**SAMPLE NOTIFICATION TO CONTRACTOR WHEN EMPLOYEE IS DIAGNOSED WITH COVID-19**

**Insert LEA Logo**

**Information:** This letter should be sent to Independent Contractors and other employees who have been at a worksite with a qualified individual during their contagious period. FFCRA is scheduled to sunset on 12/31/2020, if not renewed it should be removed from the body of the letter.

To whom it may concern:

This letter is to notify you, that you or your staff working at [name work site], may have been exposed to a qualified person during the infectious period. A qualified person is someone who has a positive COVID-19 test or has been deemed by a health care provider to have COVID-19. As an immediate response to protect the health and safety of our workforce, the LEA has conducted an investigation to determine co-workers/contractors who may have been at the same worksite with the qualified individual; particularly those who have had close contact. The qualified individual was at the worksite between [Exposure Dates]. According to the Centers for Disease Control and Prevention (CDC), individuals are contagious/” infectious” up to 48 hours before they exhibit symptoms or test positive for COVID-19.

**Steps [the LEA] is taking**

List steps being taken depending on the severity of the outbreak, number of cases, examples below.

(1) instituting remote workforce,

(2) sanitizing workplace,

(3) closing workplace,

(4) notifying building management,

(5) notifying local department of public health,

(6) notifying Cal OSHA, and

(7) notifying union, if applicable.

Provide link to employer’s COVID-19 prevention program.

**Steps All Employees and Contactors Must Take**

If you or your staff experience any symptoms of COVID-19 (fever or 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), they should not come to work and inform [human resources/management] at [contact information] so that we may track any potential outbreaks at the worksite. A health care provider should be consulted to determine if a COVID-19 test should be administered.

Please contact [name/contact info of contact person] with any questions or concerns. We appreciate everyone continuing to do their best to support the health and safety of our work environment and each other.  These are trying times for us all, and we are here for you.

Sincerely,

[Employer Name]
[Title]
[Contact Information]