[Insert Date]

[Insert Union Rep Info]

**NOTICE TO EMPLOYEE REPRESENTATIVE**

**OF POSITIVE COVID-19 EMPLOYEE**

This notice is being provided to you as a representative of employee(s) **who (1) has tested positive for or has been diagnosed with COVID-19, (2) has been ordered to isolate by a public health official or (3) has died due to COVID-19, who works at the [insert department name].** Specific information regarding the qualifying individual, as required by Labor Code Section 6409.6(c), is disclosed at the end of this Notice.

We are committed to maintaining a safe workplace for our employees, which includes prohibiting discrimination, harassment and retaliation of any kind in accordance with state and federal laws. As a matter of County policy, we do not tolerate harassment or retaliation against any worker for disclosing a positive COVID-19 test or diagnosis or order to quarantine or isolate, for raising any related concerns, or for raising concerns about workplace safety or employee health. Employees who feel they have been retaliated or discriminated against should contact [list contact].

**Notice of COVID-19-Related Benefits and Employee Protections**

Please be advised that employees may be eligible for COVID-19 related benefits under local, state, and federal laws, including but not limited to:

[insert applicable benefits:

* Option to temporarily work from home.
* Any available County provided paid sick leave.
* Leave available under negotiated leave provisions.
* Unpaid leave under the Family and Medical Leave Act and/or the California Family Rights Act.
* Disability Benefits
* Workers’ Compensation Benefits]

If you or the employees you represent have any concerns about workplace health and safety issues, including questions related to COVID-19 risks, benefits for which they might be eligible, and their protections against discrimination, harassment and retaliation, please contact [list contact].

**Notice of Disinfection and Safety Plan in Response to Potential COVID-19 Exposure**

As outlined in the [insert department name] COVID-19 Prevention Program, the department is implementing a disinfection and safety plan as recommended by the CDC to ensure any workplace areas used by an infected individual are properly cleaned and disinfected. The department will be:

[insert details of areas to be cleaned and disinfected, and any other actions the department will be taking to ensure safety of employees, including but not limited to:

* Temporarily closing the general area where the infected individual worked until cleaning is completed.
* Increasing airflow and circulation in the area by opening outside doors and windows, increasing the percentage of outdoor air using the HVAC system.
* Conducting a deep cleaning of the entire general area where the infected individual worked and may have been, including breakrooms, restrooms, common areas, travel areas, vehicles, shared equipment, and frequently touched surfaces with a cleaning agent approved for use by the Environmental Protection Agency against COVID-19.
* Ensuring that all work is performed by [indicate whether cleaning will be conducted by cleaning/janitorial staff, or a third-party professional cleaning service], who are supplied with and properly trained on the safe use of all required and recommended personal protective equipment (PPE).
* Performing ongoing enhanced cleaning/disinfection of work areas in accordance with CDC recommendations.
* Mandating that masks be worn at all times.
* Ensuring employees are physically distancing at least six feet apart.
* Reminding employees to frequently wash their hands.
* Providing partitions at cubicles and front counters.
* Providing the appropriate PPEs where required.
* Providing hand sanitizers at all units.
* Limiting the number of people within a workspace.
* Posting signage as reminders to employees of their responsibilities.
* Marking spots where employees can stand six feet apart where needed.]

**Qualifying Individual Disclosure[[1]](#footnote-1)**

Notice has been provided to you, as the employee presentative, of the presence of a qualifying individual at a worksite where employees you represent were performing work for [enter department name]. Pursuant to Labor Code Section 6409.6(c), the following information is provided regarding the qualifying individual to the extent it is applicable and known to the Department:

Is the qualifying individual a confirmed positive COVID-19 case (circle one): Yes No

Is the qualifying individual under a COVID-19 related quarantine order (circle one): Yes No

Date of onset of illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location(s) where the qualifying individual worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following should be provided to the union representative that the qualifying individual is a member of. Do not provide the following information to any other union representative.*

|  |  |
| --- | --- |
| Employee Name | Employee Job Title |
|  |  |
|  |  |
|  |  |

1. Attention: This section contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible. [↑](#footnote-ref-1)