SAMPLE NOTIFICATION TO UNION

[COMPANY LETTERHEAD]

To: [NAME OF LOCAL]

Date: [DATE]

Subject: **NOTICE OF POTENTIAL WORKPLACE EXPOSURE TO COVID-19**

**AT *[NAME OF WORKSITE*]**

[NAME OF COMPANY] has been notified that an individual infected with COVID-19 was present and working at [ADDRESS OF WORKSITE]. As required by law we are notifying you, as their union representative, that other workers were present at the same worksite as the qualifying individual within the infectious period [DATE(S) OF POTENTIAL EXPOSURE] and may have been exposed to COVID-19.

Effected workers may be entitled to COVID-19 benefits under applicable federal, state, or local laws, including, but not limited to, workers’ compensation, COVID-19 related leave, company sick leave, state-mandated leave, supplemental sick leave, or negotiated leave provisions.

[COMPANY’S NAME] takes this incident seriously and is acting swiftly to mitigate any further infection. Attached is a copy of the Disinfection Protocols and Safety Plan we intend to implement at the worksite per the guidelines of the federal Centers for Disease Control (“CDC”). [ATTACH PLAN]

In accordance with California Labor Code Section 6409.6(c), [COMPANY’S NAME] provides you with the following information:

1. The qualifying individual worked as a [LIST JOB TITLE] *(e.g. Journeyperson sheetmetal worker*);
2. The area of the worksite that potential exposure occurred is [LIST AREA(S) OF POTENTIAL EXPOSURE AT WORKSITE]
3. The date of the onset of the illness is [DATE];
4. The qualifying individual is determined to be positive for COVID-19;
5. The qualifying individual has been away from work for \_\_\_\_ days; and
6. The qualifying individual did not die.

Pursuant to California Labor Code Section 6409.6(c), any information left blank is inapplicable or unknown to [COMPANY NAME]. Also, pursuant to Labor Code Section 6409.6(f), please know [COMPANY NAME] will not retaliate against a worker for disclosing a positive COVID-19 test or diagnosis or order to quarantine or isolate.

Finally, a conflict exists between Labor Code Section 6409.6(c) and Cal/OSHA’s Emergency Temporary Standards regarding the sharing of personal identifying information about the qualifying individual (i.e., COVID-19 Case) to the union. We did not include the name of the qualifying individual and, if known, prefer not to provide this information for reasons of medical confidentiality (in accordance with California Department of Public Heath Guidance). If you believe you should be provided the name of the COVID-19 qualifying individual, please contact us.