

## **AB 685 Notice to Local Health Department re Worksite Outbreak**

### **Directions for use:**

Employers should use the following notice **within 48-hours** if it has an outbreak in its workforce. An outbreak occurs if there are three or more probable or confirmed COVID-19 cases within a 14-day period in people who are epidemiologically-linked in the setting, are from different households, and are not identified as close contacts of each other in any other case investigation.

A qualifying individual is defined as any person who (1) has a laboratory-confirmed case of COVID-19 as defined by the State Department of Public Health, (2) a positive COVID-19 diagnosis from a license health care provider, (3) a COVID-19-related order to isolate provided by a public health official, or (4) died due to COVID-19, in the determination of a county public health department or “per inclusion in the COVID-19 statistics of a county. The employer must also continue to inform the local health department of any subsequent laboratory-confirmed cases of COVID-19 at the worksite.

### **Template Notice:**

Dear [Contact Person at Local Health Department]:

Please allow this letter to serve as [Entity Name] notice of a worksite outbreak pursuant to Labor Code section 6409.6. As of [date of 3<sup>rd</sup> probable or confirmed cases], [Entity Name] has determined that there has been an outbreak of three or more employees who have probable or confirmed diagnosis of COVID-19 within the last 14 days.

We have had [number] employees who have probable or confirmed diagnosis of COVID-19. These qualifying individual's information is as follows:

Employee Name	Employee Number	Occupation	Worksite

The worksite's business address is [business address] and its NAICS code is [#####]. [If there are multiple worksites, provide this information for each worksite.]

In addition, we are attaching our Worksite Exposure Contact Investigation list [attach document], which lists the information for all employees who were in “close contact”, within six feet for 15 or more minutes over a 24-hour period starting 48 hours before the above employees started having symptoms or were confirmed to have COVID-19. We have notified all of these employees and have taken steps to minimize further spread of the virus by [detail steps taken, i.e. remote work, closing office, etc. depending on the severity of the outbreak.] [Attach copy of notification to employees.]

We are aware of our obligation to provide your office with information regarding subsequent laboratory-confirmed cases of COVID-19 at the worksite once we are aware of any, and of our obligation to provide additional information as requested by your office during your investigation. Please advise us how you wish to receive such additional information and who our primary contact will be.

A copy of our COVID-19 Protection Plan for [this/the following] worksite[s] [is/are] also attached. [Attach plan].

Please contact [name and contact information of relevant person at Entity] with any additional questions or concerns. Thank you,

Sincerely,

[Employer Name]

[Title]

[Contact Information]