

GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT BOARD (GMLWDB)

GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

EFFECTIVE DATE:	July 1, 2020
DURATION:	Indefinite
POLICY:	Rapid Response/Layoff Aversion
PURPOSE:	Implementing Layoff Aversion Strategies during a Rapid Response
REFERENCE(S):	WIOA, 20 CFR § 682.300-682.370; TEGL No. 3-15; (TEN) 9-12
BACKGROUND:	The central purpose of Rapid Response is to help laid-off workers transition to new employment.

DEFINITIONS:

1. **Rapid Response** encompasses the strategies and activities necessary to:
 - a. Plan for and respond to as quickly as possible following an event such as an announcement or notification of permanent closure, announcement or notification of a mass layoff including a Worker Adjustment and Retraining Notification (**WARN**) Act, a mass job dislocation resulting from a natural or other disasters, or the filing of a Trade Adjustment Assistance (TAA) petition.
 - b. Deliver services to enable dislocated workers to transition to new employment as quickly as possible.
 - c. Promote economic recovery and vitality by developing an ongoing, comprehensive approach to identifying, planning for, responding to layoffs and dislocations, and preventing or minimizing their impacts on workers, businesses, and communities.
 - d.
2. **Layoff Aversion** consists of strategies and activities to prevent or minimize the duration of unemployment resulting from layoffs.
 - a. **Layoff Aversion** may include a wide array of possible strategies or activities, including but not limited to:
 - i. Ongoing engagement, partnership, and relationship-building activities with businesses in the community, in order to create an environment for successful layoff aversion efforts and to enable the provision of assistance to dislocated workers in obtaining reemployment as soon as possible;
 - ii. Providing assistance to employers in managing reductions in force, which may include early identification of firms at risk of layoffs, assessment of the needs of and

options for at-risk firms, and the delivery of services to address these needs;

- iii. Funding feasibility studies to determine if a company's operations may be sustained through a buyout or other means to avoid or minimize layoffs;
- iv. Developing and managing incumbent worker training programs or other workers upskilling approaches;
- v. Connecting companies to state Short-Time Compensation or other programs designed to prevent layoffs or to quickly reemploy dislocated workers, business loan programs for employee skill upgrading; and other Federal, state and local resources as necessary to address other business needs;
- vi. Establishing linkages with economic development activities at the Federal, state and local levels, including Federal Department of Commerce programs and available state and local business retention and expansion activities;
- vii. Partnering or contracting with business-focused organizations to assess risks to companies, propose strategies to address those risks, implement services, and measure impacts of services delivered;
- viii. Conducting analyses of the suppliers of an affected company to assess their risks and vulnerabilities from a potential closing or shift in production of their major customer;
- ix. Engaging in proactive measures to identify opportunities for potential economic transition and training needs in growing industry sectors or expanding businesses; and
- x. Connecting businesses and workers to short-term, on-the-job, or customized training programs and apprenticeships before or after a layoff to help facilitate rapid reemployment.

RAPID RESPONSE PROCESS:

1. The State Dislocated Worker Unit (DWU) serves as the central point of communication, receiving and distributing information as needed. The DWU is responsible for overseeing statewide Rapid Response services. The Tennessee Department of Labor and Workforce Development, through the Local Workforce Development Areas (LWDA's), will provide all aspects of Rapid Response. Each LWDA will have a single point of contact that will coordinate Rapid Response activities as a designated Local Rapid Response Coordinator and will work closely with the DWU.
2. Upon receipt of a WARN notification, the DWU notifies the Local Rapid Response Coordinator.
3. The Local Rapid Response Coordinator notifies the Rapid Response team of receipt of a WARN notice.
4. The Local Rapid Response Coordinator contacts the employer within 48 hours of the notice to offer Rapid Response Services and schedule an initial meeting.
5. The Local Rapid Response Coordinator conducts the initial meeting with the employer's point of contact, accessing the needs of the employer and employees. Incumbent Worker Training and other state and federal incentives are offered as an option to prevent closure, relocation, or mass layoffs. AJC services such as job readiness workshops to include resume writing, interviewing skills, Labor Market Information, and Job Fairs are offered.
6. The Rapid Response Coordinator schedules the mass meeting based on the specifications and needs of the employer and employees in conjunction with the Rapid Response Team.


