



SCHOOL & COLLEGE LEGAL SERVICES OF CALIFORNIA

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LEGAL UPDATE

November 5, 2020

To: Superintendents, Member School Districts (K-12)
From: Jennifer Henry, Associate General Counsel *J.H.*
Subject: Employer Notice Obligations Related to COVID-19 Exposure and Outbreaks (AB 685)
ADDENDUM to Memo No. 57-2020

This legal update is an Addendum to Memo No. 57-2020 issued on September 29, 2020.

Our office has had multiple requests for model forms regarding Employer Notice Obligations Related to COVID-19 Exposure and Outbreaks (AB 685). Attached to this addendum please find instructions and fillable model forms.

Please contact our office with questions regarding this Legal Update or any other legal matter.

The information in this Legal Update is provided as a summary of law and is not intended as legal advice. Application of the law may vary depending on the particular facts and circumstances at issue. We, therefore, recommend that you consult legal counsel to advise you on how the law applies to your specific situation.

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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.

NOTICE OF POTENTIAL COVID-19 EXPOSURE - EMPLOYEE AB 685/ Labor Code Section 6409.6

Date: _____

To: _____
[Name of employee at the worksite during infectious period]

From: _____ [Administrator's Name]
_____ [Title]

This notice is provided pursuant to Labor Code section 6409.6. You may have been exposed to COVID-19 and may be eligible for the COVID-19-related benefits listed below.

Name of Benefit
Up to 10 days of Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA)
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
Sick Leave
Extended Illness Leave

Other rights specified in the employee's collective bargaining agreement or applicable MOU:

The disinfection and safety plan that the _____ District/COE plans to implement and complete per CDC guidelines is:

_____ attached;

_____ 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 seven days.
- ___ 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 is (re)opened, health screening for students and staff are conducted daily.
- ___ Other (*specify*): _____.

Please direct any inquiries related to this notice to [me OR to _____] at

_____. [Insert telephone number, email address, and mailing address.]

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).

NOTICE OF POTENTIAL COVID-19 EXPOSURE - EMPLOYEE
AB 685/ Labor Code Section 6409.6

Date: _____

To: _____

From: _____

This notice is provided pursuant to Labor Code section 6409.6. You may have been exposed to COVID-19 and may be eligible for the COVID-19-related benefits listed below.

Name of Benefit
Up to 10 days of Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA)
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
Sick Leave
Extended Illness Leave
Other rights specified in the employee's collective bargaining agreement or applicable MOU:

The disinfection and safety plan that _____ plans to implement and complete per CDC guidelines is:

- _____ attached;
- _____ 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 seven days.
- ___ 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 is (re)opened, health screening for students and staff are conducted daily.
- ___ Other (*specify*): _____.

Please direct any inquiries related to this notice to _____ at

_____.

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).

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.

Maintain a copy of this record for at least three years.

**NOTICE OF POTENTIAL COVID-19 EXPOSURE – UNION
REPRESENTATIVE
AB 685/ Labor Code Section 6409.6**

Date: _____

To: _____ **[Union Representative's Name]**
_____ **[Name of Union Chapter]**

From: _____ **[Administrator's Name]**
_____ **[Title]**

This is to notify you that one or more members of the _____
[insert name of union chapter] may have been exposed to COVID-19.

The member(s) may be entitled to the following COVID-19-related benefits:

Name of Benefit
Up to 10 days of Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA)
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
Sick Leave
Extended Illness Leave
Other rights specified in the employee's collective bargaining agreement or applicable MOU:

**NOTICE OF POTENTIAL COVID-19 EXPOSURE
CONFIDENTIAL INFORMATION – DO NOT DISSEMINATE**

The disinfection and safety plan that the District/COE plans to implement and complete per CDC guidelines is:

- _____ attached;
- _____ 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 seven days.
- ___ 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 is (re)opened, health screening for students and staff are conducted daily.
- ___ Other (specify): _____.

Check One:

- ___ Cal/OSHA Form 300 Injury and Illness Log Attached
- ___ Employee Incident Report for Potential Exposure to COVID-19 below:

Employee Name	Employee Job Title	Date(s) of Potential Exposure	Potential Exposure (Worksite)	Days of Absence

Please direct any inquiries related to this notice to [] at

_____. [Insert telephone number, email address, and mailing address.]

Unauthorized disclosure of information in this notice is prohibited. 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).

**NOTICE OF POTENTIAL COVID-19 EXPOSURE – UNION
REPRESENTATIVE
AB 685/ Labor Code Section 6409.6**

Date: _____

To: _____

From: _____

This is to notify you that one or more members of the _____
may have been exposed to COVID-19.

