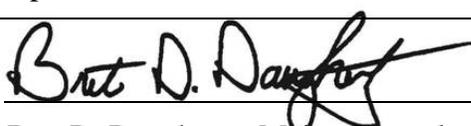




**Department Policy No. HR-253-02**

<b>Title:</b>	State Active Duty Injury/ Illness- Death Reporting and Claim Process
<b>Former Number:</b>	00-020-02
<b>Authorizing Source:</b>	<a href="#">Title 38, Revised Code of Washington, Chapter 38.40.030</a> <a href="#">Title 51, Revised Code of Washington</a> <a href="#">Title 296, Washington Administrative Code</a> Attorney General Opinion dated December 7, 2001 Department of Defense Instruction 1332.38 AFI 36-2910, Line of Duty (Misconduct) Determination AR 600-8-1, Army Casualty Operations/Assistance/Insurance ANGI 36-2910, Line of Duty and Misconduct Determinations
<b>References:</b>	WMD Form 2029-15, Request for Medical Treatment for Washington National Guard (WNG) Member on State Active Duty (SAD) WMD Form 2030-15, WA State Active Duty – Line of Duty Personnel & Medical Information 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
<b>Information Contact:</b>	Military Department Human Resources Director Building #33 (253) 512-7940
<b>Effective Date:</b>	August 19, 2002
<b>Mandatory Review Date:</b>	April 25, 2020
<b>Revised:</b>	April 25, 2016
<b>Approved By:</b>	 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) Line of Duty (LOD) illness, injury, or fatal incident claims, to include eligibility determination for medical treatment, loss 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 activated by the Governor in state active duty 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 Washington National Guard (WNG) Airman or Soldier is injured, becomes ill or incapacitated, or dies while on SAD, a Line of Duty investigation form will be completed in accordance with procedural guidance set forth in this policy. The investigation will be documented using the Washington State Active Duty – Line of Duty Personnel and Medical Information Form (WMD Form 2030-15), and referenced throughout this policy as the SAD LOD form.
- B. Pre-State Active Duty Medical Questionnaire  
Prior to mobilization to state active duty, a member of the National Guard must complete a Pre-State Active Duty 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. State Active Duty Medical Personnel  
When it is determined by the J3 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 state active duty 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 by TAG, and review and approval by the Governor. The WMD's Representative from the State Office of the Attorney General has advised the WMD that it is appropriate and permissible for the MMRB to use federal military LOD standards and guidance in determining whether a claim is compensable. The MMRB is comprised of the Military Department Joint Chief of Staff, Federal Human Resources Director, and a Medical Officer. The State Injury/Illness Claims Administrator and the JAG (Judge Advocate General) 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 Division of Occupational Safety and Health within the 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 Labor and Industries 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 Risk Manager Contact Information – 253-512-7940
  - 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 WNG member 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 LOD form, including the release section allowing agency access to medical, employment, and military record information required to administer the state active duty 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 state active duty 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 a WNG member 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 WNG member completes and signs Part II of the SAD LOD 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 LOD form.
    - 3) Complete a Request for Medical Treatment for Washington National Guard (WNG) Member on State Active Duty (SAD) (WMD Form 2029-15),

- 4) Ensure there will be a “buddy” to accompany injured WNG member to the medical facility. This “buddy” must be able to explain claim criteria and processing procedures (Part IV of the SAD LOD 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 LOD form regarding the injury or illness is completed.
    - b. Forward the completed SAD LOD form with accompanying supporting witness statements and medical treatment documents to the Joint Operations Center (JOC) within 24 hours of the injury, who shall forward it to the State Risk Manager.
    - c. In the event of death or dismemberment immediately call the Labor and Industries (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 the Agency Risk Manager along with other required notifications.
  4. The State Risk Manager shall:
    - a. Receive the SAD LOD form from the JOC, review for completeness and send the form to the MMRB for their review and recommendation.
    - b. Maintain files on each WNG member 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.
    - e. Prepare documentation for TAG to the Governor.
    - f. Coordinate all actions with the Office of Financial Management to expedite approval of claims.
    - g. Administer disbursement of compensation.
    - h. Oversee further actions regarding the claim to include further medical treatment and/or rehabilitation.
    - i. 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.
    - j. Coordinate death processing with the Agency Claims Manager.
  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. Make finding regarding eligibility for compensation.
    - c. Forward findings to the State Risk Manager for further processing.
    - d. 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.

6. TAG shall:
  - a. Review the findings of the MMRB and submit the claim to the Governor with recommendations as to disposition.
  - b. Receive notification from the Governor of the approval, denial, or direct further action to be taken regarding the claim.
  - c. When the Governor approves the findings of the MMRB, TAG will notify the State Risk Manager to take action on all claims as appropriate.

## **Procedures**

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

1. The Service Member (SM) or other knowledgeable person notifies their chain of command of the injury and completes Part I of the SAD LOD 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 LOD form.
    - 2) SM, Commander, Task Force Leader or Medic completes Part III of the SAD LOD 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 LOD paperwork.
    - 5) SM receives treatment.
    - 6) Attending physician completes Part IV of the SAD LOD form.
    - 7) SM or "buddy" turns the SAD LOD form and WMD Form 2029-15 into the TASK Force (TF) S1.
    - 8) TF S1 turns the SAD LOD form and WMD Form 2029-15 into the JOC.
    - 9) JOC turns the SAD LOD form and WMD Form 2029-15 into State HR.
    - 10) If unable to return to duty, the SM completes the digital Post State Active Duty Medical Questionnaire (WMD Form 2032-15).
    - 11) MEDCOM sends all of the necessary paperwork to State HRO.

**Washington Military Department  
 State Active Duty  
 Medical Fee Reimbursement Process**

