





## EXPOSED EMPLOYEES

You must provide a written notice to your employees and the employer of subcontracted workers within 1 business day of receiving notification of potential exposure. The written notice can be hand-delivered or given by email or text message and should be in both English and any other language understood by the majority of employees. You must also provide this written notice to the exclusive labor representative, if any, within 1 business day.

All employees and employers of any subcontracted employees who were at the same worksite as the worker diagnosed with COVID-19 during their infectious period must be notified. For an individual **who develops symptoms**, the [infectious period](#) begins 2 days before they first develop symptoms. The infectious period ends when the following criteria are met: 10 days have passed since symptoms first appeared, AND at least 24 hours have passed with no fever (without use of fever-reducing medications), AND other symptoms have improved. For an individual **who tests positive but never develops symptoms**, the infectious period for COVID-19 begins 2 days before and ends 10 days after the specimen for their first positive test for COVID-19 was collected.

## EMPLOYEES WITH SYMPTOMS

Employees who have tested positive or are exhibiting COVID-19 type symptoms while at work, must be sent home immediately. They should consult with their health care provider to determine if they need to be tested. If the healthcare provider determines they are likely to have COVID-19 or they have a positive test result, then they must isolate and not return to work until these three criteria are met:

- 10 days since the symptoms first appeared, AND
- 24 hours with no fever (above 100.4F) without the use of fever-reducing medications, AND
- COVID-19 symptoms (cough, shortness of breath, chills, etc.) have improved.

More information about isolation and quarantine is available on the [World Health Organization](#) Public Health Agency website at <https://www.plumascounty.us/2757/Quarantine-Isolation>

## RETURN TO WORK

Employees should be allowed to return to work once the above-noted criteria have been met. Per the Plumas County Health Officer order for isolation, once the criteria for discontinuing isolation are met, a COVID-positive person may discontinue isolation. No medical evaluation or written verification from the Health Officer or any medical provider is required to return to work.

## PLAN FOR IDENTIFYING CASES AND COMMUNICATING WITH WORKERS

The CDPH guidelines, [Responding to COVID-19 in the Workplace](#), contain detailed recommendations for establishing a plan to identify cases, communicating with workers and other exposed persons, and conducting and assisting with contact tracing.

## CLEANING & DISINFECTING

Refer to the [CDC recommendations](#) and [industry-specific guidelines](#) on cleaning and disinfecting the workplace. For questions related to cleaning & disinfecting, call the Plumas County Public Health COVID-19 phone line at (530)-283-6400 on Monday through Thursday from 9AM to 3PM.

## RESOURCES

California Department of Public Health

- [Guidance for multiple industries](#)

Cal/OSHA

- [General industry guidance](#)
- [Guidance for specific industries](#)

U.S Centers for Disease Control and Prevention (CDC)

- [Workplaces](#)
- [Industry-specific worker safety guidelines](#)

## ATTACHMENTS

APPENDIX A **Workplace Reporting of COVID-19 Outbreak Information Collection Form**

APPENDIX B **Exposure Line List**

APPENDIX C **Employee Notification Letter Template (English)**

APPENDIX D **Employee Notification Letter Template (Spanish)**

**APPENDIX A**

**Workplace Reporting of COVID-19 Outbreak Information Collection Form**

This form is to collect information for three or more employees that have a positive COVID-19 test result within 14 calendar days, as well as additional cases that occur after the outbreak is reported. The information on this form will need to be reported on the COVID-19 Workplace Case and Contact Reporting at: <https://www.plumascounty.us/2755/COVID-19-Workplace-Case-and-Contact-Repo>

CHECK THIS BOX IF THESE ARE CASE(S) ASSOCIATED WITH A PREVIOUSLY REPORTED OUTBREAK IN THE PAST 14 DAYS.

