

## Claim Portal User Guide for Supervisors

<b>Date</b>	10/25/2023
<b>Client Name</b>	Frederick County Public Schools




### High Level Overview

The purpose of this document is to provide instructions for supervisors who are using Origami to review, edit and submit their account of an incident/accident for an injured employee via the Claim Portal.

### Helpful Icons

Throughout the form you will notice common icons. Refer to these helpful icons list for further guidance if needed.

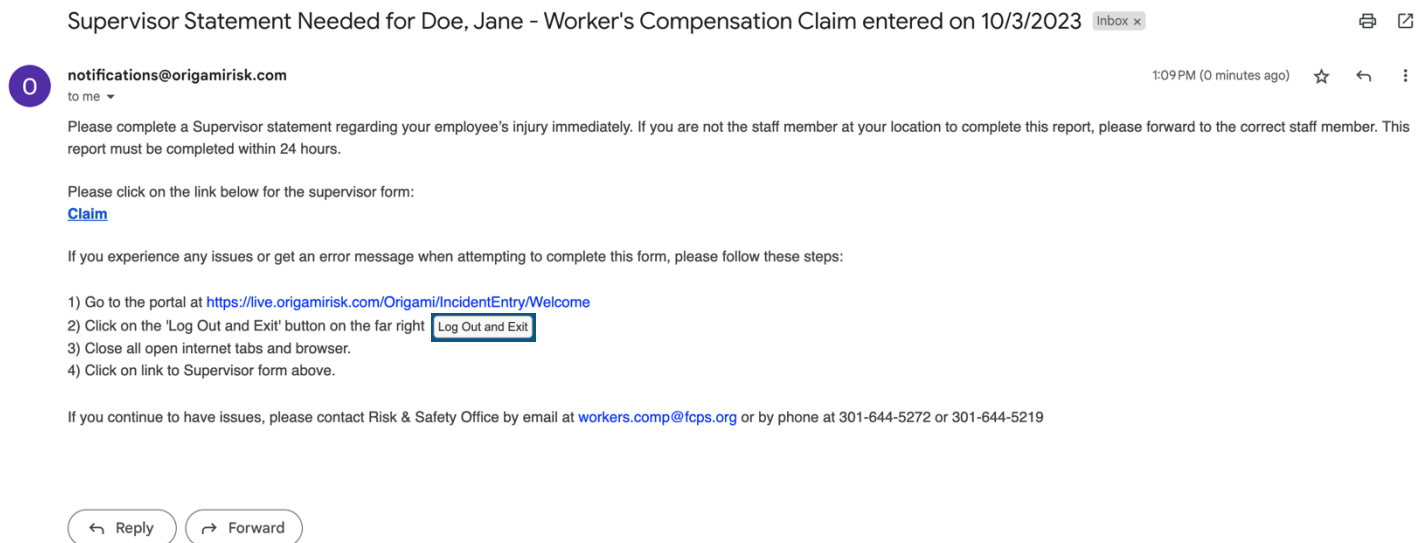
#### Helpful Icons

-  - The magnifying glass helps you to search for a specific record (E.g Employee ID Number, School Location etc.)
-  - The calendar helps you to select a particular date (E.g Date of the Incident, Date Incident Reported).
-  - The red asterick means a field is **REQUIRED** and has to be filled out to submit a claim.

