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## QUICK REFERENCE CHART

	Reporting to TPA for Outbreak Presumption (Labor Code § 3212.88)	Notification to Employees of Possible Exposure (Labor Code § 6409.6(a))	Reporting to Local Health Agency (Labor Code § 6409.6(b))	Reporting to OSHA (Labor Code § 6409.1)
<b>Applies To</b>	All employers except for healthcare facilities as defined in H&S Code 1250.	All employees except employees who "as part of their duties" conduct COVID-19 testing or screening or provide direct patient care or treatment to individuals who are known to have tested positive for COVID-19, unless the qualifying individual is an employee at the same worksite.	All employers except for healthcare facilities as defined in H&S Code 1250.	All employers.
<b>Who Must Be Notified?</b>	Claims Administrator	Employees, employers of subcontracted employees, and exclusive representative	Local public health agency	Division of Occupational Safety and Health
<b>Required Employer Knowledge</b>	Employer knows or should know an employee tested positive for COVID-19	Notice of potential exposure to COVID-19 (worked on site with an employee that is tested positive or has a COVID diagnosis)	COVID-19 outbreak (defined as three cases in two weeks)	Work related illness resulting in hospitalization within 24 hours, or death within 30 days
<b>When Must Notice Issue?</b>	Three business days	One business day	48 hours	Five days (eight hours for "serious illness, serious injury or death")
<b>What Must Be In The Notice?</b>	<ol style="list-style-type: none"> <li>An employee has tested positive without personally identifiable information unless employee asserts a claim or files a claim form.</li> <li>The date that the employee tests positive, which is the date the specimen was collected for testing.</li> <li>The specific address or addresses of the employee's specific place of employment during the 14-day period preceding the date of the employee's positive test.</li> <li>The highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment.</li> </ol>	<ol style="list-style-type: none"> <li>Potential exposure to COVID-19.</li> <li>Information regarding COVID-19-related benefits under applicable federal, state, or local laws, including workers' compensation.</li> <li>Options for exposed employees including COVID-19-related leave, company sick leave, state-mandated leave, supplemental sick leave, or negotiated leave provisions.</li> <li>Antiretaliation and antidiscrimination protections of the employee.</li> <li>The disinfection and safety plan</li> </ol>	<ol style="list-style-type: none"> <li>Names, phone number, occupation, NAICS code of industry, address of worksite, of employees who may have COVID-19 or who are under a COVID-19 isolation order from a public health official.</li> </ol>	Multiple including: <ol style="list-style-type: none"> <li>Employer information (e.g. name, address, nature of business.)</li> <li>Injury information (e.g. date of injury, date last worked, location injury occurred, how injury occurred.)</li> <li>Employee information (e.g., name, occupation, date of hire, wages.)</li> </ol>
<b>Method of Notice</b>	Email or fax	In writing "in the manner the employer normally uses"	Unspecified	5020 Form (online if serious injury or death)
<b>Disclose Employee Identity?</b>	No, until a claim is asserted or filed	No	Yes	Yes