

# SPELL JIF COVID-19 Event Reporting Advices

November 23, 2020

In an effort to assist the members with gathering and retaining facts associated with COVID-19 events on campus or at a sponsored activity off-campus that could result in litigation against the district, we have prepared these advices. The advice is similar for events affecting employees (potential workers' compensation claims) and events affecting non-employees like students, volunteers and contractors (potential general and educator's legal liability claims). By understanding what facts will be of critical importance each member will be best equipped to gather and retain crucial facts at the time of events that will prove invaluable to claim management decision making in the event of a claim being filed soon or long after the event. Only facts will permit good decision making and, if appropriate, a vigorous defense. A lack of facts will result in many claims being rewarded that should not have any reward. Understanding what needs to be reported and how it should be reported is integral to sound risk management and will lead us to effective claims management now and in the future.

General and/or Educator's Legal Liability: are claims that would involve a person such as a member of the public, a student, their parent or maybe a vendor or contractor. It could be their assertion that they have suffered an injury or loss due to COVID-19 as a result of proximity to a staff member or student who they believe gave them COVID-19 and/or the actions or inactions of your School District to protect them against the risk of infection.

Workers' Compensation: is a claim that would involve an employee who believes they contracted COVID-19 while in the course and scope of their employment.

In the event of an event that may generate a claim, the information gathered surrounding the event will be integral in managing the claim and, if appropriate, defending the District. To this end, we have developed a set of questions that we believe will provide us the information needed to put forth the best defense possible. There are two questionnaires and while the questions for each are similar there are nuanced information needs that support two separate questionnaires.

## Reporting and/or Retaining Event Reports:

We encourage and prefer members report all events without regard for a concern that they will or will not result in claims. We have the ability to enter these as Report Only events and keep these potential litigation files private and prepared to be used in the event of claims. This permits us to retain the facts needed to make the best possible claim management decisions possible when and if claims arise. These files are not discoverable and will only be used if a specifically associated claim is presented.

Actual COVID-19 claims must be reported immediately.

If you have a confirmed or potential COVID-19 event involving an employee use the attached COVID-19 Workers' Compensation Reporting Form to gather facts and call it into our intake department at 1-888-342-3839.

If you have a confirmed or potential COVID-19 event involving a third party Liability COVID-19 Reporting Form to gather facts and then forward it to Chris Roselli and Karen Berenato of Qual-Lynx who will manage the matter.

## CONTACTS

-Chris Roselli, Account Manager, Qual-Lynx, 609-287-8569, [croselli@qual-lynx.com](mailto:croselli@qual-lynx.com)

-Karen Berenato, Liability Claims Manager, Qual-Lynx, 609-833-2931, [kberenato@qual-lynx.com](mailto:kberenato@qual-lynx.com)

-Karen Conway, Workers' Compensation Claims Manager, Qual Lynx, 609-833-2913, [kconway@qual-lynx.com](mailto:kconway@qual-lynx.com)

## COVID-19 General Liability Reporting Form

<b>District:</b>	
<b>Contact Person:</b>	
<b>Contact Email/Phone:</b>	

**All potential COVID-19 claims should be reported immediately including claimants presenting with symptoms/diagnosis as well as potential exposures.**

1. Narrative

*Brief description, i.e. HVAC contractor claims exposure while in Middle School and business loss due to illness and his customers concerns with him being contagious.*

2. Name/contact information

3. Classification

*contractor/vendor/parent/student/other(please explain)*

4. Purpose in building?

5. Who was their building contact?

*position, contact info*

6. Names of others working closely?

*position, contact/info*

7. Length of time in building

8. Date(s) in building

9. Location in building

10. Who did cleaning?

*Staff/outside vendor?*

11. Cleaning procedures?

12. Certificate of Insurance from vendor?

*Yes or no.*

13. Other important items

*i.e., this person mentioned their cousin tested positive; I know they recently were on an airplane; I think they may have been exposed elsewhere based some conversation or knowledge is the reason for this category.*

## COVID-19 Workers' Compensation Reporting Form

<b>District:</b>	
<b>Contact Person:</b>	
<b>Contact Email/Phone:</b>	

**All potential COVID-19 claims should be reported immediately including claimants presenting with symptoms/diagnosis as well as potential exposures.**

1. Narrative

*Brief description, i.e. Employee reported to work and began not feeling well. Tested positive for Covid-19. Employee thinks that they may have been exposed at work, but also mentioned being at a wedding last weekend.*

2. Employee name/Occupation/Contact information

3. Works in What Building?

4. Recent Dates in Building

5. Other Staff/Students/Vendors/Contractors Worked Alongside

*position, contact info*

6. Names of Others Working Closely?

*position, contact/info*

7. Questions to assist in Determining Compensability

1. Who is your family doctor and what is his or her address?
2. Have you spoken with your family doctor regarding the coronavirus, and if so what date?
3. If you believe you were exposed to the coronavirus at work from a specific person, when did you work with such employee and what contact did you have with this employee?
4. How often did you work with the employee or employees whom you believe exposed you to the coronavirus?
5. Have you been admitted to any hospital in relation to the coronavirus and if so when?
6. What was the last date that you worked for your employer?
7. When did your COVID-19 symptoms first appear?
8. Do you have any relatives or friends who are COVID-19 positive?
9. How often have you been around this relative or friend in the past two months?
10. Have you traveled anywhere in the past two months, and if so where?
11. Has anyone visited you from another country in the past two months?
12. Have you gone to church or attended a gathering of friends or family in the past month?

If so, when?

13. Have you shopped at any grocery stores in the past month? If yes, what store and how often?

14. Are there any other reasons that you have left your house in the last month prior to diagnosis? If so, where?

15. Have you spent time with anyone in the past month whom you know was very sick? If so, when and with whom?

16. Have you received a positive COVID-19 test result?

17. When did you take that test and where?

18. What was the date you were diagnosed as COVID positive or negative?

19. What symptoms are you presently having?

20. Do you have any unrelated medical conditions for which you are taking medications? If so, what medications are you taking?

21. Are you presently in quarantine or in isolation?

22. Whom do you live with and are any other family members in quarantine?

23. Did any of your family members go into quarantine before you did?

24. Do you have any second jobs or secondary income? If so, please identify the secondary employer.

25. Do you participate in extra-curricular activities? Do you participate in any tutoring or coaching activities? When and where was this last activity? Who was included in this activity and were masks and protective devices used? How much time was spent working with others?

#### 8. Other important items

*i.e., this person mentioned their cousin tested positive; I know they recently were on an airplane; I think they may have been exposed elsewhere based some conversation or knowledge is the reason for this category.*