MPS Work-Related Injury /Illness Program

****REPORT ALL WORK RELATED INJURIES WITHIN 24 HOURS OF INCIDENT****

Millard Public Schools strives to ensure a safe working environment for all employees. However, occasionally job injuries do occur. If you are injured while at work please follow the directions in this packet. The work injury packet provides steps, requirements, and procedures that you will need to follow throughout the recovery process. A quick flow of the process and your responsibilities is listed here.

- Know and follow safety policies and procedures
- Report any injury immediately to your supervisor so they can start the process within 24 hours of the injury
- Complete and sign the Doctor Choice Form Part A and Part B (even if you don't seek medical attention)
- If medical attention is necessary, give your treating doctor the Work Injury Treatment Authorization Form
- If you leave work for the day, you MUST meet with supervisor/safety or HR BEFORE returning to work
- If you are treated by a doctor (initial visit AND follow-up visits) you MUST complete the Employee Follow-Up Report for each visit and return it to supervisor/safety or HR. *This form requires documentation from the doctor.*
- Notify your supervisor/safety AND HR if physical condition, restrictions or status changes for any reason
- Follow the doctor's orders and restrictions at home and at work
- Employees: keep this form for future reference

If you are injured at work and need medical attention please visit one the following:

Your Doctor	Concentra Medical Center	CompChoice Inc	Nebraska Methodist
NE law states "you may choose a	Occupational Medicine Clinic	Occupational Medicine	Hospital
doctor who has previously treated	9602 M St	Clinic	Occupational Medicine Clinic
you or an immediate family member. The doctor you chose	Omaha, NE 68127	8630 F St	8303 Dodge St
must have records to show that	402-331-8555	Omaha, NE 68127	Omaha, NE 68114
past treatment was provided"	Hours: 8am-5pm M-F	402-898-5600	402-354-4000
		Hours: 8am-5pm M-F	24 hours 7 days a week
Nebraska Orthopaedic	Urgent Care of Omaha	Physicians Urgent Care	Alegent Creighton Clinic
Hospital	Maple	Millard	Urgent Care (CHI)
2808 S 143 rd Plz	2921 S 168 th St (off Center)	5908 S 142 nd Street	*Please call Aetna for in-network information 1-888-751-4027
Omaha, NE 68144	Omaha, NE 68130	Omaha, NE 68137	8248 South 96th Street, Suite
402-609-1600	402-334-2300	402-354-1925	100, La Vista, NE 68128
Hours: Clinic 8am-5pm	Hours: 8am-9pm M-F	Hours: Appts 8am-5pm	Phone: (402) 717-9580 Specialties: Urgent Care Center
ER: 24 hours	8am-8pm Sat; 10am-8pm Sun	Urgent: 6pm-10pm M-F	Hours: 8 a.m. – 8 p.m. Mon-Sun
		12pm-6pm Sat/Sun	

Be sure to let the clinic or hospital know you have a work related injury and it should NOT be billed to your personal health insurance. Do not provide any personal health insurance information to the clinic or hospital.

Let the clinic or hospital know that we have a return to work program and that almost any restriction can be accommodated within the doctor's instructions. We will strive to ensure that you can work within the limitations.

Please give the MPS Work Injury Treatment Authorization Letter and Sentry's Treatment Authorization Form to the clinic or hospital staff, collect paperwork and discharge instructions upon release and give to kkcoleman@mpsomaha.org or fax 402-715-8409 to Kim Coleman.

Nebraska law states that compensation benefits begin on the eighth calendar day of disability due to the injury. An employee must use sick or vacation pay for lost time until the eighth calendar day. For more information, please see *Rights & Obligations under the Nebraska Worker's Compensation Law* document on the MPS website.

**If 5 or more days of work are missed or surgery is scheduled, employees must request and complete the required FMLA paperwork from Kim Coleman at kkcoleman@mpsomaha.org



Human Resources Don Stroh Administration Center 5606 S. 147 Street, Omaha, NE 68137 Phone 402-715-8582 FAX 402-715-8409

email: workcomp@mpsomaha.org

MPS/Sentry Work Injury Treatment Authorization Form (Date of Report) **To Doctor INSERT NAME** SUBJECT: MPS Employee work related injury medical treatment. Our employee has claimed an on-the-job injury or work-related illness and selected you as the Health Care Provider. Please note that he or she is an employee of the Millard Public Schools and all paperwork and processing should be handled accordingly. The district's Work Comp Provider is Sentry Insurance. Our Employee claims an NAME OF INJURED injury while in our employment on _____ (Date of Injury)

Please provide medical attention and report condition to Sentry Insurance at once. If the injury is not the result of employment, this authorization shall apply only as a request for an examination and report at the expense of Sentry Claims Service.

NOTICE TO DOCTOR

ATTACH THIS AUTHORIZATION TO YOUR FIRST REPORT AND FORWARD OR FAX PROMPTLY TO **SENTRY CLAIMS SERVICE** PO BOX 8032 STEVENS POINT, WISCONSIN 54481 FAX # 800-999-4642

EMPLOYER CONTACT INFORMATION

MILLARD PUBLIC SCHOOLS, WORKER'S COMPENSATION Don Stroh Administration Center Att. Kim Coleman 5606 S. 147th Street Omaha, NE 68137

All claim information should be given to the employee to carry to back to the employer. Please fax a Return to Work Form within 24 hours of the appointment to 402-715-8409 attention Kim Coleman or email to kkcoleman@mpsomaha.org

Please make a copy of this form and provide to the injured employee.

Millard is able to provide a wide variety of light duty or sedentary work for employees who are unable to return to their regular duties. This light duty will be in accordance with your written recommendations and can be as light as answering telephones. In view of this policy, we would appreciate your response as to what light duty this employee can perform. We make every effort to accommodate ALL employee work restrictions. If you feel the employee cannot perform any type of work, please send us a prognosis of when return to work may be possible in either a limited or full capacity.