

# COUNTY OF VENTURA

## COUNTY EXECUTIVE OFFICE

### HUMAN RESOURCES DIVISION

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DATE: November 5, 2020

TO: All Agency/Department Directors

FROM: *CP* Chuck Pote, Senior Deputy Executive Officer/Risk Manager

SUBJECT: COVID-19 Positive Test Result Reporting Requirements

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On September 24, 2020, the attached memo was distributed advising of some important COVID-19 related laws and reporting requirements. We thank the Human Resource representatives of each agency for reaching back in time to compile the information that has now been submitted regarding employees who tested positive for COVID-19 from July through September. This memo serves as a reminder that the reporting requirements remain in place.

Each employer in California must report to their workers' compensation insurance carrier information for each employee that tests positive for COVID-19, whether or not the infection is believed to be industrial. **There is the potential for \$10,000 in civil penalties** for the failure to report, or knowing misrepresenting information. We recently learned from another county that state enforcement activity is beginning.

The reporting requirements relate to determining if an illness will be compensable under newly established workers' compensation laws. The required report includes "the highest number of employees who reported to work at the employee's 'specific place(s) of employment' in the 45-day period preceding the last day the employee worked at each specific place of employment." This is used to determine if an "outbreak" has occurred at that location, as defined in the new Labor Code section 3212.88. A copy of the Labor Code section is attached, with the reporting requirements found in subsection (i).

The "specific place of employment" is not well defined in the statute. We suggest that it means areas where an employee who tested positive could have exposed others, using the CDC definition of a close contact; a cumulative 15 minutes or more over a 24-hour period. For most employees, this would be the department or office space where the employee works and not the areas the employee may have merely walked through or briefly visited, such as the main entrance or restrooms. Agencies and departments are encouraged to develop methods to enable tracking and preserving this information.

Attached is a reporting form to be used to transmit the needed information to Risk Management. Please email the completed form to [Risk.Management@Ventura.org](mailto:Risk.Management@Ventura.org).

All Agency/Department Directors

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Risk Management will scrub the report of personal identifiable information and submit the needed information to our workers' compensation claims administrator, Sedgwick. Because the County is required to report to Sedgwick within three working days following notice of the positive test result, please submit the report to Risk Management by the second working day to give us time to record and submit the required data.

Should you have any questions, please contact me at (805) 662-6784 or Catherine Laveau at (805) 662-6540 or either of us via email.

cc: Michael Powers, County Executive Officer  
Mike Pettit, Assistant, County Executive Officer  
Shawn Atin, Assistant County Executive Officer/Human Resources Director  
Agency/Department HR Representatives

Attachments: Memo of September 24, 2020  
COVID-19 Positive Test Notification  
Section 3212.88 of the California Labor Code

**COVID-19 Positive Test Notification**

Email report to: [Risk.Management@ventura.org](mailto:Risk.Management@ventura.org)

Questions: (805) 654-3197 – voice mail messages will be returned as soon as possible

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Supervisor Name, Email Address, and Phone Number:

\_\_\_\_\_

Has employee expressed interest in filing a workers' compensation claim? YES / NO

Date supervisor learned of the COVID-19 positive test: \_\_\_\_\_

Date of COVID-19 test: \_\_\_\_\_

Date employee last worked before COVID-19 test taken: \_\_\_\_\_

Did employee work at a County facility at any time within 14 days of the COVID-19 test?

YES / NO – if NO, skip the next two questions

Specific work location(s), including name and address, where employee worked for the 14 days before the COVID-19 test.

\_\_\_\_\_  
\_\_\_\_\_

Maximum number of employees working at that/each location within 45 days of the testing.

\_\_\_\_\_

Report Prepared by: \_\_\_\_\_

Phone: \_\_\_\_\_