

COVID-19 Incident Reporting Guide

Please complete this guide to notify ICW of an employee testing positive for COVID-19. We will utilize the information reported to determine if an outbreak has occurred for claims between 7/6/20 and 12/31/22, for the purpose of applying the presumption criteria. You may send us the below guide via electronic mail at FirstNotice@icwgroup.com , facsimile at (858) 436-8916 or call (877) 442-9669.

- Employer's policy number
- Employer name
- Employer's date of knowledge or reasonably should have known that an employee tested positive for COVID-19
- If the employee is asserting the infection is work related or has filed a claim form, please include the employee's name. If not, do not provide any personally identifiable information regarding the employee who tested positive for COVID-19. We recommend using employee's ID number.
- The employee is asserting the infection is work related – Yes or No
 - If the employee **is** asserting the infection is work related, provide the employee with a claim form (DWC-1) and report the claim immediately to ICW.
- Date the employee took a COVID-19 test
 - A "COVID-19 test" means a Polymerase Chain Reaction (PCR) test approved for use or approved for emergency use by the United States Food and Drug Administration to detect the presence of viral RNA. A "COVID-19 test" does not include serologic testing, also known as antibody testing. Further, "COVID-19 test" may include any other viral culture test, approve for use or approved for emergency use by the United States Food and Drug Administration to detect the presence of viral RNA which has the same or higher sensitivity and specificity as the PCR Test.
- Last date the employee performed labor or services at the employee's place of employment at the employer's direction.
- 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.
- 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.
 - A "specific place of employment" means the building, store, facility, or agricultural field where an employee performs work at the employer's direction. A "specific place of employment" does not include the employee's home or residence, unless the employee provides home health care services to another individual at the employee's home or residence.
- A specific place of employment has been ordered to close by a local public health department, the State of Department of Public Health, the Division of Occupational Safety and Health, or a school superintendent due to a risk of infection with COVID-19 – Yes or No
- Name of person completing the guide
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