*Email Subject Line: Notification of Direct Contact with COVID-19 Case*

Date

To: Employee

CC: [DisabilityUnit@sonoma-county.org](mailto:DisabilityUnit@sonoma-county.org)

**RE: NOTICE OF DIRECT CONTACT WITH COVID-19 POSITIVE INDIVIDUAL**

On date, [you notified us or we were notified] that you had direct contact with a COVID-19 positive individual [in the workplace or outside of the workplace].

Y**ou will not be required to quarantine as long as you remain free of COVID-19 symptoms and take the following recommended actions:**

* **If you have**[**COVID-19 symptoms**](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)**,** you should [test](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html#when-to-get-tested) and mask right away.
* **If you do not have symptoms,** and are at [higher risk](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) of severe COVID-19 infection and would benefit from treatment, you should test within 5 days.
* **If you do not have symptoms**and have contact with people who are at higher risk for severe infection, you should mask indoors when around such people for 10 days. Consider testing within 5 days after the last exposure date (Day 0) and before contact with higher-risk people. For further details, see [CDPH COVID-1​9 tes​​ting guidance​](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Updated-COVID-19-Testing-Guidance.aspx).

**If you have COVID-19 symptoms,** test, and do not come to work. Contact your supervisor immediately.  You are entitled to get tested during your paid work time.  You are encouraged to test five days after your last date of exposure.

**COVID-19 symptoms are:** Fever of 100.4 degrees Fahrenheit or higher, 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 (unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19).

**If you test positive for COVID-19**: **DO NOT REPORT TO WORK**. N**otify the department contact below, immediately**, as additional contact tracing will be required to establish whether any other employees have been exposed. You will be required to isolate and be excluded from the workplace per Cal/OSHA regulations. We will provide you with additional information regarding your leave and ability to return to the work site.

The County continues to work diligently to comply with Cal-OSHA COVID-19 Non-Emergency Standards, Public Health guidance, and CDC guidelines, as employee safety is a top priority. Please contact name/phone number/email if you have questions or need support.

Sincerely,

Department Contact