## Reporting a Work-Related Injury

## Instructions for Origami Risk

- 1. Log in to the Staff portion of PSD's website (www.psdschools.org/staff).
- 2. Scroll through the Quick Links on the right side of the page and select the link titled Report an Injury'.
- 3. Under Employee Accident Reports, select the 'Submit a report' link to go to the Risk Management Reporting Portal.
  - If you are asked to log in when visiting this page, you have likely used a copied or bookmarked link. Remove the link from your bookmarks and access the link using the instructions above.
    - You must sign in to the PSD Staff website to access the reporting portal.
- 4. Select 'Submit Employee Incident' to open the employee accident report.
  - Click on the 'Lookup Employee' button, then type your first and last name into the fields on the right side of the popup window and click search. Select your name from the list and it will populate your name, ID number, and work email address into the report.
  - Type your physical address, home phone, and work phone into the appropriate fields.
    - If your mailing address is different than your physical address, select no from the drop-down menu and enter the mailing address in the fields which appear.
    - If you do not have a direct phone line for work, provide the main number for your site or department.
- 5. Under the section titled **Incident Information**:
  - Type in the date of the injury or use the calendar tool to the right to select the appropriate date.
  - Begin typing, or utilizing the lookup tool, locate and select your school or department name. The site you were injured (if different) can be provided in the field titled 'Location of Incident'.
    - Custodians, Child Nutrition workers, and other employees who are managed by a District-wide program or department, please select your supervising department, not the school where you are assigned.

- Type in your job title and indicate whether you were performing assigned duties for this or another job when you were injured.
- Provide a detailed description of the accident and the injury. Remember to include what you were doing at the time and all body parts that were injured.
- If your supervisor is not automatically entered into the report, use the lookup tool to type in and select their name.
  - If your supervisor is incorrect, check first that you have selected the correct department. If it is correct, you may change your supervisor using the lookup tool.
- Indicate if you have verbally notified the supervisor of this injury.
- 6. Under the section titled **Initial Treatment**:
  - Indicate whether you have, or plan to, receive medical care for your injury.
    - If you select 'No' or 'Unsure' and then decide later that you require medical treatment, follow the instructions provided via after submitting the report to notify me so your claim can be filed with the insurance company.
  - In the event you have, or plan to, see a designated occupational medicine provider for the injury, indicate which provider you have selected.
    - You must select a designated provider for all follow-up treatment after being seen at Urgent Care or the ER.
  - Indicate whether this injury has aggravated a pre-existing injury or medical condition.
  - Affirm that you have read the information contained in the injury report and type your full legal name into the 'Electronic Signature' field. Then submit the report by clicking on the 'Complete Incident' button located at the top of the window on the right side.
    - A popup window will appear asking if you are ready to complete the incident, hit 'OK' to submit or 'Cancel' to return to the form.
- 7. You and your supervisor will receive emails with a copy of the injury report and general instructions after completing the submission. This email will come from <a href="mailto:notifications@origamirisk.com">notifications@origamirisk.com</a>.

Contact Tiffony Long at tlong@psdschools.org or 970-672-9037 (cell) if you have questions or require assistance.