

Employee Guidelines if Exposed or Develop Symptoms of COVID-19

| | A What if I have been diagnosed with COVID-19? | B What if I have COVID-19 symptoms? | C What if I've had close contact with someone with confirmed COVID-19? (*<6 feet from them for >15 minutes*) | D What if a member of my household has been diagnosed with COVID-19? | E What if a member of my household has had close contact with someone with confirmed COVID-19? (*<6 feet from them for >15 minutes*) |
|---------------|---|--|--|--|--|
| STEP 1 | Do not go to work! | Do not go to work (if at work, go straight home)! | Do not go to work! | Do not go to work! | If they or you are experiencing symptoms, or you are advised to quarantine by your health care provider, do not go to work! |
| STEP 2 | Call your Supervisor/HR | Call your Supervisor/HR | Call your Supervisor/HR | Call your Supervisor/HR | Call your Supervisor/HR |
| STEP 3 | Work with your Supervisor and/or HR to notify all persons with whom you were in close contact (<6 feet from them for >15 minutes*). | It is recommended you stay home and away from other people. Contact your health care provider and follow treatment advice. Work with your Supervisor and/or HR to notify all persons whom you were in close contact with at work. | Work with your Supervisor and/or HR to notify all persons with whom you were in close contact (<6 feet from them for >15 minutes*). | Work with your Supervisor and/or HR to notify all persons with whom you were in close contact (<6 feet from them for >15 minutes*). | If you have a fever or 2 or more COVID-19 related symptoms, per the health screen, follow the guidance in Column A. If you are not going to work, contact your Supervisor and/or HR to notify all persons with whom you were in close contact. |
| STEP 4 | You may return to work if your health care provider clears you in writing OR 10 days since symptoms first appeared AND 24 hours free of COVID-19 related symptoms (e.g., no fever, cough, or shortness of breath, etc.) | You may return to work if your health care provider clears you in writing OR 10 days since symptoms first appeared AND 24 hours free of COVID-19 related symptoms (e.g., no fever, cough or shortness of breath, etc.) | Self-quarantine and self-monitor for 10 days (or 7 days followed by negative COVID test) or as advised by your health care provider. You are <u>strongly</u> encouraged to get a COVID-19 test. If symptoms appear, refer to column A. | Self-quarantine and self-monitor for 10 days (or 7 days followed by negative COVID test) or as advised by your health care provider. You are <u>strongly</u> encouraged to get a COVID-19 test. If symptoms appear, refer to column A. | Self-quarantine and self-monitor for 10 days (or 7 days followed by negative COVID test) or as advised by your health care provider. You are <u>strongly</u> encouraged to get a COVID-19 test. If symptoms appear refer to column A. |

IF NOT SICK AND NONE OF THE ABOVE, PLEASE GO TO WORK!

Note: This information is meant to act as a framework to how your employer may respond to exposures and confirmed cases of COVID-19. This is also based on information considered reliable from Cal/OSHA, CDPH, and CDC, but we cannot assure its effectiveness or that all potential exposures are addressed. As directives are updated regularly, this information does not ensure compliance with federal, state, county, or local regulations. For testing, contact your medical provider or Human Resources.

* <6 feet from them for >15 minutes within a 24-hour period, with or without face coverings