FACILITY INFORMATION	
Facility Name:	Industry type:
Facility Address:	
Point of Contact:	
Point of Contact Phone #:	
Point of Contact Email:	

CONFIRMED COVID-19 CASE INFORMATION	
<b>CASE #1</b>	
<input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

<b>CASE #2</b>	
<input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	
<b>CASE #3</b>	
<input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

Additional CONFIRMED COVID-19 CASE INFORMATION
<p>Are there other confirmed cases in the past 14 calendar days?   <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>If yes, how many _____. Please complete <b>Exposure Line List (Appendix B)</b>.</p>

COVID-19 EXPOSURE
<p>Did reported COVID-19 Cases expose others in the facility:   <input type="checkbox"/> Yes   <input type="checkbox"/> No, end form.</p>
<p>Will you be reporting more than 6 individual exposures?</p> <p><input type="checkbox"/> Yes (Please send Appendix B – Exposure Line List to by email to <a href="mailto:cdreporting@countyofplumas.com">cdreporting@countyofplumas.com</a> or fax to (530) 283-6110.</p> <p><input type="checkbox"/> No, complete form electronically through the portal for up to nine individuals who may have been exposed to the case.</p>

LIST OF EXPOSED				
	Name of Person Exposed	DOB	Occupation / Shift / Days Worked	Exposed to Case #
1				
2				
3				
4				
5				
6				





## APPENDIX C Employee Notification Letter Template

# Template: Letter from Employer to Employees Potentially Exposed to COVID-19

*This letter template is to be used on the business's letterhead.*

Dear [Employee Name],

[Business Name] has been notified that one of our employees has been diagnosed with COVID-19. We conducted an investigation to determine co-workers who may have had close contact with the confirmed-positive employee. As such, you have been identified as an employee who may have been exposed to this virus between [Exposure Dates]. According to the Centers for Disease Control and Prevention (CDC), the virus is spread mainly between people who are in close contact with one another (less than 6 feet apart for 15 minutes or longer) through respiratory droplets produced when an infected person coughs or sneezes. Please see instructions below regarding work exclusion, sick leave and testing.

### Work Exclusion

Until further notice, you are excluded from physically coming to work to help prevent potential spread of the virus. The company's Human Resources representative will provide details of your isolation period and return to work. Telework opportunities will be offered where possible, and we will work with you to make this transition smooth. Contact [contact information] to determine if teleworking is an option for you.

*Note: If teleworking is not an option for your business, please outline any other options that may be available to the employee here.*

### Sick Leave & Pay

Please note if you are unable to telework, or if you become ill, you will be able to use your sick leave [insert link or attachment to relevant worksite policies as applicable].

You may be eligible for state and federal benefits such as paid leave as outlined by the U.S. Department of Labor, Families First Coronavirus Response Act (FFCRA or Act) which requires certain employers to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.. For information on the amount of time off required and the

rate of pay, contact 619-557-5110 or visit: <https://www.dol.gov/agencies/whd/pandemic>. Employees not covered under the FFCRA, may be subject to the State of California Labor Codes. Hiring entities were required to provide COVID-19 Supplemental Paid Sick Leave for food service workers. For more information, [www.dir.ca.gov/dlse/COVID19resources/FAQs.html](http://www.dir.ca.gov/dlse/COVID19resources/FAQs.html).

During this time if you experience symptoms of respiratory illness (fever, coughing or shortness of breath), please inform human resources at [contact information] and contact your health-care provider. [Business Name] will keep all medical information confidential and will only disclose it on a need-to-know basis, as required by the Americans with Disabilities Act (ADA). Under the ADA, we are required to maintain the confidentiality of any medical information we receive, including the name of any affected employee.

## Returning to Work

You may return to work upon receiving clearance in combination with following our work-site health and safety policies [insert link or attachment to relevant work-site policies as applicable].

## Testing

Please contact your health-care provider to inquire about testing. If you do not have a health care provider or need to be connected to a testing site please visit the Plumas County Public Health Agency website at <https://www.plumascounty.us/2725/COVID-19-Testing>. If at any point you develop symptoms consistent with COVID-19 (fever, cough, shortness of breath, chills, night sweats, sore throat, nausea, vomiting, diarrhea, tiredness, muscle or body aches, headaches, confusion, or loss of sense of taste/smell), contact your doctor immediately.

If you have any questions or concerns, you may contact [Employer contact information]. For more information on COVID-19, visit the Plumas County Public Health Agency website at <https://www.plumascounty.us/2669/Novel-Coronavirus-2019-COVID-19>.

