

[Insert Date]

Dear [Staff Member Name],

The health and safety of our students and staff is our top priority. This letter is to inform you that a student or employee with whom you have had close contact has tested positive for COVID-19. The last date of known close contact was [Insert Date]. The Centers for Disease Control and Prevention (CDC) defines [close contact](#) as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic cases, 2 days prior to test specimen collection), until the time the infected person is isolated.

In accordance with the Santa Barbara County Public Health Department (SBCPHD) guidance, we advise that you immediately quarantine to the greatest extent possible, even if you are asymptomatic. The quarantine will end at the close of business on [Insert Date] unless you become symptomatic, in which case, please contact your supervisor. In addition, you may wish to inform your healthcare provider and seek their advice. Be sure to let the provider know that you have been identified as having a direct exposure to someone who tested positive for COVID-19. Please review more detailed information on quarantines on the [Santa Barbara County Public Health Department website](#).

Please continue to monitor yourself for symptoms and stay home if you are experiencing influenza-like illness. [COVID-19 symptoms](#) as identified by the Centers for Disease Control include, but are not limited to the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Nausea or vomiting
- Diarrhea

The sites listed below are options available for free COVID-19 testing. **Please schedule a test as soon as one is available at one of these locations.**

STATE-OPERATED COMMUNITY TESTING SITES

Register for an appointment at <https://www.lhi.care/covidtesting>. When you register, identify yourself as an essential school employee who has been exposed to an individual with COVID-19. Medical insurance, provider information, and demographic information may be requested. If you do not have insurance, the State of California will pay for your test. Bring identification.

Santa Maria Fairgrounds	937 South Thornburg Street, Santa Maria
Buellton	240 East Highway 246, Buellton
Goleta Valley Community Center	5679 Hollister Avenue, Goleta

SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT SITES

Register for an appointment by calling a week in advance (805) 705-7279. Inform them you are an essential school employee who has been exposed to an individual with COVID-19. Medical insurance, provider information, and demographic information may be requested. If you do not have insurance, the State of California will pay for your test. Bring identification.

Lompoc	301 North R Street (behind clinic building)
Santa Barbara	267 Camino del Remedio (Calle Real Campus)
Santa Maria	2115 Centerpointe Parkway (Betteravia Government Center)

[INSERT LEA/SCHOOL LOGO HERE]

As an employee of the [Insert LEA/School here] you may be eligible for one or more of the COVID-19-related benefits listed below, due to exposure. Please contact Human Resources to discuss your available benefits.

Name of Benefit
Up to 10 workdays of Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA) available through December 31, 2020
Up to 12 workweeks of leave pursuant to the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)
Up to 60 workdays of Worker's Compensation / Industrial Accident Leave <i>If COVID-19 was caused by work, you are entitled to workers' compensation benefits which may include: full hospital, surgical and medical treatment; temporary disability; permanent disability; Supplemental Job Displacement Benefits; and death benefits.</i>
Personal Sick Leave
Extended Illness Leave (Differential or Other Entitlement)
Continuation of pay, benefits, and seniority while on isolation or quarantine if determined through contact tracing to be a work-related incident
[Enter Isolation Leave (with evidence of a positive COVID-19 test) OR other rights as specified in the MOU or bargaining agreement] <i>Per Cal/OSHA regulations, an employee with a positive confirmed case of COVID-19 or excluded while on a close contact quarantine that has been determined through contact tracing as work-related shall maintain earnings, seniority, and all other employee rights and benefits for the duration of the isolation or quarantine, where permitted by law, and when not covered by workers' compensation.</i>

The disinfection and safety plan that [Insert LEA/School Name] plans to implement and complete per the California Department of Public Health (CDPH) and CDC guidelines related to this specific incident is:

- Attached [May want to attach IIPP COVID Addendum Prevention Plan]
- Specified below [Check as applicable]
- Frequently touched surfaces and objects like tables, desks, and other surfaces, chairs, doorknobs and handles, light switches, phones, keyboards, toilets, faucets, rails, and touch screens will be cleaned and then disinfected using an EPA-approved disinfectant.
- Other indoor surfaces and objects will be cleaned.
- Games, art supplies, and other instructional materials will be cleaned and disinfected.
- The premises will be closed for at least [insert #] days from the date of exposure.
- Soft and porous materials like carpet or fabric will be thoroughly cleaned or laundered.
- Buses will be cleaned and disinfected.
- Playground equipment will be cleaned and disinfected.
- HVAC filters will be changed.
- Devices that are used by students and/or employees will be sanitized.
- When premises are (re)opened, adopted health screening for students and staff are conducted daily.
- In the case of an outbreak (3 or more cases), weekly staff surveillance testing will be conducted until the outbreak ends (14 days without a new case).
- Other (specify): _____

The safety of our students, staff, school community, and community at large is our priority. Please contact your healthcare provider if you have any additional medical questions or concerns. For work-related questions please contact your supervisor, division lead, or human resources.

[INSERT LEA/SCHOOL LOGO HERE]

Thank you for your prompt response to this matter.

Sincerely,

Administrator Name
LEA/School Name
Contact Information

Retaliation or discrimination against any worker for disclosing a positive COVID-19 test or diagnosis or order to quarantine or isolate is prohibited pursuant to Labor Code section 6409.6(f). HIPAA and the confidentiality of medical information prohibit [Insert LEA/School here] from the disclosure of any individual/s who have tested positive with COVID-19.

[INSERT LEA/SCHOOL LOGO HERE]

INSTRUCTIONS

- Issue within ONE (1) business day after receiving notice from a public health officer, licensed medical provider, or employee's emergency contact that a person with a laboratory-confirmed case of COVID-19 was at the worksite during the person's infectious period.
- Provide this to employees who were on site during the infectious period.
- Translate this notice into the language understood by the majority of employees.
- Send to employees by email, text, personal service, or other method if receipt can reasonably be anticipated within one business day.
- Maintain a copy of this record for at least three years.

REFERENCES

AB 685/ Labor Code Section 6409.6