### Instructions

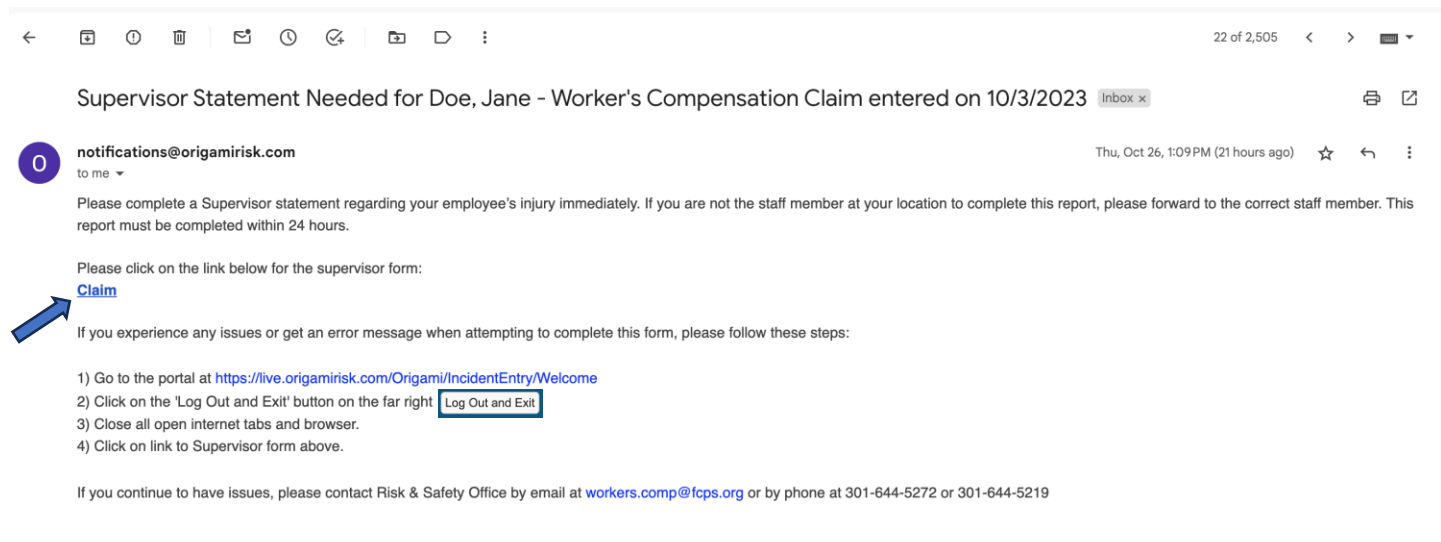
When an employee reports a claim, as the supervisor you will get an email in your inbox folder that looks like this below. Proceed to click the email.

After clicking the email, the message will look like the following image below:



Read carefully and follow the proceeding instructions.

- Click the [Claim](#) link.



Upon clicking the claim link, you will be taken to the supervisor’s form regarding the injured employee injury.

Please note that some fields will already be populated from the original claim.

If you notice any incorrect information, you will have the option to input the correct details.

Doe, Jane (2023-0081)
Save Changes Logout

For serious injuries, please contact Risk and Safety Office immediately at 240-549-9415 or 301-644-5272. For questions completing this form, please contact Risk and Safety Office.

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### Injured Employee Information

<p>Claim Number: * 2023-0081</p> <p>Employee: Doe, Jane</p> <p>Injured Employee First Name: Jane</p> <p>Injured Employee Last Name: Doe</p>	<p>Employee Number: 00000099999</p> <p>Employee Email: janedoe@fcps.org</p> <p>Work Location (School/Department) * L1028 - Ballenger Creek Elemer</p> <p>Specific Location: In the hallway by the gym lockers</p>
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### Claim Details

<p>Date of Incident/Accident: * 10/03/2023</p> <p>Date you First Learned of any Injury or Accident? *</p> <p>Who Reported it to You? * Doe, Jane</p> <p>Date you First Spoke to Injured Employee about Injury or Accident:</p> <p>Describe in detail what the employee reported to you (be as specific as possible about what was said):</p> <p>Was personal protective equipment/PPE required at the time of the incident? * - None Selected -</p> <p>Special Ed Related: No</p> <p>Cause: FALL, SLIP OR TRIP</p>	<p>Has employee returned to work? Yes</p> <p>Return to Work Date: * 10/04/2023</p> <p>Was there any lost time from work? No</p> <p>Did the employee complete his or her shift? - None Selected -</p> <p>Initial Treatment: Minor on-site remedies by emj</p> <p>Hospitalized: Yes</p> <p>Fatally: - None Selected -</p> <p>Do you question the injury? * - None Selected -</p> <p>Was the incident the result of defective equipment? * - None Selected -</p> <p>Please list what object or substance directly harmed the employee and the corrective action to prevent further incidents and expected completion dates:</p> <p>What safety procedures or personal protective equipment were in use at the time of the incident:</p>
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## Injured Employee Information

### Injured Employee Information

<p>Claim Number: * 2023-0081</p> <p>Employee: Doe, Jane</p> <p>Injured Employee First Name: Jane</p> <p>Injured Employee Last Name: Doe</p>	<p>Employee Number: 00000099999</p> <p>Employee Email: janedoe@fcps.org</p> <p>Work Location (School/Department) * L1028 - Ballenger Creek Elemer</p> <p>Specific Location: In the hallway by the gym lockers</p>
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This section only contains information regarding the injured employee.

