**INDUSTRY SAMPLE NOTIFICATION**

**TO POTENTIALLY EXPOSED EMPLOYEE(S)**

**COMPANY LETTERHEAD**

To: [NAME OF POTENTIALLY EXPOSED WORKER] Date: [ ]

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

[COMPANY’S NAME] has been notified that an individual who has tested positive for COVID-19 was present at the worksite located at [ ADDRESS & LOCATION OF EXPOSED WORKSITE]. The infectious period for the positive cases starts 48 hours before symptoms appear or a positive test is taken and continues for at least 10 days thereafter. This positive case was present on the worksite during the infectious period on the following days: [ ].

**Close Contact:** Per Cal/OSHA’s COVID-19 Emergency Standard (Tile 8, Section 3205), a COVID-19 exposure is defined as being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period”. This definition applies regardless of the use of face coverings. [COMPANY’S NAME] has investigated the facts to determine who, if anyone, is considered to have been exposed.

**Potential Exposure:** You are receiving this notice because you were in the work area with the positive COVID-19 case. You are considered potentially exposed. You are not required to take any steps beyond the already required COVID-19 prevention procedures.

**Worksite Protection and Sanitation***:* [COMPANY’S NAME] COVID-19 Protection Plan is available from the [SAFETY DIRECTOR]. [HUMAN RESOURCES DIRECTOR], or [EMPLOYEES SUPERVISOR]. A copy of the sanitation portion of the plan is attached for your information on steps *COMPANY’S NAME* takes to provide a sanitized work area following a positive case (Attachment 1)**.**

**List of Potential Employee Benefits:** If you have COVID-19, are exposed to COVID-19, or are at a worksite that suffers an outbreak of COVID-19, you may be entitled to COVID-19 benefits including but not limited to Union benefits and those listed with links to more information in the table below:

|  |  |
| --- | --- |
| **Links to Benefit Information** | |
| **State Labor Website - COVID 19 Benefits Guide:** http://www.labor.ca.gov/coronavirus2019/ | **State COVID-19 Supplemental Paid Sick Leave:**  https://www.dir.ca.gov/dlse/FAQ-for-PSL.html |
| **State Disability Insurance:** https://www.edd.ca.gov/Disability/ | **FFCRA Emergency Paid Sick Leave:** https://www.dol.gov/agencies/whd/pandemic |
| **State Paid Family Leave:** https://edd.ca.gov/Disability/Paid\_Family\_Leave.htm | **FFCRA Emergency Paid Family & Medical Leave:** https://www.dol.gov/agencies/whd/pandemic |
| **Extended Unemployment Insurance:** https://edd.ca.gov/Unemployment/Eligibility.htm | **Workers Compensation Benefits:** https://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html |
| **Pandemic Unemployment Assistance:** https://www.edd.ca.gov/about\_edd/coronavirus-2019/pandemic-unemployment-assistance.htm | **Cal/OSHA COVID-19 Prevention Temporary Standard:** https://www.dir.ca.gov/oshsb/COVID-19-Prevention-Emergency.html |
| **State Paid Sick Leave:** https://www.dir.ca.gov/dlse/paid\_sick\_leave.htm |  |

**Employee Responsibility for Reporting to Employer:** Remember you are required to report any COVID-19 symptoms or exposure to [COMPANY’S NAME] before coming to work after finding out about them.

[COMPANY’S NAME] does not permit any discrimination, negative treatment, or retaliation against individuals who are affected by COVID-19. [COMPANY’S NAME] maintains the privacy of your personal information except where legally required to disclose it.

For more information on COVID-19, including symptoms and treatment, visit the CDC website at [www.cdc.gov](http://www.cdc.gov).

Signed: [SIGNATURE]

**Attachment 1: Sanitation Plan**

*Attach Your Companies Sanitation Plan*