**Model Cal/OSHA Emergency Temporary Standards COVID-19 NOTIFICATION LANGUAGE**

With limited exception, all California employers are required to implement – if they haven’t already – a written COVID-19 Prevention Program (CPP) in accordance with Cal/OSHA’s Emergency Temporary Standards (November 2020). As part of a comprehensive CPP employers must comply with ETS mandates requiring notice be provided to all employees (and any other employer who has potentially exposed employees) who have potentially been exposed to COVID-19 in the workplace.

Employers may find these Model Cal/OSHA Emergency Temporary Standards COVID-19 Notices (ETS Notices) useful as templates or as a starting point for creating their own notices. Each ETS Notice can be modified to fit each employer’s specific circumstances and existing program resources. [Bracketed information and // symbols] indicate a section of the ETS Notice that must be modified or deleted according to the employer’s own policies and practices.

This publication is not a do-it-yourself guide to ETS or CCP compliance. However, employers will find the information extremely useful in understanding ETS notice requirements. These model notices are not a substitute for experienced legal counsel and do not provide legal advice or attempt to address the numerous factual issues which inevitably arise in any employment/COVID-19 related context. Questions about use of these model notices should be directed to legal counsel. Cal/OSHA, the Center for Disease Control, California Department of Public Health and local health authorities are constantly updating their COVID-19 employer related recommendations. Employers are encouraged to review these resources to remain up-to-date.

For additional Cal/OSHA ETS compliance or COVID-19 Resources, please visit, the Western Growers COVID-19 Resources page at: <https://www.wga.com/covid-19-resources-page>.

**EMPLOYEE NOTIFICATION: All Employee information – including identification – MUST be kept confidential.**

**Employee Tests Positive for COVID-19 or is Presumed to Have COVID-19:**

*It is recommended that any employee who voluntarily discloses they are experiencing COVID-19 virus-like symptoms (i.e., fever, cough, or shortness of breath), be treated as presumed to have COVID-19. Employers may not require a doctor’s note or positive test results to validate an employee’s illness, qualify for leave, or return to work. All employers are encouraged to be flexible about leave certification and fitness for duty requirements.*

**Model Notice Language:**

This [EMAIL/LETTER] is sent to inform you that [EMPLOYER NAME] has learned that an employee working at [LOCATION] [tested positive for the COVID-19 virus // is presumed to have COVID-19]. The employee [received positive test results on [DATE] // expects to receive test results within [DAYS] and was last onsite [DATE]].

This [EMAIL/LETTER] is to notify you that you have potentially been exposed to COVID-19 and that you should contact your healthcare provider or local public health department for guidance and any possible actions to take based on your personal circumstances. Center for Disease Control (CDC) guidelines recommend immediate self-isolation for a 14-day period[[1]](#footnote-1) from the date of the last known contact with an individual who tests positive or exhibits COVID-19 virus-like symptoms (i.e., fever, cough, or shortness of breath).

[EMPLOYER NAME] will provide COVID-19 testing during your work hours at no cost to you. Please contact [POSITION] at [EMAIL] [PHONE] for additional information.

For your protection and that of your co-workers, all [EMPLOYER NAME] employees exposed to or diagnosed with COVID-19 will be excluded from their respective worksites in accordance with our [TITLE OF YOUR COMPANY COVID-19 Prevention Program]. A copy of the [NAME OF YOUR COMPANY COVID-19 Prevention Program] can be found [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]. COVID-19 transmission will be limited according to the following:

* Employees diagnosed with or exposed to COVID-19 will be excluded from their respective worksite in accordance with Cal/OSHA ETS, California Department of Public Health and local health department recommendations (see [EMPLOYER NAME]’s [training or return to work protocols] [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]);
* Where feasible, remote work will be authorized for employees excluded from the worksite due to COVID-19 exposure and or diagnosis;
* Where the COVID-19 exposure is work-related, [EMPLOYER NAME] will continue and maintain the employee’s earnings, seniority, and all other employee rights and benefits (Notices regarding benefits will be sent to you in a separate letter).

All employees are subject to [EMPLOYER NAME]’s return to work protocols which can be found can be found [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]. A negative COVID-19 test is not required to return to work.

