[Insert Date]

**NOTICE OF POTENTIAL COVID-19 EXPOSURE**

**Notice of Potential COVID-19 Exposure**

As required by Assembly Bill **654**, the [department name] is providing this notice to inform you that you may have been exposed to COVID-19 when working at one or more of our worksites on [insert date or date range]. Your rights and our responsibilities in relation to this possible exposure are outlined below.

**Notice of COVID-19-Related Benefits and Employee Protections**

If you have a fever or are experiencing symptoms related to COVID-19, please **stay home and** do not physically report to work. Contact [insert contact, i.e., your supervisor/HR/other designated representative] as soon as possible. According to the Centers for Disease Control and Prevention (CDC), symptoms of COVID-19 can 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, and diarrhea. We also recommend that you contact your healthcare provider and/or be tested for COVID-19, which will be provided to you at no cost.

**If you test for COVID-19 and the results are positive,** you will be required to stay home and isolate, as outlined by the California Department of Public Health (CDPH).

**You must quarantine at home, as outlined by CDPH, if you have** been in close contact with an infected individual. Close contact means you spent 15 minutes or more (cumulative) within 6 feet of an individual with COVID-19 infection during **any 24-hour period** within or overlappingtheir infectious period. ([Your supervisor/HR/other designated representative] will let you know if you are considered to have been in close contact with an infected individual.)

Please be advised that you may be eligible for COVID-19 related benefits under local, state, and federal laws, including but not limited to:

[list the benefits that are available to the affected employees:

* Option to temporarily work from home.
* Any available County provided paid sick leave.
* Leave available under negotiated leave provisions.
* Unpaid leave under the Family and Medical Leave Act and/or the California Family Rights Act.
* Disability Benefits
* Workers’ Compensation Benefits]

If you have questions about the benefits, please contact [insert contact].

It is our policy to protect your confidentiality and privacy to fullest extent possible. While general information about any COVID-19 infection may be shared with others to help prevent the spread of COVID-19, we will not identify the infected individual or any employee in contact with the individual, including you, by name unless disclosure is required under the law.

The [department name] is committed to maintaining a safe workplace for our employees, which includes prohibiting discrimination, harassment and retaliation of any kind in accordance with state and federal laws. The department does not tolerate harassment or retaliation against any worker for disclosing a positive COVID-19 test result, diagnosis, exposure, or order to quarantine or isolate, for raising any related concerns, or for raising concerns about workplace safety or employee health. If you feel you have been retaliated or discriminated against, please contact [list contact].

**Notice of Safety Plan in Response to Potential COVID-19 Exposure**

As outlined in the [insert department name] COVID-19 Prevention Program, the department is implementing a disinfection and safety plan as recommended by the CDC to ensure any workplace areas used by an infected individual are properly cleaned and disinfected. The department will be:

[insert details of areas to be cleaned and disinfected, and any other actions the department will be taking to ensure safety of employees, including but not limited to:

* Temporarily closing the general area where the infected individual worked until cleaning is completed.
* Increasing airflow and circulation in the area by opening outside doors and windows, increasing the percentage of outdoor air using the HVAC system.
* Conducting a deep cleaning of the entire general area where the infected individual worked and may have been, including breakrooms, restrooms, common areas, travel areas, vehicles, shared equipment, and frequently touched surfaces with a cleaning agent approved for use by the Environmental Protection Agency against COVID-19.
* Ensuring that all work is performed by [indicate whether cleaning will be conducted by cleaning/janitorial staff, or a third-party professional cleaning service], who are supplied with and properly trained on the safe use of all required and recommended personal protective equipment (PPE).
* Performing ongoing enhanced cleaning/disinfection of work areas in accordance with CDC recommendations.
* Mandating that masks be worn at all times.
* Ensuring employees are physically distancing at least six feet apart.
* Reminding employees to frequently wash their hands.
* Providing partitions at cubicles and front counters.
* Providing the appropriate PPEs where required.
* Providing hand sanitizers at all units.
* Limiting the number of people within a workspace.
* Posting signage as reminders to employees of their responsibilities.
* Marking spots where employees can stand six feet apart where needed.]

If you have any questions about this Notice of Potential COVID-19 Exposure, please contact [your supervisor/HR/other designated representative].