

MPS EMPLOYEES

If you are injured while at work
follow these instructions if it is:


All Injuries	EMERGENCY (Death, Amputation, unconscious, etc)	MINOR or 1 st AID only (bruise, strain, small cut, etc)
<p>Follow the instructions below. Forms may be found on the MPS website or from your Supervisor, SSC manager or HR.</p> <p><input type="checkbox"/> FORMS TO Read/Print:</p> <ol style="list-style-type: none"> MPS Work-Related Injury/Illness Program The Doctor's Choice Explanation – Rule 50 Rights & Obligations <p><input type="checkbox"/> FORMS TO COMPLETE:</p> <ol style="list-style-type: none"> The Doctor's Choice Form (Part A AND Part B, sign and date both sections) even when not visiting the Doctor. Employee Injury Follow-up Form <p><input type="checkbox"/> If DOCTOR VISIT is Needed:</p> <ol style="list-style-type: none"> Let the Doctor know this is a work related injury Give the Treatment Authorization Letter & Authorization Form to your doctor Get a return to work note or doctor's note from your doctor If a prescription is needed, give the First Fill Prescription Form to the pharmacist <p><input type="checkbox"/> Items to Return to your Supervisor, SSC Manager or HR:</p> <ol style="list-style-type: none"> Completed & Signed Doctor's Choice Form Employee Follow-up Form required for all incidents and after each appointment If you saw a doctor, a return to work note/doctor's note MUST be given to your supervisor, SSC Manager or HR PRIOR to returning to work 	<p><input type="checkbox"/> CALL 911</p> <p><input type="checkbox"/> 1st person on scene should:</p> <ol style="list-style-type: none"> Provide 1st aid Report the injury to SSC manager ASAP Block off accident area Give any known details <p><input type="checkbox"/> Complete all items in column one (1) as soon as possible</p> <p>URGENT / SERIOUS INJURY (any clinic or hospital visit, fracture, 2nd/3rd degree burn, severe cut, etc)</p> <p><input type="checkbox"/> Complete all items in column one (1) as soon as possible</p> <p><input type="checkbox"/> Notify SSC Manager / Principal ASAP and/or before visiting DR. or E.R.</p> <p><input type="checkbox"/> Complete DR. Choice form BEFORE visiting DR. or E.R. <i>NOTE: Only use E.R. after 4:30 p.m. or when directed</i></p> <p><input type="checkbox"/> Let DR. or E.R. know this is a work related injury</p> <p><input type="checkbox"/> Give all details to investigator</p> <p><input type="checkbox"/> Comply with ALL DR. restrictions/directions both at work & home</p> <p><input type="checkbox"/> Communicate with Supervisor, SSC Manager, or HR to hand in all paperwork, review medical data and form plan PRIOR to returning to work</p> <p><input type="checkbox"/> Comply with return to work plan, if applicable</p> <p><input type="checkbox"/> Communicate with SSC Manager/Supervisor/HR weekly until released to full duty</p> <p><input type="checkbox"/> Cooperate with HR and claim Adjuster</p>	<p><input type="checkbox"/> Implement 1st aid or visit school nurse</p> <p><input type="checkbox"/> Notify SSC Manager / Principal/HR or Supervisor ASAP but before shift ends</p> <p><input type="checkbox"/> Provide details for the required forms with SSC Manager / Principal /Designee</p> <p><input type="checkbox"/> Continue 1st aid, as needed</p> <p><input type="checkbox"/> Complete all items in column one (1) as soon as possible</p> <p><input type="checkbox"/> Return required documentation to kkcoleman@mpsomaha.org Or to Fax: 402-715-8409 attention: Kim Coleman</p> <p>NOTE: If you determine at a later date that you need to visit a doctor you will need to contact HR BEFORE making the appointment and follow the --URGENT or SERIOUS INJURY-- column to the left</p> <p>WORKERS COMPENSATION FORMS: Millard Public School Website: mpsomaha.org – Human Resources – HR Documents – Workers Compensation Folder.</p>

NOTE: --- IF YOU VISIT A DOCTOR, HOSPITAL, OR CLINIC --- ALL PAPERWORK FROM THAT VISIT MUST BE emailed to kkcoleman@mpsomaha.org or faxed to 402-715-8409 attention Kim Coleman PRIOR TO YOU RETURNING TO WORK. IF YOU HAVE WORK RESTRICTIONS, YOU MUST MEET WITH YOUR SUPERVISOR PRIOR TO RETURNING TO WORK.