COVID-19 investigation, review and hazard correction efforts are underway at [LOCATION]. Notifications to our local health department are being sent in accordance with state law and [EMPLOYER NAME] continues to work with our local health department to assure all steps are taken to prevent further spread of COVID-19 within the worksite.

*If notice includes essential employees working at an office location, include the following:*

If you are an essential employee working at an office location, we ask that you leave the office immediately, remain at home, and not reenter the workplace until further notice. [The [LOCATION] has been [temporarily / indefinitely closed]].

*If temporarily closed, include the following:* Rest assured that the [LOCATION] will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. We expect the [LOCATION] to be open again [on // on or around [DATE]].

*If closed indefinitely, include the following:* Rest assured that before the [LOCATION] is reopened it will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. You will be notified once we have a date designated for reopening the [LOCATION].

*If notice includes remote workers exposed during an office visit, include the following:* If you are working remotely, you should contact your supervisor and healthcare provider or local public health department for guidance and any possible actions to take based on your personal circumstances.

Your health and safety remain a top priority. If you have any questions, please contact [NAME] at [EMAIL/PHONE NUMBER] in [DEPARTMENT].

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**EMPLOYEE NOTIFICATION: All Employee information – including identification – MUST be kept confidential.**

**Multiple COVID-19 Infections (3+ Employees Within a 14-Day Period Tested Positive for COVID-19 or are Presumed to Have COVID-19):**

*It is recommended that any employee who voluntarily discloses they are experiencing COVID-19 virus-like symptoms (i.e., fever, cough, or shortness of breath), be treated as presumed to have COVID-19. Employers may not require a doctor’s note or positive test results to validate an employee’s illness, qualify for leave, or return to work. All employers are encouraged to be flexible about leave certification and fitness for duty requirements.*

**Model Notice Language:**

This [EMAIL/LETTER] is sent to inform you that [EMPLOYER NAME] has learned that three or more employees working at [LOCATION / LOCATIONS] [tested positive for the COVID-19 virus // are presumed to have COVID-19]:

* Employee #1 - [received positive test results on [DATE] // expects to receive test results within [DAYS] and was last onsite [DATE]];
* Employee #2 - [received positive test results on [DATE] // expects to receive test results within [DAYS] and was last onsite [DATE]];
* Employee #3 - [received positive test results on [DATE] // expects to receive test results within [DAYS] and was last onsite [DATE]].

This [EMAIL/LETTER] is to notify you that you have potentially been exposed to COVID-19 and that you should contact your healthcare provider or local public health department for guidance and any possible actions to take based on your personal circumstances. Center for Disease Control (CDC) guidelines recommend immediate self-isolation for a 14-day period[[2]](#footnote-2) from the date of the last known contact with an individual who tests positive or exhibits COVID-19 virus-like symptoms (i.e., fever, cough, or shortness of breath).

[EMPLOYER NAME] will provide COVID-19 testing during your work hours at no cost to you. Please contact [POSITION] at [EMAIL] [PHONE] for additional information. Our testing protocols are as follows:

* All employees working in the exposed worksite will be immediately tested and then tested again one week later (Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department).
* After the first two COVID-19 tests, we will continue to provide COVID-19 testing of employees who remain at the worksite at least once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected at the worksite for a 14-day period.
* We will provide additional testing when deemed necessary by Cal/OSHA.

Rest assured that all [EMPLOYER NAME] employees exposed to or diagnosed with COVID-19 will be excluded from their respective worksites in accordance with our [NAME OF YOUR COMPANY COVID-19 Prevention Program]. All employees are subject to [EMPLOYER NAME]’s return to work protocols. COVID-19 transmission will be limited according to the following:

* Employees diagnosed with or exposed to COVID-19 will be excluded from their respective worksite in accordance with Cal/OSHA ETS, California Department of Public Health and local health department recommendations (see [EMPLOYER NAME]’s [training / return to work protocols] [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]);
* Where feasible, remote work will be authorized for employees excluded from the worksite due to COVID-19 exposure and or diagnosis;
* Where the COVID-19 exposure is work-related, [EMPLOYER NAME] will continue and maintain the employee’s earnings, seniority, and all other employee rights and benefits (Notices regarding benefits will be sent to you in a separate letter).

