Email Subject Line: Notification of potential exposure to COVID-19 virus

Date

To: **Contractor/Non-Employee** of the County of Sonoma DEPARTMENT

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

*You are receiving this notice in compliance with Cal/OSHA non-emergency regulations.*

Department has been notified that an individual infected with COVID-19 was present at the County facility/office/jobsite located at: Address

You may have been exposed to this virus if you were at this work site on dates.

**This is not an order to quarantine.**

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/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).

**Leaves and Protections:** You may also be entitled to the following COVID-19 benefits under applicable federal, state, and/or local laws.

Please contact your employer with regard to whether any of these provisions may apply to you:

* Family Medical Leave Act/California Family Rights Act leave provides job-protected leave for an employee’s own illness or care of an ill family member.
* California Healthy Workplaces, Healthy Family Act of 2014 (California Paid Sick Leave). Requires employers to provide all employees with a minimum level of sick leave accrual.

**Retaliation Protection**: If you believe that you have been retaliated against for disclosing a positive COVID-19 test, diagnosis, or order to quarantine or isolate, contact the State of California Department of Industrial Relations, Division of Labor Standards Enforcement: <https://www.dir.ca.gov/dlse/DistrictOffices.htm>

**What do I do if I experience COVID-19 symptoms?**

In the event, you become sick and/or start to have symptoms, **remain at home, do not report to work, and contact your County supervisor and employer immediately**. If you become sick and/or have symptoms while at work, notify your supervisor and go home immediately. Please follow your healthcare provider’s direction regarding a return to work and coordinate your return to work with your employer.

A list of COVID-19 symptoms is available on the CDC’s website: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

The County continues to work diligently to comply with Public Health, Cal/OSHA regulations, and CDC guidelines, as safety is a top priority. Please contact your employer for additional instruction, information, and resources.

Sincerely,

Department Contact