|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***(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**  Frequency  Location  *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*](mailto:kkcoleman@mpsomaha.org) | |
| ***Please complete the ENTIRE form for EVERY Doctor visit and***  ***Save file & E-mail it to*** [*kkcoleman@mpsomaha.org*](mailto: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*](mailto:kkcoleman@mpsomaha.org) **/ Fax 402-715-8409 to Kim Coleman** |