Fields such as the injured employees: **Name**, **Employee Number** and **Email** cannot be changed.

However, other fields such as **Work Location** and **Specific Location** can be changed.

**Note: Only edit fields that contain incorrect information, otherwise proceed with filling out the form.**



\*\*\* Only use this step if you identify incorrect information \*\*\*

For example, If the **Work Location** is incorrect, select the magnifying glass (draw arrow to the glass)

**Injured Employee Information**

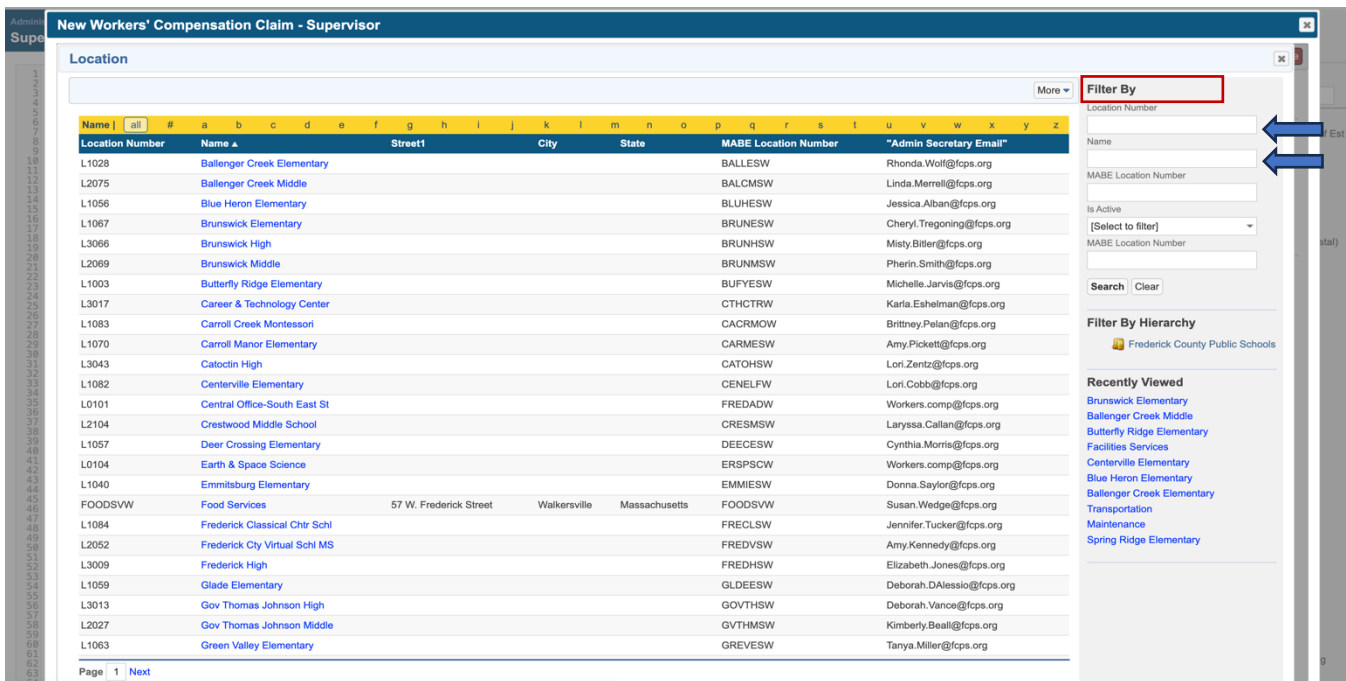
Claim Number: 2023-0081  
Employee: Doe, Jane  
Injured Employee First Name: Jane  
Injured Employee Last Name: Doe

Employee Number: 00000099999  
Employee Email: janedoe@fcps.org  
Work Location (School/Department): L1028 - Ballenger Creek Elemer  
Specific Location: In the hallway by the gym lockers

After clicking the magnifying glass, a window will pop up as seen below.