7. Rapid Response Team conducts the Mass Meeting, team members could vary based on the needs of the employer. An example of a team is:
 - a. Title I
 - b. Title III
 - c. Unemployment Insurance (UI)
 - d. TRADE/TAA
 - e. Shelby County Government

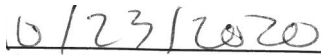
Employees are presented with oral and verbal information from each team member to include:

- a. Career counseling and job search assistance
 - b. Resume preparation and interviewing assistance
 - c. Education and training opportunities
 - d. Labor market information
 - e. Reemployment prospects
 - f. Unemployment Insurance
 - g. Utility and Rental assistance
 - h. Employees also complete a needs survey and registration form for jobs4tn.gov.
8. Job Readiness Workshops and Job Fairs are facilitated upon request of the employer.
 9. Follow-up services to include case management and customized recruitment for sector partners are coordinated by the American Job Center to assist employees with re-employment. On the Job Training, Apprenticeships, and Work Experiences are used as options for layoff aversion.
 10. Rapid Response/Layoff Aversion efforts are documented in jobs4tn.gov.

INQUIRIES

Please contact Amber Covington, Executive Director, acovington@memphischamber.com, with any questions or concerns regarding this policy.


Desi Franklin
Workforce Midsouth, Inc. Board


Adopted Date

GMLWDB is a proud partner of the American Job Center network, is an Equal Opportunity Employer. The Career Center System is an Employer/Equal Opportunity Program. Auxiliary aids and services are available upon request to individuals with disabilities. TTY: 1-800-848-0299

Greater Memphis Local Workforce Development Board

Greater Memphis Local Workforce Development Area

COVID-19 EXPOSURE GUIDELINES

Revised August 31, 2020

If an employee and / or subcontractor staff has been exposed to COVID-19 or is exhibiting symptoms please handle accordingly.

******If exposure is work related, the illness should be handled like any Worker's Compensation (WC) claim. Complete all necessary forms and submit to HR and/or designated staff. A claim will be treated as "NOTIFY ONLY" until positive test results have been confirmed.**

Possible Exposure Situations:

1. Employee calls in to report they are sick and having Covid-19 symptoms.

- Employee should contact a testing facility and be tested.
- Employee should self-isolate at home pending test results.
- Employee should request an EMERGENCY SICK LEAVE REQUEST from supervisor, director or HR, if they have not been approved to work from home.
- Refer to positive/negative test results guideline below.

2. Employee is demonstrating symptoms of COVID-19 and reports to the worksite or has worked at a worksite within the past 14 days.

- Employee is notified by supervisor to leave the worksite and go to a testing facility to be tested.
- Supervisor notifies the director and HR, and/or designated staff.
- Employee should request an EMERGENCY SICK LEAVE REQUEST from supervisor, director, HR, and or designated staff if they have not been approved to work from home.
- Employee must self-isolate pending results of test.
- Refer to positive/negative test results guideline below.

3. Co-worker(s) exposed to a fellow employee who has tested positive for COVID-19.

- Employees must first use any sick/vacation days. The remainder of the time can be considered Worker's Compensation (WC).
- WC paperwork will need to be completed and Employees that have symptoms will need to be tested. (Please see positive/negative result guidelines below.)
- If an employee tests positive and is asymptomatic please follow the POSITIVE RESULT GUIDELINES below, complete WC paperwork, and submit to HR, and/or designated staff.

4. An employee calls in and states, "A family member (in the same household or exposure of within 3 to 6 ft.) has tested positive."

- Employee should contact a testing facility and be tested for Covid-19.
- Employee should self-isolate pending test results.
- Employee should request an EMERGENCY SICK LEAVE REQUEST from supervisor, director, HR, and/or designated staff if they have not been approved to work from home.
- Employee receives a positive result. (See guidelines below for POSITIVE RESULT.)
- Employee receives a negative result. Employee must self-isolate for 14 days from the date of exposure.
- Employee may return to work on day 15.

5. An employee with allergy symptoms and no known exposure was tested at a doctor's office and test is negative, when can they return to work?

- The employee will need to provide a doctor's statement and the negative test result to supervisor or director.
- The doctor's statement will determine the return to work date.

Contact Tracing Procedure

Once you become aware that an employee in the workplace has been exhibiting COVID-19 symptoms or has tested positive for COVID-19 begin the following procedure:

- Contact the employee and obtain the following:
 - o Date of symptom onset, if applicable,
 - o Date of testing and results,
 - o Location of exposure.
- Ask employee the name(s) of all employees, clients, vendors, etc. they have had close contact (within 6 feet of an affected person for at least 10 minutes) starting from 3 days before illness onset (or, for asymptomatic employees, 3 days prior to specimen collection) until the time the infected employee was isolated.
- To protect patient privacy, close contact employees are to be informed that they may have been exposed to an employee with the Covid-19 virus. **They are not to be told the identity of the employee who may have exposed them or any information that might lead to their identity unless the infected employee has signed the attached Authorization to Disclose COVID-19 Diagnosis.** (See below for obtaining authorization from infected employee.)
- Each close contact employee will be notified of their exposure by their supervisor or director. HR and/or designated staff will notify the appropriate program director if they have any close contact employees.
- Close contact employees are to stay away from all agency worksites and social distance from others (at least 6 feet) until 14 days after their last exposure.
- Refer close contact employee(s) to a medical provider if necessary.

