

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)
Who Must Be Notified?	Claims Administrator	Employees, employers of subcontracted employees, and exclusive representative	Local public health agency	Division of Occupational Safety and Health
Required Employer Knowledge	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
When Must Notice Issue?	Three business days	One business day	48 hours	Five days (eight hours for "serious illness, serious injury or death")
What Must Be In The Notice?	1. An employee has tested positive without personally identifiable information unless employee asserts a claim or files a claim form. 2. The date that the employee tests positive, which is the date the specimen was collected for testing. 3. 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. 4. 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.	1. Potential exposure to COVID-19. 2. Information regarding COVID-19-related benefits under applicable federal, state, or local laws, including workers' compensation. 3. Options for exposed employees including COVID-19-related leave, company sick leave, state-mandated leave, supplemental sick leave, or negotiated leave provisions. 4. Antiretaliation and antidiscrimination protections of the employee. 5. The disinfection and safety plan.	1. 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.	Multiple including: 1. Employer information (e.g. name, address, nature of business.) 2. Injury information (e.g. date of injury, date last worked, location injury occurred, how injury occurred.) 3. Employee information (e.g., name, occupation, date of hire, wages.)
Method of Notice	Email or fax	In writing "in the manner the employer normally uses"	Unspecified	5020 Form (online if serious injury or death)
Disclose Employee Identity?	No, until a claim is asserted or filed	No	Yes	Yes