

Workers' Compensation SafeCheck

On 9/17/20, California's Governor Newsom signed Senate Bill 1159 into law AND also signed an additional proposal, Assembly Bill 685 that will require new reporting requirements for employers that may have potential claims related to the COVID-19 pandemic. The changes in the law create a unique opportunity for our clients to keep their employees well and safe, while reducing or eliminating exposure to COVID-19 claims. At Alliant, we have deployed a detailed, "**SafeCheck**" list to help guide you to effectively manage through these changes.

Client Tips for SB 1159

Reporting Requirements:

- Reach out to your Workers' Compensation insurance carrier and/or Third Party Administrator and verify any new reporting protocols for COVID-19 claims, regardless of whether it is work related or not. If the carrier/administrator has not provided formwork for reporting non-WC positive COVID-19 test results, please feel free to use the following:
 - For positive COVID-19 tests between 07/06/20 – 09/16/20, all cases need to be **reported by 10/29/20**. Please feel free to use the form on **page 3**.
 - For positive COVID-19 tests between 09/17/20 – 01/01/23, cases need to be reported via e-mail or fax within **three business days** of knowledge. Please feel free to use the form on **page 5**.
- On an ongoing basis, keep a log of the number of employees for each day worked at each location. This can relieve some burden on the administrative task of determining the highest number of employees worked within the last 45 days of an employee testing positive.

Disputing the Presumption:

- Ensure there is an available documented evaluation on the strategies and protocols that are implemented to control and prevent the spread of COVID-19. Ensure that the evaluation includes strategies used to enforce the protocols on a routine basis. Please refer to the following for a sample of a Response Plan. <https://images.response.alliant.com/Web/Alliant/%7Bec6e69ba-fea9-4a57-8e87-e55af96681f7%7D%20Infectious%20Disease%20Preparedness%20Response%20Plan%2007.2020-96247.pdf>
- Educate and document any training on applicable COVID-19 infection prevention. Please refer to the following for guidance on what employees should know about COVID-19 infection prevention. <https://images.response.alliant.com/Web/Alliant/%7B28226c32-98bc-4587-a932-c726e1880bb5%7D%20What%20Construction%20Workers%20Need%20to%20Know%20about%20COVID-19%20CDC.PDF>
- Have all employees read and sign an Acknowledgement form, documenting they understand and will follow safety requirements to prevent the spread of COVID-19.
- Keep your eyes and ears open!

- If the employee shares any non-occupational activities, hobbies, or exposure to COVID- 19 claims, ensure you report this to the administrator.
- If the employee commutes to work by any way other than by him/herself, e.g., carpooling with other (employees) or via public transportation, ensure you report this to the carrier/administrator.

Alliant’s “SafeCheck” is a useful tool that is the first step in protecting your interests. We encourage you to reach out to your insurance carrier or Third Party Administrator who can provide ultimate guidance with the goal of helping your business in preparing for, and responding to claims due to possible COVID-19 exposure in the workplace.

SB 1159 Reporting Form

Reporting Period: 07/06/20 - 09/16/20

To be completed **no later than 10/29/20**.

To be completed for all employees who tested positive between 07/06/20 – 09/16/20 regardless of whether it is work related.

Claims Administrator: [Click here to enter text.](#)

Employer Name: [Click here to enter text.](#)

Project Site: [Click here to enter text.](#)

Policy Number: [Click here to enter text.](#)

Non-Personal Employee Identifier (Do NOT include Employee Name, DOB, or SSN): [Click here to enter text.](#)

Testing Date (the date the specimen was collected): [Click here to enter a date.](#)

Type of Test (if known): PCR/ Viral Test Serological/ Antibody Test Unknown

Date the Employer Had Knowledge of a Positive Tested Employee: [Click here to enter a date.](#)

Symptoms onset date? [Click here to enter a date.](#) Type of Symptoms: [Click here to enter text.](#)

Hospitalized: Yes No

Fatality: Yes No

Source of exposure (Work/Friend/Family)? [Click here to enter text.](#)

Specific place of employment where the employee worked in the **14 days prior to the testing date**. The specific place of employment refers to the specific address of a building, store, facility or agriculture field where the employee worked at the employer’s direction. If more than one location applies, please note all locations on the supplemental page:

Location #1	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location between 07/06/20 - 09/16/20	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

Has the employee filed a WC claim or alleged a work related COVID 19 injury? Yes No

If yes, ensure to report WC injury under the normal WC reporting protocols, unless otherwise specified by administrator.