- The supervisors and/or directors are to give all documentation regarding the impacted employee and close contact employee(s) to HR and/or designated staff only as quickly as possible. Documentation will be placed in the employee's medical file and locked in the file room located in the Fiscal Dept. HR and/or designated staff will notify the appropriate program director if they have any close contact employees.
- Refer to Positive test results below.

Obtaining Authorization to Disclose COVID-19 Diagnosis

In the interest of the health of GMLWDA employees and others impacted, employee may authorize GMLWDA to disclose they have tested positive for the COVID-19 virus or they have been exposed to the virus. The decision to sign such authorization is strictly the choice of the employee. The employee's supervisor or director should advise the employee they are not required to sign an authorization and that there will be no adverse consequences to their employment if they choose not to do so. GMLWDA is not to coerce or pressure employee to sign disclosure. (Please review the attached Authorization to Disclose COVID-19 Diagnosis prior to discussing with employee.)

Test Results Guidelines:

POSITIVE COVID-19 RESULT

- Employee should notify supervisor or director.
- Employee will need to provide copy of doctor's statement or test result.
- Employees must first use any sick/vacation days. If work related, the remainder of the time can fall under WC. WC paperwork will be submitted to the carrier. Follow WC normal guidelines on Timesheet.
- Employee should stay in self- isolation for 14 days from date of test.
- Employee may return to work after completion of 14 day quarantine **and once they have submitted a negative test result to their supervisor or director. (Please encourage employee to utilize an "instant result" testing site if available.)**

NEGATIVE COVID-19 RESULT

- Employee should notify supervisor or director.
- Employee will need to supply a doctor's statement or result.
- Employee will need to self-isolate 14 days from date of exposure.
- Employee must first use any sick/vacation days during this period, if they have not been approved to work from home. If work related, the remainder of the time can fall under WC.
- Employee may return to work on day 15.
- If employee has not been exposed, they may return to work once they receive a negative test result.

OTHER INFORMATION TO KNOW

If the Health Department contacts you and asks for the names of all the employees that have been in contact with your employee that has tested positive:

- You may not release any GMLWDA employee names to any agency without the employee

signing a release of information.

What is considered close contact?

- The Health Department considers "close contact" when you come within 6 feet of an affected person for at least 10 minutes.

What should you do about an employee's workspace if they had a positive result?

- The workspace of any employee that tested positive should be sanitized after 24 hours.

The incubation period for Covid-19 is 1-14 days. Symptoms may appear 2-14 days after exposure.

Symptoms include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list may not include all possible symptoms.

*****If an employee is off from work related to COVID-19, they may request Emergency Sick Leave Pay according to the Families First Coronavirus Response Act (FFCRA). If the employee is approved to work from home, it is not necessary for them to request Emergency Sick Leave Pay.**

In the best interest of GMLWDB and the GMLWDA, its employees, clients, visitors, and customers, please read, sign, and return the enclosed HIPAA/Employee and Client Privacy Policy Statement to the HR Department and/or designated staff.

Greater Memphis Local Workforce Development Board

Greater Memphis Local Workforce Development Area

Authorization to Disclose Covid-19 Diagnosis

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act ---45 CFR Parts 160 and 164)

Patient Name: _____ **Date of Birth:** __ / __ / __

E-mail Address: _____

_____ hereby authorize the release my health information (PHI) to:

**The Greater Memphis Chamber
C/O: GMLWDB Executive Director
100 Peabody Place, Ste. 1000
Memphis, TN 38103**

Report: Covid-19 Test Results

In addition to the authorization for release of my PHI described above, I furthermore acknowledge that I have the right to authorize access and disclosure of my Protected Health Information (PHI) to anyone of my choosing for billing, condition, treatment and prognosis to the following individual(s):

Name _____ Relationship _____

Name _____ Relationship _____

I request the following restriction (s) to releasing my PHI:

I understand that I am entitled to a copy of the Notice of Privacy Practices and can access this information from the State of Tennessee website: <https://www.tn.gov/health/health-program-areas/hipaa/hipaa-documents.htm> or from the office directly.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization. Unless otherwise revoked this authorization shall be in force and effect one year from today's date at which time this authorization expires.