You can find the Work Location (School/Department) quickly using the **Filter By** Section by entering information such as the Location Number or Name of the Location etc.



Location Number	Name	Street1	City	State	MABE Location Number	Admin Secretary Email
L1028	Ballenger Creek Elementary				BALLESW	Rhonda.Wolf@fcps.org
L2075	Ballenger Creek Middle				BALCMSW	Linda.Merrell@fcps.org
L1056	Blue Heron Elementary				BLUHESW	Jessica.Alban@fcps.org
L1067	Brunswick Elementary				BRUNESW	Cheryl.Tregoning@fcps.org
L3066	Brunswick High				BRUNHSW	Misty.Biller@fcps.org
L2069	Brunswick Middle				BRUNMSW	Pherin.Smith@fcps.org
L1003	Butterfly Ridge Elementary				BUFYESW	Michelle.Jarvis@fcps.org
L3017	Career & Technology Center				CTHCTRW	Karia.Eshelman@fcps.org
L1083	Carroll Creek Montessori				CACRMOW	Brittney.Pelan@fcps.org
L1070	Carroll Manor Elementary				CARMESW	Amy.Pickett@fcps.org
L3043	Catoctin High				CATOHSW	Lori.Zentz@fcps.org
L1082	Centerville Elementary				CENELFW	Lori.Cobb@fcps.org
L0101	Central Office-South East St				FREDADW	Workers.comp@fcps.org
L2104	Crestwood Middle School				CREMSW	Laryssa.Callan@fcps.org
L1057	Deer Crossing Elementary				DEECESW	Cynthia.Morris@fcps.org
L0104	Earth & Space Science				ERSPSCW	Workers.comp@fcps.org
L1040	Ermitzburg Elementary				ERMIESW	Donna.Saylor@fcps.org
FOODSVW	Food Services	57 W. Frederick Street	Walkersville	Massachusetts	FOODSVW	Susan.Wedge@fcps.org
L1084	Frederick Classical Chr Schl				FRECLSW	Jennifer.Tucker@fcps.org
L2052	Frederick Cty Virtual Schl MS				FREDVSW	Amy.Kennedy@fcps.org
L3009	Frederick High				FREDHSW	Elizabeth.Jones@fcps.org
L1059	Glade Elementary				GLDEESW	Deborah.DAlessio@fcps.org
L3013	Gov Thomas Johnson High				GOVTHSW	Deborah.Vance@fcps.org
L2027	Gov Thomas Johnson Middle				GOVTHMSW	Kimberly.Beall@fcps.org
L1063	Green Valley Elementary				GREVESW	Tanya.Miller@fcps.org

You will also have the option to search for The Work Location by clicking through the different pages by clicking **Next** as seen below.

The screenshot shows a web application interface for managing workers' compensation claims. The main section is a table titled 'Location' with columns for Name, Location Number, Name, Street1, City, State, MABE Location Number, and Admin Secretary Email. The table lists various schools and facilities, such as Ballenger Creek Elementary and Frederick Classical Chtr Schl. To the right of the table is a 'Filter By' sidebar with search and filter options. At the bottom left of the table, there is a 'Page 1 Next' link, with a blue arrow pointing to the 'Next' text.

## Claim Details

This section allows you to fill in specific details surrounding the date, time, nature of the incident and your version of what was reported to you.

