



Beaver Dam/Littlefield Fire District
630 N. Highway 91, P.O. Box 579
Beaver Dam, AZ. 86432
Telephone (928) 347-5114
www.beaverdam-littlefieldfire.org



RESOLUTION 2021 – 01

**A resolution of the Beaver Dam/Littlefield Fire District Board of Directors,
pertaining to the adoption of a COVID-19 Safety Policy.**

Whereas, a special meeting was held on January 4, 2021 at 6:00 pm (Arizona time) at the Beaver Dam/Littlefield Fire Station #1, after being properly published and posted for the purpose of hearing public comments and questions, relating to the Beaver Dam/Littlefield Fire District COVID-19 Safety Policy.

Whereas, the Beaver Dam/Littlefield Fire District Board of Directors has considered all public input and comments relating to the adoption of a COVID-19 Safety Policy.

Be it Resolved, that the Beaver Dam/Littlefield Fire District Board of Directors hereby approves and adopts a COVID-19 Safety Policy.

Approved and Adopted by the Beaver Dam/Littlefield Fire District Board of Directors on this 4th day of January, 2021.

Douglas Adriance
Board Chairman

Attested To:

Thomas M. Oliver
Acting Board Clerk
Kevin L. Smith

COVID-19 SAFETY POLICY

I. PURPOSE

To protect employees by minimizing the significant risk of substantial harm that is posed by having someone with COVID-19, or symptoms of such, present in the workplace; additionally, to provide for the protection of public health in the communities we serve.

II. SCOPE

This policy applies to all employees of Beaver Dam/Littlefield Fire District.

III. POLICY

Recognizing that an individual with the COVID-19 virus will pose a direct threat to the health or safety of others, it is the policy of BDLFD that employees shall be mandated to undergo daily COVID-19 screening and/or periodic COVID-19 testing in order to minimize the risk of substantial harm to fellow employees and the public we serve. Additionally, upon final approval by the US Food and Drug Administration (FDA), employees shall have the option to receive the COVID-19 vaccination(s).

IV. GUIDELINES

Mandatory Screening/Testing

- A. Throughout the duration of the COVID-19 pandemic, employees shall be required to undergo daily screening, including body temperature checks and questioning regarding any potential COVID-19 symptoms and/or COVID-19 exposure.
- B. Throughout the duration of the COVID-19 pandemic, employees may be required to undergo periodic COVID-19 testing.
- C. The screening and testing requirements shall be continued for the duration of time determined by the Fire Chief, in accordance with guidelines provided by the Center for Disease Control (CDC), the Arizona Department of Health Services, and/or the District's base hospital.
- D. In the event that an employee reports to work and is found to have a fever or other COVID-19 symptoms, he shall be sent home on administrative leave and scheduled for COVID-19 testing.
- E. Any costs associated with COVID-19 testing shall be covered by the District.
- F. In the event that an employee receives a positive COVID-19 test result, he shall be required to follow the CDC guidelines for self-isolation/quarantine. The employee shall be permitted to return to work 10 days following the

onset of symptoms or the date of the positive test result (whichever is sooner), if the employee meets all of the following criteria:

- He has had no fever (without medication) for 24 hours, and
- Other symptoms have been improved for a period of 72 hours

V. REQUIRED TIME OFF

The COVID-19 Safety Policy provides employees with a limit of 2 weeks of time off, to the extent the employee is unable to work, specifically because:

- A. The employee is experiencing symptoms and seeking a medical diagnosis.
- B. The employee has a positive diagnosis.
- C. The employee has been advised by a health care provider to self-quarantine due to concerns related to the COVID-19 pandemic.

VI. PROCESS

- A. Full-time, part-time and reserve employees required to take time off work due to COVID-19 will be paid by the District, without using PTO and/or sick leave, for up to 2 weeks. Hours paid will be based on the average number of hours worked per week during the previous 90 day pay period, up to a maximum of 80 hours. Compensation will be at the employee's current rate of pay.
- B. Employee is responsible for notifying their chain-of-command regarding any COVID-19 pandemic related absences.
- C. Employee must provide documentation to the District to support the need for COVID-19 pandemic leave.

VII. COVID-19 VACCINATIONS

- A. Upon final approval by the US Food and Drug Administration (FDA), employees shall have the option to receive the COVID-19 vaccination(s).
- B. Any costs associated with the COVID-19 vaccination shall be covered by the District.

COVID-19 VACCINATIONS

Making Informed Decisions

Your decision to vaccinate or not should be an informed decision. Vaccines can cause severe injuries and/or reactions. The type and severity of reactions may vary from vaccine to vaccine and person to person. The effects of a vaccine injury may be temporary or permanent.

To make a truly informed decision there are numerous sources of information on the risks of vaccines and the risks and benefits of diseases. Sources of information to determine if the risks associated with vaccines outweigh any perceived benefits include: vaccine package inserts, the Physicians Desk Reference, the US Center for Disease Control and Prevention, public and medical libraries or state and local health agencies.

If you do decide to vaccinate, report adverse reactions to your physician. Always get the vaccine name, vaccine manufacturer and lot number. Keep records of any reactions you might experience.

Declaration of Vaccination Exemption

I hereby declare that I withhold my consent to be vaccinated of the COVID-19 vaccine on the grounds that such is contrary to my personal beliefs. In consideration of this exemption, I understand that I accept complete responsibility for the health of myself, and I hereby release and agree to hold harmless Beaver Dam/Littlefield Fire District and any of its officers, agents, and representatives from any liability that might arise during my employment by virtue of this exemption.

Printed Name

Signature

Date

Declaration of Vaccination Consent

I voluntarily request and consent to be administered the COVID-19 vaccine. Beaver Dam/Littlefield Fire District shall not, at any time, or to any extent allowable by applicable law, be liable, responsible, or in any way be accountable for any loss, injury, death, or damage suffered or sustained by me or any other person at any time in connection with, or as a result of, the administration of the Vaccine to me. I, for myself, my heirs, executors, personal representatives and assigns, hereby release Beaver Dam/Littlefield Fire District, its employees and contractors, its agents or representatives from any and all claims arising out of, in connection with, or in any way related to my receipt of the Vaccine as allowed by applicable law. By signing below, I certify that I have read, understand and agree to all the statements on this form.

Printed Name

Signature

Date