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

Date

To: Employee

CC: DisabilityUnit@sonoma-county.org

**RE: NOTICE OF CLOSE CONTACT WITH COVID-19 POSITIVE INDIVIDUAL – FACILITY LOCATION**

If you were on-site in the **DEPARTMENT**, **ADDRESS,** on **DATE**, you may have had **close contact** with a COVID-19-positive individual in the workplace.

**If you were not on-site, you do not need to take any action.**

**If you were on-site, you are not 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/covid/signs-symptoms/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html),** you should [test](https://www.cdc.gov/covid/testing/index.html) and mask right away.
* **If you do not have symptoms,** and are at [higher risk](https://www.cdc.gov/covid/risk-factors/?CDC_AAref_Val=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/How-to-Get-Tested.aspx).​

**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).

**Testing**: If at any time you begin to experience COVID-19 symptoms, get tested, 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.

**If you have symptoms and 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 will be excluded from the workplace in accordance with Cal/OSHA regulations. We will provide you with additional information regarding your leave and ability to return to the work site.

**For COVID-19 cases with no symptoms**, you will not be excluded from the workplace. You must wear a mask for 10 days while at the work site from the date of your positive test. If symptoms develop, please contact your department immediately.

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 me if you have any questions or need support.

Sincerely,

Department Contact