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| ***(to be completed by*  MPS Supervisor Injury Follow-Up**  ***SSC Manager, Principal, supervisor or designee)* (instructions on the next page)**  |
| **51. Name:** Click here to enter text. | **52. Injury date:** MM/DD/YY  | **38. Injury Location:** Choose Enter room, area and/or description |
| **PART D After Investigation Follow-Up**  |
| **54. Root cause analysis *(check all that apply – list items from investigation report, or any new actions that have been determined)***  ***Unsafe Acts Unsafe Conditions System Deficiencies*** |
| [ ]  **None, no action required** [ ]  **Employee acted unsafely, follow-up needed.**  | [ ]  **None, no action required**[ ]  **Conditions unsafe, follow-up needed.** | [ ]  **None, no action required** [ ]  **System deficiency, follow-up needed.** |
| **55. Action items from Supervisor Investigation Report**  | **Latest status** |
| Click here to enter text.  | Click here to enter text.  |
| Click here to enter text.  | Click here to enter text.  |
| Click here to enter text.  | Click here to enter text.  |
| Click here to enter text.  | Click here to enter text.  |
| **56 Newly determined or added Action items that need follow-up** | **Responsible party(ies)** | **Target date** |
| Click here to enter text.  | Enter names  | MM/DD/YY  |
| Click here to enter text.  | Enter names  | MM/DD/YY  |
| **PART E After Injury Action Plans**  |
| **55. Restrictions Review *(Select – list where indicated.)*** **Does employee have restrictions:** Choose**Type:** If yes, describe here **Effective until:** MM/DD/YY  | **55. Restrictions Plan *(Select – list where indicated.)*** **Can restrictions be accommodated:** Choose**List how or why not:** Click here to enter text.   |
| **PART F Follow-Up With Employee**  |
| **56. Visit with Employee *(check all that apply) Please meet with employee 3 to 5 days following the injury or returning to work.*** ***Employee Visit Follow-up Doctor Appointments REMEMBER***  |
| **Supervisor or Designee Conducting the Visit:**Enter Name [ ]  **Employee is fine, no ongoing issues/concerns** **Summary of the visit**Click here to enter text.[ ]  **Employee has the following issues/concerns** **List issues concerns:**Click here to enter text.***NOTE:*** *If the employee has concerns talk with supervisor, safety or HR to resolve* | [ ]  **No Follow-up Appointment Needed***Complete form & e-mail within 48 hours*[ ]  **Follow-Up Appointment Scheduled:** MM/DD/YY [ ]  **No Physical Therapy**[ ]  **Physical Therapy Needed** **1st Appointment****MM/DD/YY**FrequencyLocation *Complete form & e-mail within 48 hours****NOTE:*** *YOU MUST DISCUSS RESTRICTIONS WITH EMPLOYEES PRIOR TO THEM RETURNING TO WORK* | **The employee is the focus, but accident root causes MUST be identified & addressed/corrected****The employee must provide aftercare instructions, RETURN-TO-WORK FORM for EACH appointment until cleared with no restrictions.** **The Supervisor & Employee must provide a Follow-up report for EACH appointment (excludes PT)****ALL related paperwork should be saved, named and e-mailed to** *kkcoleman@mpsomaha.org* |
| ***Please complete the ENTIRE form for EVERY Doctor visit and*** ***Save file & E-mail it to*** *kkcoleman@mpsomaha.org* ***or Fax to Kim Coleman at 402-715-8409*** |

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| ***(to be completed by*  MPS Supervisor Injury Follow-up Instructions**  ***SSC Manger, Principal, Supervisor or designee) SUPERVISOR’S FOLLOW-UP INSTRUCTIONS (* Page 4)**  |
|  51. Injured employee’s name -- FIRST NAME, M. INITIAL, LAST NAME – 52. Date the injury happened 53. Building or school name and room or area where the injury occurred |
| **PART D After Injury Follow-up**  |
| 1. Check the boxes that best describe the situation. Please fill in the details, as needed.
 |
| **PART E Actions** Plans  |
|  55. Check the boxes that best describe the situation. Please fill in the details, as needed. |
| **Part F** **FOLLOW-UP WITH EMPLOYEE** |
|  56. Please meet with employee 3 to 5 days following the injury. Please check all that apply and complete all three areas. |
| **Part G ASSISTANCE REQUESTED** |
|  57. If you would like assistance/Follow- up, please complete this section. |
| **Please complete the ENTIRE form and return to** *kkcoleman@mpsomaha.org* **/ Fax 402-715-8409 to Kim Coleman** |