A copy of the [NAME OF YOUR COMPANY COVID-19 Prevention Program] and [EMPLOYER NAME] return to work protocols can be found [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]) A negative COVID-19 test is not required to return to work.

COVID-19 investigation, review and hazard correction efforts are underway at [LOCATION]. Notifications to our local health department are being sent in accordance with state law and [EMPLOYER NAME] continues to work with our local health department to assure all steps are taken to prevent further spread of COVID-19 within the worksite.

*If notice includes essential employees working at an office location, include the following:*

If you are an essential employee working at an office location, we ask that you leave the office immediately, remain at home, and not reenter the workplace until further notice. [The [LOCATION] has been [temporarily / indefinitely closed]].

*If temporarily closed, include the following:* Rest assured that the [LOCATION] will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. We expect the [LOCATION] to be open again [on // on or around [DATE]].

*If closed indefinitely, include the following:* Rest assured that before the [LOCATION] is reopened it will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. You will be notified once we have a date designated for reopening the [LOCATION].

*If notice includes remote workers exposed during an office visit, include the following:* If you are working remotely, you should contact your supervisor and healthcare provider or local public health department for guidance and any possible actions to take based on your personal circumstances.

Your health and safety remain a top priority. If you have any questions, please contact [NAME] at [EMAIL/PHONE NUMBER] in [DEPARTMENT].

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**EMPLOYEE NOTIFICATION: All Employee information – including identification – MUST be kept confidential.**

**Major COVID -19 Outbreak (20 or More COVID-19 Cases Within a 30-day Period):**

*It is recommended that any employee who voluntarily discloses they are experiencing COVID-19 virus-like symptoms (i.e., fever, cough, or shortness of breath), be treated as presumed to have COVID-19. Employers may not require a doctor’s note or positive test results to validate an employee’s illness, qualify for leave, or return to work. All employers are encouraged to be flexible about leave certification and fitness for duty requirements.*

**Model Notice Language:**

This [EMAIL/LETTER] is sent to inform you that [EMPLOYER NAME] has been identified by our local health department as the location of a major COVID-19 outbreak (i.e., 20 or more COVID-19 cases within a 30-day period).

This [EMAIL/LETTER] is to notify you that you have potentially been exposed to COVID-19 and that you should contact your healthcare provider or local public health department for guidance and any possible actions to take based on your personal circumstances. Center for Disease Control (CDC) guidelines recommend immediate self-isolation for a 14-day period[[3]](#footnote-3) from the date of the last known contact with an individual who tests positive or exhibits COVID-19 virus-like symptoms (i.e., fever, cough, or shortness of breath).

For your protection and that of your co-workers, all [EMPLOYER NAME] employees exposed to or diagnosed with COVID-19 will be excluded from their respective worksites in accordance with our [TITLE OF YOUR COMPANY COVID-19 Prevention Program]. A copy of the [NAME OF YOUR COMPANY COVID-19 Prevention Program] can be found [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]. COVID-19 transmission will be limited according to the following:

* Employees diagnosed with or exposed to COVID-19 will be excluded from their respective worksite in accordance with Cal/OSHA ETS, California Department of Public Health and local health department recommendations (see [EMPLOYER NAME]’s [training / return to work protocols] [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]);
* Where feasible, remote work will be authorized for employees excluded from the worksite due to COVID-19 exposure and or diagnosis;
* Where the COVID-19 exposure is work-related, [EMPLOYER NAME] will continue and maintain the employee’s earnings, seniority, and all other employee rights and benefits (Notices regarding benefits will be sent to you in a separate letter).

All employees are subject to [EMPLOYER NAME]’s return to work protocols which can be found [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]. A negative COVID-19 test is not required to return to work.

[EMPLOYER NAME] will provide COVID-19 testing twice a week, or more frequently if recommended by our local health department, to all employees present at [LOCATION] during the 30-day period [DATE] through [DATE] and those who remain at [LOCATION]. Testing will be provided during your work hours at no cost to you. Please contact [POSITION] at [EMAIL] [PHONE] for additional information.

These protocols will remain in effect until there are no new COVID-19 cases detected at [LOCATION] for a 14-day period.

