



Senate Bill 1159 (SB 1159)

COVID-19 Employer Reporting Requirements

Employer's Duty to Report COVID-19 Claims from September 17, 2020 forward. When an employer knows or has reason to know that an employee has tested positive for COVID-19 the employer shall report to their workers' compensation claims administrator (RESIG) in writing via electronic mail (cspencer@resig.org) or facsimile (707-836-8374) within three business days of the following:

1. The date the employee tests positive, which is the date the specimen was collected for testing.
2. The specific address or addresses of the employee's specific place of employment during the 14-day period preceding the date of the employee's positive test.
3. The highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment.
4. The employer shall identify the employee by a created source number and not provide any personally identifiable information regarding the employee who tested positive for COVID-19 unless the employee asserts the infection is work-related or has filed a workplace injury claim form.

When an employer is aware of an employee who tests positive for COVID illness on or after July 6, 2020 and prior to September 17, 2020, the employer must report the required information in numbers 1-4 to the claims administrator (RESIG) within 30 business days from September 17, 2020 (as opposed to the 3 business day requirement for reporting after September 17, 2020). For the information contained in number 3, above, the employer shall instead report the highest number of employees who reported to work at each of the employee's specific places of employment on any given workday between July 6, 2020 and September 17, 2020.

PLEASE SEE ATTACHED REPORTING FORM

Penalties for intentionally submitting false or misleading information or failing to submit information may lead to a civil penalty of up to \$10,000.

Please contact Chris Spencer, Workers' Compensation Manager/RESIG with any questions: cspencer@resig.org or (707) 836-0779 X107.

You may also refer to the School and College Legal Memo dated September 23, 2020 (Memo No. 54-2020) or contact your legal counsel for information on reporting.



Redwood Empire Schools' Insurance Group

SB1159 COVID-19 Reporting Form

Report All COVID-19 Related Incidents to RESIG for Tracking Outbreaks

You must complete this form regardless if the illness is work-related and whether or not your employee has filed a claim. Assign source numbers and track the employee information confidentially and do not report any Personally Identifiable Information (PII) to RESIG. In addition, if the employee claims that the exposure is work-related, please report the claim to the RESIG Injury Line as you normally would and follow your normal reporting process.

EMAIL or FAX FORM TO:

cspencer@resig.org or Fax (707) 836-8374

EMPLOYER INFORMATION

School District Name:

School Site Name & Address: (If more than one school site please complete second page for additional sites)

Total Employee Count at this School Site:

of Employees with Positive Tests at the site during the 14-day surrounding period (14 days before and after) of employee's positive test date:

of Highest Employee Count at School Site in the 45-day period preceding employee's last day worked:

of Highest Employee Count at School Site in the last 14 days preceding Employee's last day worked:

EMPLOYEE & EXPOSURE INFORMATION

Source #:

Positive Testing Date:

Date of known incident exposure:

Date of known Positive Test:

How was the employee exposed to COVID-19:

Employee Last Day Worked:

Date returned to work:

Has this school site ever had an outbreak or been ordered to close (If yes, please provide date & details)?

Completed By (print name) _____

Date: _____

Signature: _____



Redwood Empire Schools' Insurance Group

School District: _____

Source: _____

If employee reported to more than one location in the 45-day period preceding their last day worked, please complete the following questions for each location.

If additional pages are needed, please copy this page

School Site Name & Address:

Total Employee Count at this School Site:

of Employees with Positive Tests at the site during the 14-day surrounding period (14 days before and after) of employee's positive test date:

of Highest Employee Count at School Site in the 45-day period preceding employee's last day worked:

of Highest Employee Count at School Site in the last 14 days preceding Employee's last day worked:

Has this school site ever had an outbreak or been ordered to close (If yes, please provide date & details)?

School Site Name & Address:

Total Employee Count at this School Site:

of Employees with Positive Tests at the site during the 14-day surrounding period (14 days before and after) of employee's positive test date:

of Highest Employee Count at School Site in the 45-day period preceding employee's last day worked:

of Highest Employee Count at School Site in the last 14 days preceding Employee's last day worked:

Has this school site ever had an outbreak or been ordered to close (If yes, please provide date & details)?

Completed By (print name) _____

Date: _____

Signature: _____