{LETTERHEAD}

MODEL AB685 NOTICE TO EXCLUSIVE REPRESENTATIVE OF POTENTIALLY EXPOSED EMPLOYEE

*When an employer receives notice of a potential exposure in a worksite, AB 685 requires that you complete and send this written notice to the recognized employee organization (union) of any potentially exposed employee (if they in a represented bargaining unit. It is recommended that a copy of the individual employee notification be attached and these must be delivered in a manner that it will be received within 24 hours. Notice of potential exposure means the employer becomes aware that an employee was present in the workplace and has:*

*a) tested positive (lab confirmed) for COVID-19 or diagnosed as such by a licensed health care provider, or*

*b) been ordered by a public health official to isolate due to a COVID-19 related reason, or*

*c) been determined by public health or in County Statistics to have died due to COVID-19.*

*SEND THIS NOTICE TO THE EXCLUSIVE REPRESENTATIVE (UNION) IF YOU HAVE A REPRESENTED EMPLOYEE WHO HAS BEEN POTENTIALLY EXPOSED, which means: the employee had direct contact (at the same worksite) for more than 15 minutes (in total) in any 24-hour period with the infected/isolated person at the workplace during the period of time dating back to 48 hours prior to them first experiencing symptoms until the end of their “infectious period” as defined by the California Department of Public Health.*

To: {NAME OF EXCLUSIVE REPRESENTATIVE}

From: {HR MANAGER OR OTHER RESPONSIBLE OFFICIAL}

Date: (DATE}

**Re: Possible Exposure of Represented Employee to Covid-19**

We are providing this notice pursuant to AB685 to inform you that some of our employees may have been exposed to COVID-19 during the course of their work. A person who has either tested positive or otherwise been diagnosed with COVID-19 or a person who is subject to a public health isolation order resulting from COVID-19 or a person who has since died of COVID-19 was in our worksite during the time period of{ENTER THE 14-DAY INFECTIOUS PERIOD STATING THE BEGGING AND ENDING DATES}, and at some point during this period, one of our employees who is represented by your organization is believed to have been potentially exposed to COVID-19.

This notice includes exposure information, testing and quarantine requirements, related benefit options, retaliation and discrimination protections, and our disinfection and safety plan protocols. Attached is a copy of the notification to each of the potentially exposed represented employees.

The following individuals are believed to have been potentially exposed:

{LIST THE BARGAINING UNIT EMPLOYEES OF THIS EXCLUSIVE REPRESENTATIVE (ONLY THEIR UNIT MEMBERS) WHO WERE POTENTIALLY EXPOSED}

Testing Requirement and Return to Work Requirements

Due to the potential exposure to COVID-19, we {RECOMMEND or REQUIRE (THIS WILL BE BASED OFF YOUR OWN POLICIES IN YOUR COVID PREVENTION PLAN)} each of your unit members to be tested immediately. They have been directed to contact {NAME OF HR MANAGER TO CONTACT AT (NUMBER)} as soon as possible so that testing can be arranged. These employees are not permitted to return to work until they have a confirmed negative test result, or in the absence of a confirmed negative test, they complete the requisite quarantine of 14 days from the last possible day of exposure, which is detailed in the notices for each affected individual employee (see attached).

If an employee subsequently receives a confirmed positive test, they must not report to work until cleared by their medical provider or a public health official. If an employee has a confirmed positive test, are otherwise diagnosed with COVID-19, or becomes subject to a public health isolation order unrelated to your employment, they are not required to report this medical information to us as the employer. If we receive a report of a positive test or diagnosis to us, we will not disclose the individually identifying information of that person to any other third parties unless required by law, but will work collaboratively with them in an attempt to identify any others they may have come into contact with at work in an effort to further contain the spread of COVID-19 and to protect the health of other employees and the community as much as possible.

COVID-19-Related Benefits & Options

During your represented employee’s absence we will, to the extent practicable, arrange for remote work. If the employee is not able to work remotely, they may use any accrued leave or any federal, state, or local benefits that they may be eligible for. Additionally, they may be entitled to other COVID-19-related benefits under applicable federal, state, or local laws, including, workers’ compensation and other options for exposed employees, including COVID-19-related leave under the federal Families First Coronavirus Response Act or state AB 1867, employer-provided sick leave, state-mandated leave, and supplemental sick leave.

Disinfection & Safety Plan

We endeavor to maintain a safe and healthy workplace for all. As a result of this possible exposure, we are implementing our disinfection and safety plan, pursuant to guidelines from the Centers for Disease Control. Our specific protocols for disinfection can be found in our Coronavirus Prevention Plan (CPP) which is available to you upon request.

Retaliation & Discrimination Protections

Our policies and state law prohibit employees from being retaliated or discriminated against for reporting a positive COVID-19 test or reporting an order to quarantine or isolate. Employees have been instructed to contact us immediately if they experience any such discrimination or retaliation.

If you have any questions about this notification or if you wish to discuss your employee’s eligibility for certain COVID-19 benefits, the disinfection and safety plan, the return to work requirements, employee rights to not be subjected to retaliation or discrimination, or any other matter related to this correspondence please do not hesitate to contact {HR MANAGER OR DESIGNEE AT (NUMBER)}.

{ADD SIGNATURE BLOCK}