COVID-19 investigation, review and hazard correction efforts are underway at [LOCATION]. Notifications to our local health department are being sent in accordance with state law and [EMPLOYER NAME] continues to work with our local health department to assure all steps are taken to prevent further spread of COVID-19 within the worksite.

*If notice includes essential employees working at an office location, include the following:*

If you are an essential employee working at an office location, we ask that you leave the office immediately, remain at home, and not reenter the workplace until further notice. [The [LOCATION] has been [temporarily / indefinitely closed]].

*If temporarily closed, include the following:* Rest assured that the [LOCATION] will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. We expect the [LOCATION] to be open again [on // on or around [DATE]].

*If closed indefinitely, include the following:* Rest assured that before the [LOCATION] is reopened it will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. You will be notified once we have a date designated for reopening the [LOCATION].

*If notice includes remote workers exposed during an office visit, include the following:* If you are working remotely, you should contact your supervisor and healthcare provider or local public health department for guidance and any possible actions to take based on your personal circumstances.

Your health and safety remain a top priority. If you have any questions, please contact [NAME] at [EMAIL/PHONE NUMBER] in [DEPARTMENT].

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**CLIENT/MEMBER/CONTRACTOR/VENDOR/NOTIFICATION: All Employee information – including identification – MUST be kept confidential.**

*This sample can be used by your company to notify its employees that a client/member or vendor employee has tested positive or is presumed to have COVID-19.*

*Do not disclose the identity of any individual associated with the client/member or vendor.*

**To Company Employee: Client/Member/Contractor or Vendor Employee Has Tested Positive for COVID-19 or is Presumed to Have COVID-19:**

This [EMAIL/LETTER] is sent to inform you that [EMPLOYER NAME] has learned that one of its [clients // members // contractors// vendors] attending a meeting at [LOCATION] [tested positive for the COVID-19 virus // is presumed to have COVID-19]. *If detailed information is available, include the following:* [The individual [received positive test results on [DATE] // expects to receive test results within [DAYS] and was last onsite [DATE]]. If detailed information is not available, include the following: [[EMPLOYER NAME received notification of the [client’s // member’s // contractor’s // vendor’s [diagnosis // presumed status] on [DATE]].

This [EMAIL/LETTER] is to notify you that you have potentially been exposed to COVID-19 and that you should contact your healthcare provider or local public health department. Center for Disease Control (CDC) guidelines recommend immediate self-isolation for a 14-day period[[4]](#footnote-4) from the date of the last known contact with an individual who tests positive or exhibits COVID-19 virus-like symptoms (i.e., fever, cough, or shortness of breath).

[EMPLOYER NAME] will provide COVID-19 testing during your work hours at no cost to you. Please contact [POSITION] at [EMAIL] [PHONE] for additional information.

For your protection and that of your co-workers, all [EMPLOYER NAME] employees exposed to or diagnosed with COVID-19 will be excluded from their respective worksites in accordance with our [TITLE OF YOUR COMPANY COVID-19 Prevention Program]. A copy of the [NAME OF YOUR COMPANY COVID-19 Prevention Program] can be found [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]. COVID-19 transmission will be limited according to the following:

* Employees diagnosed with or exposed to COVID-19 will be excluded from their respective worksite in accordance with Cal/OSHA ETS, California Department of Public Health and local health department recommendations (see [EMPLOYER NAME]’s [training / return to work protocols] [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]);
* Where feasible, remote work will be authorized for employees excluded from the worksite due to COVID-19 exposure and or diagnosis;
* Where the COVID-19 exposure is work-related, [EMPLOYER NAME] will continue and maintain the employee’s earnings, seniority, and all other employee rights and benefits (Notices regarding benefits will be sent to you in a separate letter).

All employees are subject to [EMPLOYER NAME]’s return to work protocols which can be found can be found [on the [INTERNET PAGE] / in [DEPARTMENT] / by contacting [POSITION] at [EMAIL] [PHONE]. A negative COVID-19 test is not required to return to work.

COVID-19 investigation, review and hazard correction efforts are underway at [LOCATION]. Notifications to our local health department are being sent in accordance with state law and [EMPLOYER NAME] continues to work with our local health department to assure all steps are taken to prevent further spread of COVID-19 within the worksite.

