location if safe to conduct an independent investigation while cooperating fully with L&I Inspectors.
 - h. Coordinate death processing with the Safety Officer.
5. The MMRB shall:
- a. Review the claim to determine whether injury, illness, or incapacitation occurred in line of duty and should be compensated.
 - b. Investigate further or direct further investigation of the claim, and to request and/or subpoena people and documents in accordance with RCW 38.40.030 in order to make its determinations

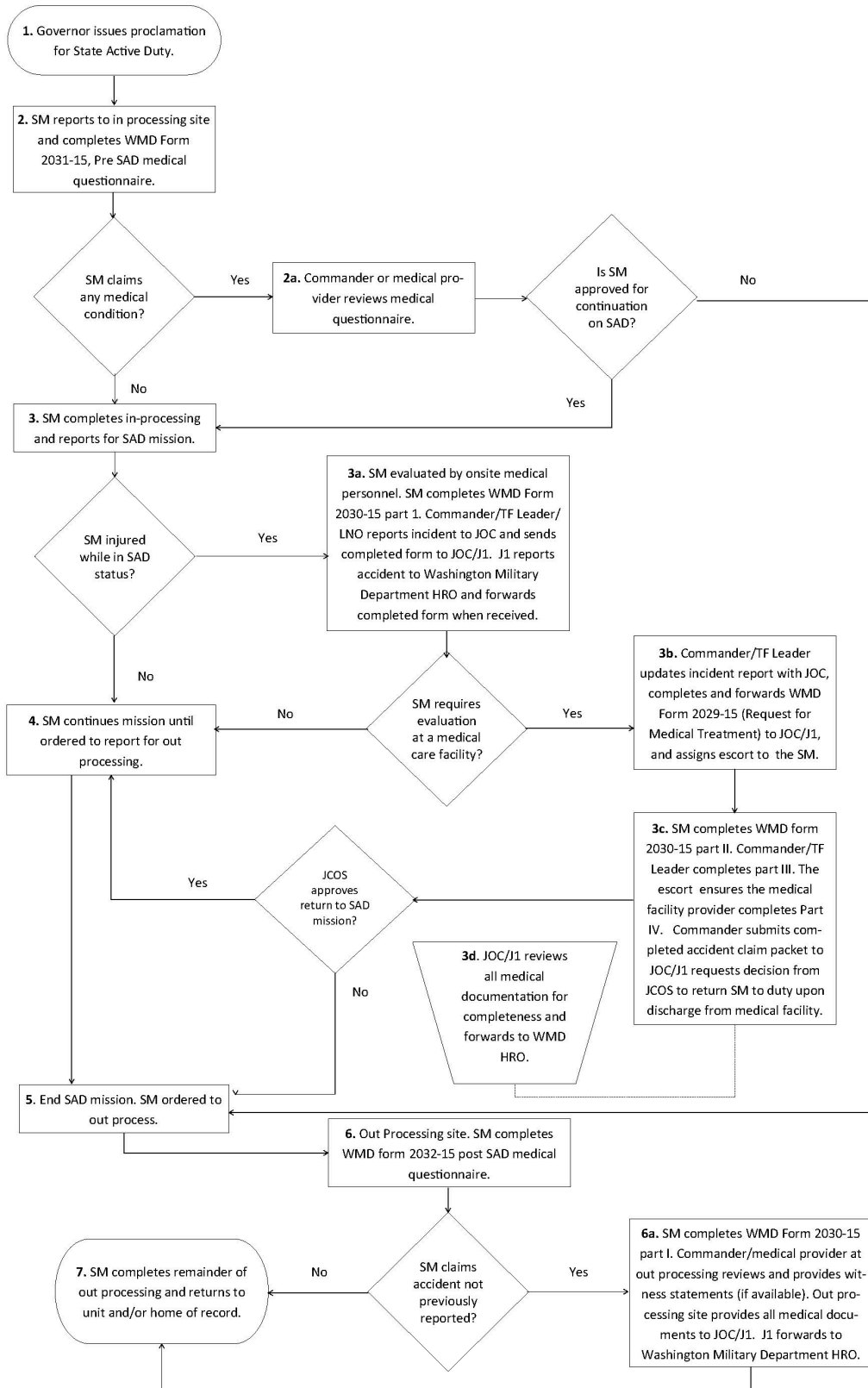
- c. Make determination regarding eligibility for compensation.
 - d. Forward final findings to the State Claims Manager for further processing.
6. TAG shall:
- a. Review the findings of the MMRB and approve or deny claim.
 - b. When the claim is approved, TAG will notify the State Claims Manager to take action on all claims as appropriate.

Procedures

The following procedure outlines the actions to take for reporting SAD Accident Claim illness, injury, or fatal incident claims.

1. The SM or other knowledgeable person notifies their chain of command of the injury and completes Part I of the SAD Accident Claim form.
2. The WNG Medical Personnel will examine the SM. In absence of Medical Personnel, the Commander or Task Force Leader will evaluate the situation.
 - a. If the SM does not need care above/beyond the basic medic care, the SM returns to duty to complete the mission.
 - b. If the SM is in need of medical care above/beyond the basic medic care, then:
 - 1) SM completes Part II of the SAD Accident Claim form.
 - 2) SM, Commander, Task Force Leader or Medic completes Part III of the SAD Accident Claim form.
 - 3) Military Medical personnel/Commander or Task Force Leader completes WMD Form 2029-15 and assigns a designated "buddy" to the injured SM.
 - 4) Designated "buddy" accompanies the SM to a civilian hospital or urgent care facility in order to manage the SAD Accident Claim paperwork.
 - 5) SM receives treatment.
 - 6) Attending physician completes Part IV of the SAD Accident Claim form.
 - 7) SM or "buddy" turns the SAD Accident Claim form and WMD Form 2029-15 into the TASK Force (TF) S1.
 - 8) TF S1 turns the SAD Accident Claim form and WMD Form 2029-15 into the JOC.
 - 9) JOC turns the SAD Accident Claim form and WMD Form 2029-15 into the State HR.
 - 10) If unable to return to duty, the SM completes the digital Post SAD Medical Questionnaire (WMD Form 2032-15).
 - 11) MEDCOM sends all of the necessary paperwork to State HR.

Washington Military Department State Active Duty Accident Claim Process



NOTE: Service Members are required to report injuries at the time of the incident to their chain of command. Out processing (Reverse JRSOI) is the final opportunity to report an accident OR any incident that may result in a future medical claim. Accident claims not reported at the time of the incident or on the WMD Form 2032-15 (Post SAD Medical Questionnaire) will not be accepted. Claims for medical treatment will only be accepted for up to one year following the date of injury.