Sincerely,

[Employer Name]

[Title]

## APPENDIX D Employee Notification Letter Template (Spanish)

### Plantilla: Carta de Notificación para Empleados Potencialmente Expuestos a COVID-19

*Esta plantilla deberá usarse con hoja membretada de la Instalación*

Estimado [nombre del empleado]:

Se ha notificado a [Nombre de la empresa] que uno de nuestros empleados ha sido diagnosticado con COVID-19. Realizamos una investigación para detectar los compañeros de trabajo que pueden haber tenido contacto cercano con el empleado positivo confirmado. Como tal, se le ha identificado como un empleado que puede haber estado expuesto a este virus entre [Fechas de exposición]. Según los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés), el virus se transmite principalmente entre personas que están en contacto cercano entre sí (a menos de 6 pies de distancia durante 15 minutos o más) a través de gotitas respiratorias que se producen cuando una persona infectada tose o estornudos. Consulte las instrucciones a continuación sobre la exclusión laboral, la licencia por enfermedad y las pruebas.

#### Exclusión laboral

Usted, está excluido de venir físicamente al trabajo para ayudar a prevenir la posible propagación del virus hasta nuevo aviso. El representante de Recursos Humanos de la empresa proporcionará detalles de su período de aislamiento y regreso al trabajo. Se ofrecerán oportunidades de trabajo en casa siempre que sea posible, y trabajaremos con usted para facilitar esta transición. Comuníquese con [información de contacto] para determinar si el teletrabajo es una opción para usted.

*Nota: Si el trabajo en casa no es una opción para su negocio, describa aquí cualquier otra opción que pueda estar disponible para el empleado.*

#### Licencia por Enfermedad con Goce de Sueldo

Tenga en cuenta que si no puede trabajar a distancia, o si se enferma, podrá utilizar su licencia por enfermedad [inserte el enlace o adjunto a las políticas relevantes del lugar de trabajo, según corresponda].

Usted puede ser elegible para recibir beneficios estatales y federales, como licencia con goce de sueldo, según lo estipulado por el Departamento de Trabajo de los EE. UU., El Acta de Prioridad a Familias y Respuesta al Coronavirus (FFCRA o Ley) requiere que ciertos empleadores brinden a sus empleados una licencia por enfermedad con goce de sueldo o licencia familiar y médica extendida por razones específicas relacionadas con COVID-19. Para obtener información sobre la cantidad de tiempo libre requerido y la tasa de pago, comuníquese al 619-557-5110 o visite:

<https://www.dol.gov/agencies/whd/pandemic>. Los empleados no cubiertos por la FFCRA pueden estar sujetos a los Códigos Laborales del Estado de California. Se requirió que las entidades contratantes proporcionaran la Licencia por Enfermedad Remunerada Suplementaria COVID-19 para los trabajadores de servicios de alimentos. Para obtener más información, [www.dir.ca.gov/dlse/COVID19resources/FAQs.html](http://www.dir.ca.gov/dlse/COVID19resources/FAQs.html).

Durante este tiempo, si experimenta síntomas de enfermedad respiratoria (fiebre, tos o dificultad para respirar), informe a recursos humanos en [información de contacto] y comuníquese con su proveedor de atención médica. [Nombre de la empresa] mantendrá la confidencialidad de toda la información médica y solo la divulgará cuando sea necesario, según lo exige la Ley de Estadounidenses con Discapacidades (ADA por sus siglas en inglés). Según la ADA, debemos mantener la confidencialidad de cualquier información médica que recibamos, incluido el nombre de cualquier empleado afectado.

## Regreso al trabajo

Puede regresar al trabajo al recibir la autorización y en combinación con las siguientes políticas de salud y seguridad en el lugar de trabajo [insertar enlace o adjunto a las políticas del lugar de trabajo relevantes, según corresponda].

## Pruebas

Favor de comunicarse con su proveedor de atención médica para solicitar información sobre las pruebas. Si no tiene un proveedor de atención médica o necesita estar conectado a un sitio de pruebas, visite el sitio web del Departamento de Salud Pública del Condado Plumas en <https://www.plumascounty.us/2669/Novel-Coronavirus-2019-COVID-19>. Si en algún momento presenta síntomas compatibles con COVID-19 (fiebre, tos, dificultad para respirar, escalofríos, sudores nocturnos, dolor de garganta, náuseas, vómitos, diarrea, cansancio, dolores musculares o corporales, dolores de cabeza, confusión

o pérdida del sentido sabor / olor), póngase en contacto con su médico inmediatamente.

Si tiene alguna pregunta o inquietud, puede comunicarse con [Información de contacto del empleador]. Para obtener mayores informes sobre COVID-19, visite el sitio web del Departamento de Salud Pública del Condado de Plumas en <https://www.plumascounty.us/2669/Novel-Coronavirus-2019-COVID-19>

Atentamente,

[Nombre del empleador]

[Título]