Signature of Patient

Date

NOTICE OF PRIVACY PRACTICES

OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

The Department of Health's workforce is required by the federal law entitled Health Insurance Portability and Accountability Act (HIPAA) to safeguard your Protected Health Information (PHI). PHI is individually identifiable information about your past, present, or future health or condition, the provision of health care to you or payment for health care. We are required to give you a notice of our privacy practices for the information that we collect and keep about you.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand that health information about you is personal and we are committed to protecting this information. This Privacy Notice applies to all of your health information, including (1) records relating to your care at a health department clinic (2) health care records received by the Department of Health from another source and (3) genetic information.

We are required by law to: (1) keep your PHI confidential, (2) give you this Privacy Notice, and (3) follow the terms of the current Privacy Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND OPERATIONS

The following categories describe different ways we may use and disclose your PHI.

- **For Treatment.** We may use or disclose your PHI to doctors, nurses, nutritionists, technicians, or other health department personnel who are involved in taking care of you. We may disclose your PHI to people outside the health department who may be involved in your medical care such as prescriptions, lab work and x-rays.
- **For Payment.** We may use or disclose your PHI to get payment or to pay for health services that you receive. For example, we may need to tell your health insurance about a treatment you need in order to obtain prior approval or to determine whether your insurance will pay for the treatment.
- **For Health Care Operations.** We may use or disclose your PHI for Department of Health's operations. This is necessary to manage the Department's programs and activities. For example, we may use PHI to review our services, programs, and/or the quality of care that we provide you.
- **Appointment Reminders.** We may use your PHI to contact you as a reminder that you have an appointment for treatment or services.

THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS
INFORMATION

PLEASE REVIEW THIS
CAREFULLY



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

Effective Date: March 2013
(Revised 06/13)

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR PERMISSION

The law provides that we may use or disclose your PHI from our records (even after your death) without your permission in the following circumstances:

- **As Required by Law** We will disclose medical information about you when requested to do so by law to investigate reports of abuse or neglect and to report the incident to the appropriate law enforcement agency.

- **Health Oversight Activities** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the state and federal government to monitor the health care delivery system or to oversee

- **As Public Health Risks** We may disclose PHI about you for public health activities. These activities may include the reporting of births and deaths and the tracking, prevention, or control of certain diseases, injuries, and disabilities.

- **Research** In certain circumstances and under supervision of an institutional review board, we may disclose PHI in order to assist medical research.

- **To Avert a Serious Threat to Health or Safety** We may use or disclose your PHI if necessary to prevent a serious threat to you or the health and safety of the public or

another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **For Specific Government Functions** We may disclose PHI to an enforcement or government benefit program relating to eligibility and enrollment and for the interest of national security.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy** In most cases, you have the right to look at or get copies of your paper records and your electronic records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

- **Right to Amend** If you feel that there is a mistake or missing information in our record of your PHI, you may ask us to correct or add to your record. Your request must be made in writing, and you must provide a reason that supports your request. We may deny your request under certain circumstances. Any denial will state the reasons for denial and explain your rights to have the request and denial along with any statement in response you provide appended to your PHI.

- **Right to Know What Health Information We Have Released** You have the right to ask for a list of disclosures made of your PHI made on or after April 14, 2003, for purposes other than those listed in the Privacy Notice. You must request this list in

writing and state the period of time the list should cover for a period of no longer than six (6) years. The first list you request within a twelve (12) month period will be free.

- **Right to Request Restrictions** You have the right to ask us to limit how your PHI is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom the limits apply. You have the right to restrict disclosure to a health plan for services which you fully paid for out of pocket.

- **Right to Confidential Communications** You have the right to ask that we communicate with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make your request in writing. You will not have to explain the reason for your request. We will honor all reasonable requests.

- **Right to Authorize Release of Information** Other releases of your PHI can be made only if you request it and you can change your authorization at any time.

- **Right to Be Notified of Information** In the event of a breach of unsecured PHI

- **Right to a Paper Copy of This Notice** You have a right to a paper copy of this notice at any time even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at any Website listed below. You may also request a paper copy of this notice under the States Privacy Notice listed

below. We reserve the right to change our privacy practices and this notice at any time. We will post a copy of the current notice in all our offices and at the Department's Website.

HOW TO GET MORE INFORMATION OR COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, please contact the HIPAA PRIVACY OFFICER listed below. If you believe we have violated your privacy rights, you may file a written complaint with either of the agencies listed below. You will not be charged by filing a complaint.

HIPAA Privacy Officer
The Department of Health
Compliance Officer
5th Floor, Andrew Johnson Tower
770 James Robertson Parkway
Nashville, TN 37243
(615) 233-5837
877-280-0584 Fax: (615) 233-3929
email: privacy.health@tn.gov

Secretary
U.S. Department of Health & Human Services
200 Independence Ave. SW
HHS Building, Room 509H
Washington, DC 20201
1171 865 788-4989
877-695-6775



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