**Claim Details**

Date of Incident/Accident: \* 10/03/2023

Date you First Learned of any Injury or Accident? \*

Who Reported it to You? \* Doe, Jane

Date you First Spoke to Injured Employee about Injury or Accident:

Describe in detail what the employee reported to you (be as specific as possible about what was said):

Was personal protective equipment/PPE required at the time of the incident? \* - None Selected -

Special Ed Related: No

Cause: FALL, SLIP OR TRIP

Has employee returned to work? Yes

Return to Work Date: \* 10/04/2023

Was there any lost time from work? No

Did the employee complete his or her shift? - None Selected -

Initial Treatment: Minor on-site remedies by emg

Hospitalized: Yes

Fatality: - None Selected -

Do you question the injury? \* - None Selected -

Was the incident the result of defective equipment? \* - None Selected -

Please list what object or substance directly harmed the employee and the corrective action to prevent further incidents and expected completion dates:

What safety procedures or personal protective equipment were in use at the time of the incident:

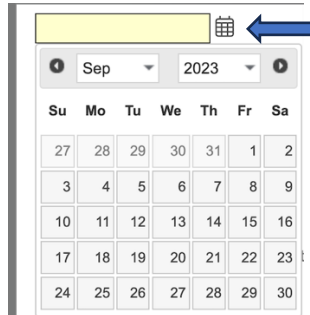
Video of Incident/Accident? \* - None Selected -

Version of events as reported to you. Describe sequence of events or any objects or substances that could have contributed.

- **Date of Incident / Accident**

This field will be populated, if it needs to be updated, choose an option below.

- You can enter the date in the field by typing E.g., '10/03/2023'
- **OR** you can use the calendar icon next to the field to click on the correct date of the incident.



Fill out remaining date fields using the options from above.

For Time fields, simply just type the time in the specific field.

- **Time**

- Enter the time when you first learned of the incident and enter AM or PM

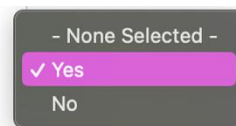
**Time you First Learned of any Injury or Accident: \***

03:00 PM

**Yes/No Fields**

- For Yes/No fields click the dropdown to select the correct option.

**Was personal protective equipment/PPE required at the time of the incident? \***



Continue to fill out the remaining fields under the **Claim Details** section.

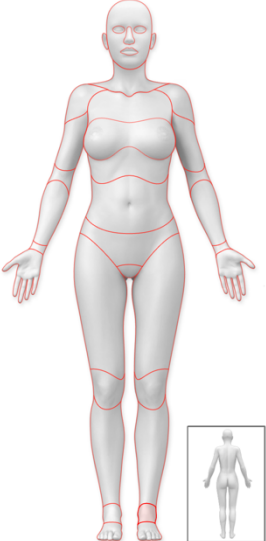
## Areas of the Body the Employee Claimed of

This section is where the injured employee identified what body part(s) got injured during the incident. You will notice the injured body part(s) under the Body Part Table shown below.

In this case, the employee noted that their ankle was injured during the incident.

Areas of the Body the Employee Complained Of

Injury area can be selected from diagram  
 Injury is unknown, internal, or multiple areas



**i** Use the Body Part Diagram to select a general area of the body where the primary injury occurred. This will narrow the selection of Body Part codes to choose from.

Body Area Selected: None

Body Part:

Body Part Location:

Body Part	Body Part Location
Ankle	Left (L)

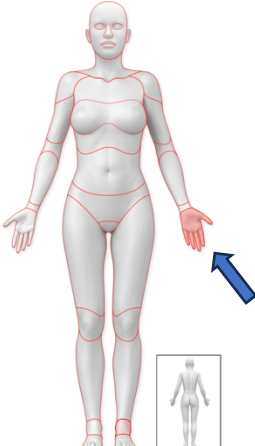
If the body part list needs to be edited, follow the proceeding steps below.

### Add an Injured Body Part

- Step 1:** Click on the injured body part from the diagram (Once clicked, the injured body part will be highlighted in red)

Areas of the Body the Employee Complained Of

Injury area can be selected from diagram  
 Injury is unknown, internal, or multiple areas



**i** Use the Body Part Diagram to select a general area of the body where the primary injury occurred. This will narrow the selection of Body Part codes to choose from.

Body Area Selected: Hand

Body Part:

Body Part Location:

Body Part	Body Part Location
Ankle	Left (L)

- **Step 2:** Select the affected body part / injury from the dropdown list.