If claim has been reported, please provide:

Employee name: [Click here to enter text.](#)

Claim number (if available): [Click here to enter text.](#)

Reporter’s Full Name: [Click here to enter text.](#)

Reporter’s Title: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Phone Number: [Click here to enter text.](#)

E-mail Address: [Click here to enter text.](#)

Supplemental Page: Additional locations where the employee worked during the 14 days prior to the positive test date.

Location #2	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location between 07/06/20 - 09/16/20	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

Location #3	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location between 07/06/20 - 09/16/20	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

Location #4	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location between 07/06/20 - 09/16/20	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

Location #5	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location between 07/06/20 - 09/16/20	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

SB 1159 Reporting Form

Reporting Period: 09/17/20 – 12/31/22

To be completed within 3 business days of reasonable knowledge that an employee tested positive for COVID 19.

To be completed for all employees who tested positive between 09/17/20 – 12/31/22 regardless of whether it is work related.

Claims Administrator: [Click here to enter text.](#)

Employer Name: [Click here to enter text.](#)

Project Site: [Click here to enter text.](#)

Policy Number: [Click here to enter text.](#)

Non-Personal Employee Identifier (Do NOT include Employee Name, DOB, or SSN): [Click here to enter text.](#)

Testing Date (the date the specimen was collected): [Click here to enter a date.](#)

Type of Test (if known): PCR/ Viral Test Serological/ Antibody Test Unknown

Date the Employer Had Knowledge of a Positive Tested Employee: [Click here to enter a date.](#)

Symptoms onset date? [Click here to enter a date.](#) Type of Symptoms: [Click here to enter text.](#)

Hospitalized: Yes No

Fatality: Yes No

Source of exposure (Work/Friend/Family)? [Click here to enter text.](#)

Specific place of employment where the employee worked in the *14 days prior to the **testing date***. The specific place of employment refers to the specific address of a building, store, facility or agriculture field where the employee worked at the employer’s direction. If more than one location applies, please note all locations on the supplemental page:

Location #1	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location in the <i>45 days preceding the last day the employee worked at this location.</i>	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

Has the employee filed a WC claim or alleged a work related COVID 19 injury? Yes No

If yes, ensure to report WC injury under the normal WC reporting protocols, unless otherwise specified by administrator.

If claim has been reported, please provide:

Employee name: [Click here to enter text.](#)

Claim number (if available): [Click here to enter text.](#)

Reporter’s Full Name: [Click here to enter text.](#)

Reporter’s Title: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Phone Number: [Click here to enter text.](#)

E-mail Address: [Click here to enter text.](#)

Supplemental Page: Additional locations where the employee worked during the 14 days prior to the positive test date.

Location #2	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location in the <i>45 days preceding the last day the employee worked at this location.</i>	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

Location #3	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location in the <i>45 days preceding the last day the employee worked at this location.</i>	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

Location #4	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location in the <i>45 days preceding the last day the employee worked at this location.</i>	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.

Location #5	
Address:	Click here to enter text.
Last Day Employee Worked at this Location:	Click here to enter a date.
Highest Number of Employees who reported to work at this location in the <i>45 days preceding the last day the employee worked at this location.</i>	Click here to enter text.
Has this location been ordered to close due to risk of Infection:	Click here to enter text.
If yes, explain. Identify the date and entity that ordered the closure:	Click here to enter text.