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

**Date:** **[Insert Date]**

**To: All Staff**

**Subject: Notification of Positive COVID-19 Case**

The County has been notified that an individual infected with COVID-19 was recently present at a work location that you accessed. **If you were determined to have been in close contact[[1]](#footnote-1)** with this individual, you will receive a subsequent notification from the County and/or public health.

If you were determined to have been exposed to or contracted COVID-19 in the workplace, you may use accrued leaves in accordance with applicable federal, state, and/ or local laws. For:

* + Family Medical Leave Act/California Family Rights Act Leave: Refer to link <https://insideyolo2.yolocounty.org/home/showpublisheddocument?id=281>
  + Workers Compensation Form DWC1: Refer to link <https://www.dir.ca.gov/dwc/FORMS/Claim-Forms/DWC-1-TAGALOG.pdf>
  + Yolo County’s Sick Leave Policy and Vacation Policy: For unrepresented employees, refer to the County’s Personnel Rules and Regulation at <http://www.yolocounty.org/personnel-rules-and-regulations>; and for represented employees, please refer to your respective MOU located at <https://www.yolocounty.org/government/general-government-departments/human-resources/labor-relations>.

The County has developed a COVID-19 Prevention Program (CPP) that outlines the measures taken to keep all employees safe from COVID-19 hazards. The CPP includes details on the cleaning and disinfection measures at your specific worksite. This program is available to you through your supervisor or the Yolo County Human Resource’s office.

In addition to the information included in the program, the County strives to maximize employee safety in the workplace by promptly responding to COVID-19 cases by conducting contact tracing to notify individuals that may have had a COVID-19 exposure, cleaning/disinfecting all affected areas, and following Cal/OSHA and the local health department requirements to exclude COVID-19 cases and anyone with symptomatic exposure from the workplace for the prescribed times.

Your health and safety remain our priority. We are continually assessing this situation and will contact you with any/all relevant updates. If you have immeidate questions or need further information, please contact your supervisor.

Sincerely,

[Your name/contact information]

1. An individual is considered to have had close contact with a positive case if, during the positive case’s infectious period,

   1. an individual shared the same indoor airspace for a cumulative total of 15 minutes or longer over a 24-hour period, irrespective of whether a face covering was worn if the exposure occurred in an indoor space with 400,000 or fewer cubic feet per floor; **OR**
   2. an individual was within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period if the exposure occurred in a large indoor space greater than 400,000 cubic feet per floor.

   Spaces that are separated by floor-to-ceiling walls are considered distinct indoor airspaces. [↑](#footnote-ref-1)