Body Area Selected: Hand

Body Part: \*  
Body Part Location:

✓ Finger(s)

Hand

Loss of index finger and metacarpal bone thereof

Loss of index finger at distal joint

Loss of index finger at proximal joint

Loss of index finger at second joint

Loss of little finger and metacarpal bone thereof

**Body Part**

- **Step 3:** Select the correct body part location.

Body Part Location:

Left (L) ▾

Add Part

- **Step 4:** Click on the button **Add Part** to add the affected body part to the body part table.

Body Part: \* Hand

Body Part Location: - None Selected -

Add Part


Body Part	Body Part Location	
Hand	Left (L)	✘

Notice how the list has been updated with the additional injured body part as seen below.  
If there are additional injuries, repeat steps 1-4.

Body Part	Body Part Location	
Ankle	Left (L)	✘
Hand	Left (L)	✘




## Remove an Injured Body Part

If a body part was incorrectly identified and needs to be removed, simply remove the incorrect body part by clicking the  as shown below.

In this example, I will remove the body part **Hand**.


Body Part	Body Part Location	
Ankle	Left (L)	
Hand	Left (L)	 

After clicking the , my list will now look like the one below.

Body Part	Body Part Location	
Ankle	Left (L)	

## Witnesses


This section contains witness information that the injured employee identified as seen under the witness table below.

Witnesses <span style="float: right;"> Add Witness</span>			
Last Name	First Name	Phone	Email1
Reed	Jerry		jreed@fcps.org

If additional witnesses need to be added follow the proceeding steps:

- **Step 1:** Click the  Add Witness Button to add the witness' details.

Next you will see this popup window below.

**New Involved Party** 

Involved Party - Witness

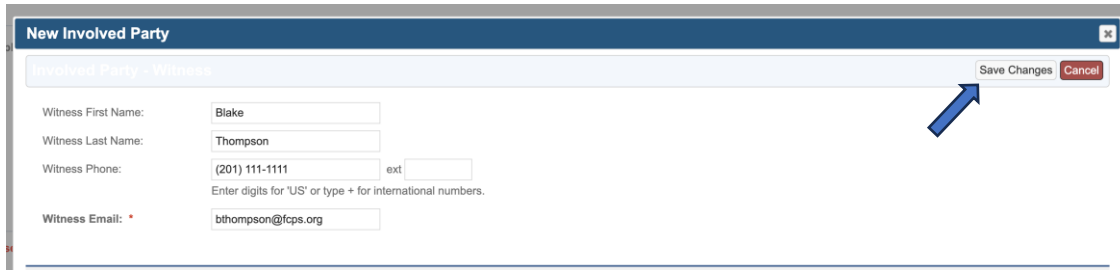
Witness First Name:

Witness Last Name:

Witness Phone:  ext   
Enter digits for 'US' or type + for international numbers.

Witness Email:

- **Step 2:** Enter the witness details. Be sure to enter the correct witness email address. The witness will be sent an email regarding the incident.
- **Step 3:** After entering the witness details click 'Save Changes'



**New Involved Party**

Involved Party - Witness

Save Changes Cancel

Witness First Name:

Witness Last Name:

Witness Phone:  ext:

Enter digits for 'US' or type + for international numbers.

Witness Email: \*

The witness will then be added to the witness table as seen below.

### Witnesses

Last Name	First Name	Phone	Email1
Reed	Jerry		jreed@fcps.org
Thompson	Blake		bthompson@fcps.org

### Supervisor Details and Signature

This section should be filled out with the details of the supervisor who completed the form.

#### Supervisor

Your Name: \*

Your Title:

Work Phone:  ext:


Enter digits for 'US' or type + for international numbers.

Other Phone:  ext:

Enter digits for 'US' or type + for international numbers.