The member(s) may be entitled to the following COVID-19-related benefits:

Name of Benefit
Up to 10 days of Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA)
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
Sick Leave
Extended Illness Leave
Other rights specified in the employee’s collective bargaining agreement or applicable MOU:

The disinfection and safety plan that _____ plans to implement and complete per CDC guidelines is:

- _____ attached;
- _____ 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 seven days.
- ___ 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 is (re)opened, health screening for students and staff are conducted daily.
- ___ Other (*specify*): _____.

Check One:

- ___ Cal/OSHA Form 300 Injury and Illness Log Attached
- ___ Employee Incident Report for Potential Exposure to COVID-19 below:

Employee Name	Employee Job Title	Date(s) of Potential Exposure	Potential Exposure (Worksite)	Days of Absence

Please direct any inquiries related to this notice to _____ at _____

 _____.

Unauthorized disclosure of information in this notice is prohibited. 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).

**NOTICE OF POTENTIAL COVID-19 EXPOSURE
 CONFIDENTIAL INFORMATION – DO NOT DISSEMINATE**

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 contractors whose employees were on site during the infectious period.

Send 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.

NOTICE OF POTENTIAL COVID-19 EXPOSURE - CONTRACTOR **AB 685/ Labor Code Section 6409.6**

Date: _____

To: _____ [Contractor's Name]

From: _____ [Administrator's Name]
_____ [Title]

This notice is provided pursuant to Labor Code section 6409.6. Your employees who work at _____ [insert name/address of worksite] may have been exposed to COVID-19 between [insert dates of potential infection].

The disinfection and safety plan that the District/COE plans to implement and complete per CDC guidelines is:

_____ attached;

_____ 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 seven days.
- _____ 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 is (re)opened, health screening for students and staff are conducted daily.
- _____ Other (specify): _____.

Please direct any inquiries related to this notice to [me OR to _____] at _____ [insert telephone number, email address, and mailing address]

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).

NOTICE OF POTENTIAL COVID-19 EXPOSURE

NOTICE OF POTENTIAL COVID-19 EXPOSURE - CONTRACTOR
AB 685/ Labor Code Section 6409.6

Date: _____

To: _____

From: _____

This notice is provided pursuant to Labor Code section 6409.6. Your employees who work at _____ **may** have been exposed to COVID-19 _____
_____.

The disinfection and safety plan that the _____ plans to implement and complete per CDC guidelines is:

_____ attached;
_____ 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 seven days.
- ___ 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 is (re)opened, health screening for students and staff are conducted daily.
- ___ Other (*specify*): _____.

Please direct any inquiries related to this notice to _____ at _____
_____.

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).

INSTRUCTIONS

*Issue within **FORTY-EIGHT HOURS** of a “COVID-19 outbreak” (three or more laboratory-confirmed cases of COVID-19 among workers who live in different households, within a two-week period).*

Maintain a copy of this record for at least three years.

**NOTICE OF “COVID-19 OUTBREAK” – COUNTY PUBLIC HEALTH
AGENCY
AB 685/ Labor Code Section 6409.6**

Date: _____

To: _____ **County Public Health**

From: _____ **[Administrator’s Name]**
_____ **[Title]**

This notice is provided pursuant to Labor Code section 6409.6(b).

Qualifying Individual Information:

Employee Name	Employee Phone Number	Employee Job Title	Employee Worksite

The business address **[Note: The business address may be the D.O./Co. Supt’s. Office address.]** of the employees’ worksite is _____.

The North American Industry Classification (NAIC) code for the employees’ worksite is _____.

**NOTICE TO COUNTY PUBLIC HEALTH
CONFIDENTIAL – DO NOT DISSEMINATE**

Please direct any inquiries related to this notice to [me OR to _____] at

_____. *[Insert telephone number, email address, and mailing address.]*

**NOTICE TO COUNTY PUBLIC HEALTH
CONFIDENTIAL – DO NOT DISSEMINATE**

NOTICE OF “COVID-19 OUTBREAK” – COUNTY PUBLIC HEALTH
AGENCY
AB 685/ Labor Code Section 6409.6

Date: _____

To: _____ **County Public Health**

From: _____

This notice is provided pursuant to Labor Code section 6409.6(b).

Qualifying Individual Information:

Employee Name	Employee Phone Number	Employee Job Title	Employee Worksite

The business address of the employees’ worksite is _____
_____.

The North American Industry Classification (NAIC) code for the employees’ worksite is _____.

Please direct any inquiries related to this notice to _____ at _____
_____.