*If notice includes essential employees working at an office location, include the following:*

If you are an essential employee working at an office location, we ask that you leave the office immediately, remain at home, and not reenter the workplace until further notice. [The [LOCATION] has been [temporarily / indefinitely closed]].

*If temporarily closed, include the following:* Rest assured that the [LOCATION] will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. We expect the [LOCATION] to be open again [on // on or around [DATE]].

*If closed indefinitely, include the following:* Rest assured that before the [LOCATION] is reopened it will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. You will be notified once we have a date designated for reopening the [LOCATION].

*If notice includes remote workers exposed during an office visit, include the following:* If you are working remotely, you should contact your supervisor and healthcare provider or local public health department for guidance and any possible actions to take based on your personal circumstances.

Your health and safety remain a top priority. If you have any questions, please contact [NAME] at [EMAIL/PHONE NUMBER] in [DEPARTMENT].

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**CLIENT/MEMBER/CONTRACTOR/VENDOR/NOTIFICATION: All Employee information – including identification – MUST be kept confidential.**

*This sample can be used by your company to notify its clients/members/contractors or vendors that a company employee has tested positive or is presumed to have COVID-19.*

*Do not disclose the identity of any individual associated with the client/member/contractor or vendor.*

**To Company Client/Member/Contractor or Vendor: Company Employee Has Tested Positive for COVID-19 or is Presumed to Have COVID-19:**

This [EMAIL/LETTER] is sent to inform you that [EMPLOYER NAME] has learned that one of its [employees] attending a meeting at [LOCATION] [tested positive for the COVID-19 virus // is presumed to have COVID-19]. *If detailed information is available, include the following:* [The individual [received positive test results on [DATE] // expects to receive test results within [DAYS] and was last onsite [DATE]]. If detailed information is not available, include the following: [[EMPLOYER NAME] received notification of the [employee’s [diagnosis // presumed status] on [DATE]].

This email is to notify you that [you // all those in attendance at this meeting] have potentially been exposed to COVID-19 and that [you // everyone in attendance] should contact [your / their] healthcare provider or local public health department for guidance and any possible actions to take based on [your / their] personal circumstances. Center for Disease Control (CDC) guidelines recommend immediate self-isolation for a 14-day period from the date of the last known contact with an individual who tests positive or exhibits COVID-19 virus-like symptoms (i.e., fever, cough, or shortness of breath).

The [LOCATION] has been [temporarily / indefinitely closed].

*If temporarily closed, include the following:* Rest assured that the [LOCATION] will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. We expect the [LOCATION] to be open again [on // on or around [DATE]].

*If closed indefinitely, include the following:* Rest assured that before the [LOCATION] is reopened it will be cleaned and disinfected in accordance with California Occupational Safety and Health Administration (Cal/OSHA) and Center for Disease Control (CDC) updated standards. You will be notified once we have a date designated for reopening the [LOCATION].

Your partnership with [EMPLOYER NAME] is important to us and [your health and safety // the health and safety of your employees] remain a top priority. If you have any questions, please contact [NAME] at [EMAIL/PHONE NUMBER] in [DEPARTMENT].

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1. While a 14-day quarantine is recommended, an exposed employee who does not develop symptoms of COVID-19 may return to work after 10 days have passed since the date of last known exposure. All [EMPLOYER NAME] employees are subject to [EMPLOYER NAME]’s return to work protocols. [↑](#footnote-ref-1)
2. While a 14-day quarantine is recommended, an exposed employee who does not develop symptoms of COVID-19 may return to work after 10 days have passed since the date of last known exposure. All [EMPLOYER NAME] employees are subject to [EMPLOYER NAME]’s return to work protocols. [↑](#footnote-ref-2)
3. While a 14-day quarantine is recommended, an exposed employee who does not develop symptoms of COVID-19 may return to work after 10 days have passed since the date of last known exposure. All [EMPLOYER NAME] employees are subject to [EMPLOYER NAME]’s return to work protocols. [↑](#footnote-ref-3)
4. While a 14-day quarantine is recommended, an exposed employee who does not develop symptoms of COVID-19 may return to work after 10 days have passed since the date of last known exposure. All [EMPLOYER NAME] employees are subject to [EMPLOYER NAME]’s return to work protocols. [↑](#footnote-ref-4)