Email Address:


Supervisor Signature: \*

Date: \*  

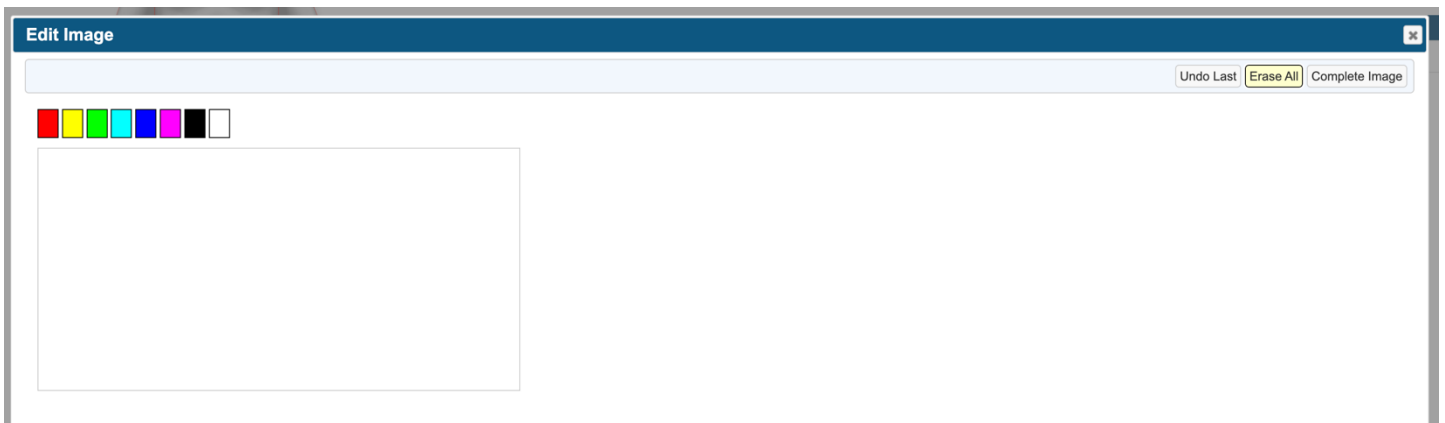
## Supervisor Signature

- Click the **Click Here to Sign** button.

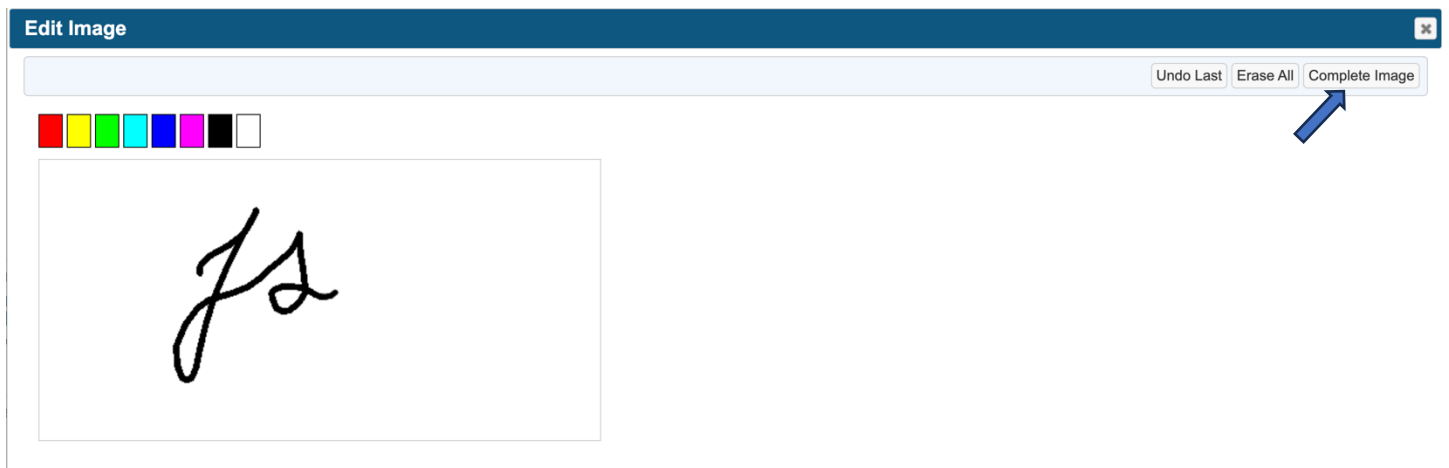
### Supervisor

Your Name: *	<input type="text" value="John Smith"/>	Email Address:	<input type="text" value="jsmith@fcps.org"/>
Your Title:	<input type="text"/>	Supervisor Signature: *	<input type="button" value="Click Here to Sign"/> ←
Work Phone:	<input type="text"/> ext <input type="text"/>	Date: *	<input type="text"/> 
	Enter digits for 'US' or type + for international numbers.		

