Te Whatu Ora
Health New Zealand

# Pre-employment COVID-19 vaccination policy

## Purpose

1. As an employer we have an obligation to eliminate or minimise the risk of harm to workers, patients, whanau and others from COVID-19 (SARS-CoV) in so far as is reasonably practicable.

2. This Policy ensures that our managers can appropriately assess and manage the risk that unvaccinated workers pose to themselves, other workers, patients, whanau, and others that attend our sites.

3. The purpose of this Policy is to meet the Health and Safety at Work obligations of Te Whatu Ora, including to take reasonably practicable steps to eliminate or minimise the risk of harm to workers, patients and others from COVID-19.

4. Vaccination is part of an overall strategy to eliminate or minimise risks associated with COVID-19 for the Te Whatu Ora workforce and others who attend our facilities.

5. This Policy takes a supportive and encouraging approach. Where risks to unvaccinated workers are assessed as too high, Te Whatu Ora may restrict such workers from undertaking high risk tasks.

## Introduction and application

6. This Policy outlines the approach Te Whatu Ora will take to pre-work screening for COVID-19 vaccination.

7. This Policy must be followed by existing people leaders and managers, including our Recruitment, Occupational Health and Human Resources teams, when employing or engaging new workers into our organisation.

8. This Policy and associated procedures is expected to cover the vast majority of circumstances, but sometimes an individual risk assessment by suitable expert(s) may be required.

9. The Policy and attached documents are based on current SARS-CoV (COVID-19) disease epidemiology and vaccination evidence. Where changing epidemiology and/or available vaccinations have a material impact on risk, the Policy and/or processes may be updated by Te Whatu Ora.

## Scope

10. This Policy applies to all new workers including employees, closely-held clinical contractors, those with access agreements, under-graduate students that would be classified as Category A, trainees and contractors.

## Definitions

11. **Category A worker:**
    A higher risk of workplace exposure to COVID-19 from any of the following:
    - Frequent and/or prolonged face to face contact with patients or clients;
    - Normal work location is in a clinical area such as a ward, emergency department, outpatient clinic;
    - Frequently in clinical areas;
    - Contact with blood, body fluids, body parts, infectious materials or surfaces that might be infected.

12. **Category B worker**: Are workers whose role has an equivalent risk as a non-healthcare workplace. For example, office-based roles with infrequent or no contact with patients.

13. **Expected**: Vaccination is not mandated but is considered best practice.

14. **Fully vaccinated for COVID-19:** Primary course and at least one booster

15. **Recommended**: Vaccination is encouraged, as the risk is similar to non-healthcare workplaces.

## COVID-19 (SARS-CoV) Pre-employment vaccination policy requirements

16. Vaccination is ***expected*** for all Category A workers.

17. Vaccination is ***recommended*** for Category B workers.

18. Managers of Category A workers not able or declining to be fully vaccinated must follow the risk assessment pathway in the *Pre-employment risk assessment process for Category A workers* before being cleared to start their first day of training or work, to determine risk mitigations that may be required to perform higher risk tasks (see page 4: *Pre-employment COVID-19 risk assessment process for Category A workers*).

19. Where accommodations and/or restrictions are recommended by Occupational Health, Human Resources and the hiring manager will determine whether these can be reasonably and sustainably accommodated before recruitment is able to proceed.

20. Category B workers who are unable to be vaccinated against COVID-19 may commence work without any risk assessment.

## Review

21. This policy and accompanying documents are based on current COVID-19 disease epidemiology and vaccination evidence. We acknowledge that this policy and/or the accompanying documents may change from time to time in response to evolving situations. Therefore, where changing epidemiology and/or vaccinations have a material impact on risk, the policy and/or processes may need to be reviewed. Te Whatu Ora may make any changes necessary to this Policy in order to respond to evolving situations.

22. This Policy will also be reviewed every 12 months or when additional evidence alters the risk profile of COVID-19.

## Related documents

- Pre-employment risk assessment process for Category A workers
- