**TEMPLATE NOTIFICATION TO EMPLOYEES WHEN COWORKER IS DIAGNOSED WITH COVID-19**

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**Instrctions:** This is a letter template for employers that are required to notify employees of potential exposure under AB 685, which takes effect January 1, 2021. Edit the document as necessary, in addition to reviewing all applicable highlighted and bolded sections. This letter should be distributed to employees within 24 hours of knowledge of a qualified individual at a work site. A work site is the building/buildings the qualified person was in while they were contagious at work. As of Dec 31, FFCRA will expire unless removed and should be removed from the body of the letter under Work Exclusion.

Dear [Employee Name],

This letter is to notify you, that a qualified person has been at your worksite during the infectious period. A qualified person is someone who has a positive COVID-19 test or has been deemed by a health care provider to have COVID-19. As an immediate response to protect the health and safety of our workforce, the LEA has conducted an investigation to determine co-workers who may have been at the same worksite with the qualified individual; particularly those who have had close contact. The qualified individual was at the worksite between [Exposure Dates]. According to the Centers for Disease Control and Prevention (CDC), individuals are contagious/” infectious” up to 48 hours before they exhibit symptoms or test positive for COVID-19.

**Steps [the LEA] is taking**

List steps being taken depending on the severity of the outbreak, number of cases, examples below.

(1) instituting remote workforce,

(2) sanitizing workplace,

(3) closing workplace,

(4) notifying building management,

(5) notifying local department of public health,

(6) notifying Cal OSHA, and

(7) notifying union, if applicable.

Provide link to employer’s COVID-19 prevention program.

**Steps All Employees Must Take**

If you experience any symptoms of COVID-19 (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, or diarrhea), do not come to work and inform [human resources/management] at [contact information] so that we may track any potential outbreaks within your worksite. Contact your health care provider to determine if you should be tested for COVID-19. [LEA Name] will keep all medical information confidential and will only disclose it on a need-to-know basis, as required by the Americans with Disabilities Act (ADA).

## Work Exclusion

Until further notice, do not physically come to work to help prevent potential spread of the virus. You will not be allowed to come to work for 14 days after your last date of exposure as noted above. We are offering remote work opportunities where possible and will work with you to make this transition smooth. Contact [name and contact information] to determine the best options for you.

## Sick Leave & Pay

If you are unable to work remotely (if offered), or if you become ill, there are options for leave and pay. You may be entitled to COVID-19 benefits under applicable federal, state, and/ or local laws, including, but not limited to, COVID-19 related FFCRA (Families First Coronavirus Response Act), state mandated leave FMLA/CFRA (Family Medical Leave Act/California Family Rights Act Leave), sick leave, negotiated leave provisions or workers compensation. [insert links to relevant leave policies.]

## Returning to Work

You may return to work upon clearance by [name/contact information of HR representative].

* No employees will be allowed to return to work less than 14 days after the last date of exposure to a qualified coworker or qualified student.
* Employees who have had symptoms may not return to work until they have been fever free, less than 99.5 degrees (without fever reducing medication) for 24 hours, at least 10 days have passed since the onset of their symptoms and they are showing an improvement in symptoms.
* Employees who have been asymptomatic but who tested positive may not return to work until 10 days have passed since the date of their first positive test. [insert link or attachment to relevant worksite policies as applicable].

Please contact [name/contact info of contact person] with any questions or concerns. We appreciate everyone continuing to do their best to support the health and safety of our work environment and each other.  These are trying times for us all, and we are here for you.

Sincerely,

[Employer Name]
[Title]
[Contact Information]