

# Key Largo Wastewater Treatment District Board of Commissioners Meeting Agenda Item Summary

Meeting Date:  
September 7, 2021

Agenda Item Number: G-1


Action Required:  
No

Department: General Manager  
Sponsor: Peter Rosasco

Subject:  
**COVID-19 Safety Protocol**

Summary of Discussion:  
Mr. Rosasco to present the District's COVID-19 safety protocol.

<u>Reviewed / Approved</u>	<u>Financial Impact</u>	<u>Attachments</u>
Operations: _____	\$	Safety Protocol Letter
Administration: _____		
Finance: _____	Funding Source:	
District Counsel: _____	N/A	
District Clerk: _____	Budgeted:	
Engineering: _____	N/A	

Approved By:  Date: 9-2-21  
General Manager



## Key Largo Wastewater Treatment District

103355 Overseas Highway, Key Largo, FL 33037

Post Office Box 491, Key Largo, FL 33037

Phone (305) 451-4019 • www.klwtd.com

September 1, 2021

Dear Colleagues,

Consistent with guidance from the [Centers for Disease Control and Prevention \(CDC\)](#), KLWTD is establishing specific safety protocols for fully vaccinated people and not fully vaccinated people entering our buildings and other facilities.

In areas of high or substantial transmission, [as defined by CDC](#), everyone—including fully vaccinated people—must wear a mask indoors when not alone in their office, consistent with federal requirements. In areas of low or moderate transmission, fully vaccinated people generally can safely participate in most activities, indoor or outdoor, without needing to wear a mask or maintain physical distance, and do not need to undertake regular testing.

All employees are required to attest to their vaccination status. Employees who disclose that they are fully vaccinated are required to comply with CDC guidance for fully vaccinated individuals. Employees who attest that they are unvaccinated or not fully vaccinated, or who decline to provide vaccine information, are required to comply with CDC guidance for not fully vaccinated individuals. Guidance includes wearing masks regardless of the transmission rate in a given area, physical distancing, regular testing.

The employment/position status for unvaccinated employees will be evaluated by the General Manager and HR.

By September 13, 2021, please complete the [attached attestation form and submit to HR](#). If your vaccination status changes, please update your information by submitting a new form. Responses provided on the attestation form along with a voluntary copy of your vaccine passport will be treated as medical information and subject to strict access controls. At this time, all KLWTD employees and contractors are required to attest to their vaccination status.

Our country is still facing increased rates of COVID-19 infections and being vaccinated is among the best ways to protect ourselves and our loved ones. These requirements take steps to prevent the spread of COVID-19 and protect the health and safety of our workforce.



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All Employees

RE: Employee Certification of Vaccination

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please check below that coincides with your vaccination status and submit this form to HR by September 13, 2021.

\_\_\_\_\_ I am fully vaccinated: Employees are considered “fully vaccinated” two weeks after completing the second does of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

\_\_\_\_\_ I am not yet fully vaccinated – I received my first does of Moderna or Pfizer, and my second appointment is scheduled, or I received my final does less than two weeks ago.

\_\_\_\_\_ I have not been vaccinated

\_\_\_\_\_ I decline to respond

Please attest to the truth and accuracy of the information you provide in this form by adding your initials.

\_\_\_\_\_ I attest that the information provided in this form is accurate and true to the best of my knowledge.

### Notices

I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position. Checking “I decline to respond” does not constitute a false statement.

## Privacy Act Statement

**Purpose:** This information is being collected and maintained to promote safety of KLWTD facilities and guidance from Centers of Disease Control and Prevention and the Occupational Safety and Health Administration.

**Routine Uses:** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment.

**Consequence of Failure to Provide Information:** Providing information about vaccination status is voluntary, but you must complete this form. However, if you check the box “I decline to respond”, you will be treated as not fully vaccinated for purposes of implementing safety measures, including respect with mask wearing, physical distancing, testing, travel, and quarantine.

The employment/position status for unvaccinated employees will be evaluated by the General Manager and HR.

\_\_\_\_\_ I have received these Notices  
(Initial)