- You will then see the following screen below. This is where you can draw to sign the form.



- After you have drawn your signature, click the button **Complete Image** button.



### Date:

- Enter the date you completed the supervisor's form

Date: \*



## Claim Submission

After reviewing the claim form fields and ensuring all the fields were filled out to the best of your knowledge, click the submit button to submit the claim.

This form is for FCPS internal use only. Submittal of this form with FCPS does not constitute filing a claim with the Maryland Workers' Compensation Commission.



## Troubleshoot

If you receive errors while trying to submit the supervisor form, follow the steps below.

**Step 1:** Navigate to the portal

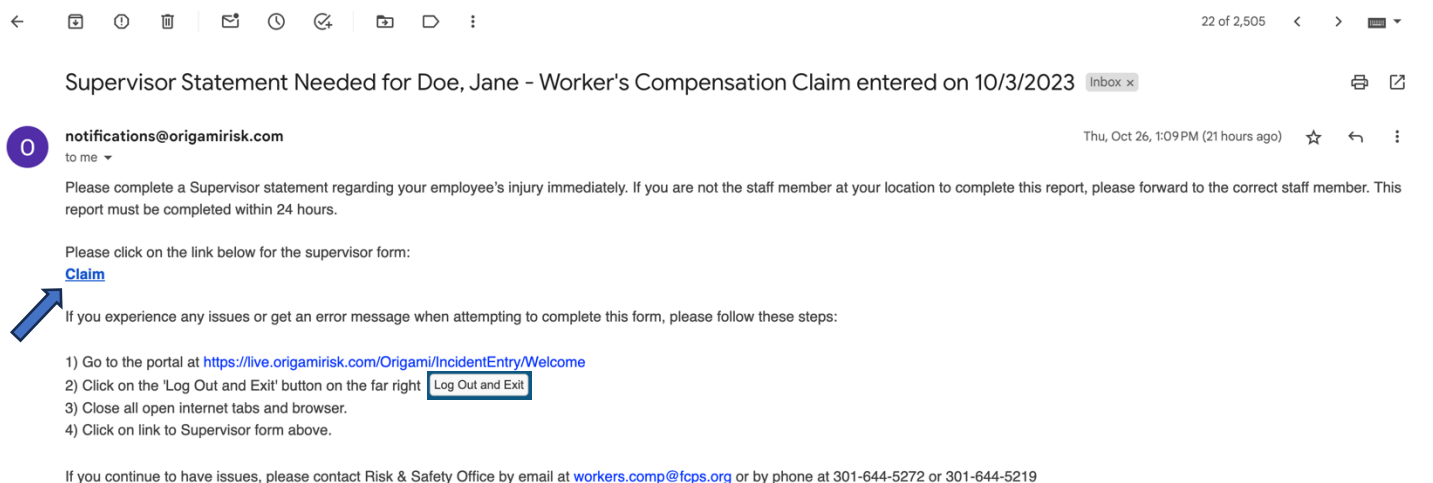
<https://live.origamirisk.com/Origami/IncidentEntry/Direct?token=GAc%2BT0hA3qW0Um2%2FBDjDcNj1pF8g8Ww20JPcVD0JHBmhWfKc4%2F05I19Njo5%2BIRNcQOJ6%2BDm2xSBY3Ee2CTFdCOwjtQe0vL%2BsXukiRhIXvgc1J4d%2BR68DM5xZYcg7ofL>

**Step 2:** Click on the 'Log Out and Exit' button on the far right.

Log Out and Exit

**Step 3:** Close all open internet tabs and browser.

**Step 4:** Click on the [Claim](#) link from the initial email in your inbox as shown below and proceed to reviewing the claim form and submit again.



If errors persist, please contact Risk & Safety Office by email at [workers.comp@fcps.org](mailto:workers.comp@fcps.org) or by phone at 301-644-5272 or 301-644-5219