****Do NOT change from the Doctor listed on the Doctor's Choice Form with contacting HR.**

PRINCIPALS / SSC Managers / Designee

If an employee is injured while at work
follow these instructions if it is:

ALL INJURIES	EMERGENCY (Death, Amputation, unconscious, etc.)	MINOR or 1 st AID only (bruise, strain, small cut, etc.)
<p>Instructions below should be completed in all employee injury situations.</p> <p><i>Copies of forms and all instructions can be found on the MPS Website – Human Resources – HR Documents – Workers Compensation. Fillable Forms should be completed on line.</i></p> <p><input type="checkbox"/> Make sure the injured employee reads/prints</p> <ol style="list-style-type: none"> 1. Doctor’s Choice Explanation 2. Workers Compensation Rights & Obligations <p><input type="checkbox"/> Make sure the injured employee completes and returns the following required forms</p> <ol style="list-style-type: none"> 1. Doctor’s Choice Form Part A and B, sign and date both sections) 2. Employee Follow-up Form <p><i>*Both forms required even if he/she does not see a doctor.</i></p> <ol style="list-style-type: none"> 3. If he/she visits a doctor, a return to work/doctor’s note is required PRIOR TO returning to work. Form should be turned into HR, including any work restrictions. 4. If the employee has work restrictions, work with HR / Safety to accommodate restrictions Notify Safety / HR with any concerns <p><input type="checkbox"/> Principals/SSC Manager/Designee Should complete the following required forms:</p> <ol style="list-style-type: none"> 1. Injury Report <i>within 24 hours</i> 2. Supervisor’s Report <i>within 48 hours</i> 3. Supervisor Injury Follow-up Form <i>within 48 hours of each appointment</i> 4. Notify HR if employee misses work <p>Notifications and Forms can be emailed to kkcoleman@mpsomaha.org or faxed to 402-715-8409 attention: Kim Coleman</p>	<p><input type="checkbox"/> Take call from Injured employee</p> <p><input type="checkbox"/> Collect as much information as possible about the employee and accident</p> <p><input type="checkbox"/> Notify Safety / HR Immediately</p> <p><input type="checkbox"/> Visit Hospital where the employee is being treated</p> <p><input type="checkbox"/> Collect injury information from employee & hospital</p> <p><input type="checkbox"/> Update Safety & Director</p> <p><input type="checkbox"/> Complete the required forms in column one (1)</p> <p><input type="checkbox"/> Visit accident scene and assist with investigation and RCA</p> <p><input type="checkbox"/> Meet with safety / HR to discuss all causes and possible solutions</p> <p><input type="checkbox"/> Implement solutions / actions</p> <p><input type="checkbox"/> Make sure the employee completes the required employee forms in column one (1)</p> <p><input type="checkbox"/> Regular contact with employee</p> <p><input type="checkbox"/> Meet with Safety, HR, and employee to review medical data & form plan PRIOR to returning to work</p> <p><input type="checkbox"/> Forward any paperwork received to safety / HR</p> <p><input type="checkbox"/> Regularly visit employee and ensure restrictions are followed</p> <p><input type="checkbox"/> Update Safety / HR</p> <p>URGENT / SERIOUS INJURY (any clinic or hospital visit, fracture, 2nd/3rd degree burn, severe cut, etc.)</p> <p><input type="checkbox"/> Take appropriate action, as needed (example: call 911, nurse assist with first aid, have employee go to doctor/emergency room, etc.)</p> <p><input type="checkbox"/> Collect as much information as possible about the employee and accident as soon as you are able.</p>	<p><input type="checkbox"/> Take appropriate action, as needed (example: nurse assist with first aid, have employee go to doctor/emergency room, etc.)</p> <p><input type="checkbox"/> Collect as much information as possible about the employee and accident</p> <p><input type="checkbox"/> Make sure the injured employee reads/prints the forms in column one as soon as possible(1)</p> <p><input type="checkbox"/> Complete the required forms in column one as soon as possible (1)</p> <p><input type="checkbox"/> Make sure the employee completes the required employee forms in column one as soon as possible (1)</p> <p><i>NOTE: If the employee determines at a later date he/she needs to visit a doctor you will need to follow all of the instructions to the left.</i></p> 
<p>NOTE: --- IF AN EMPLOYEE VISITS A DOCTOR, HOSPITAL, OR CLINIC --- ALL PAPERWORK FROM THAT VISIT MUST BE RETURNED TO SAFETY / HR PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF THERE ARE WORK RESTRICTIONS, A MEETING WITH PRINCIPAL, SAFETY MANAGER, HR OR DESIGNESS WILL BE REQUIRED BEFORE RETURNING TO WORK</p>		

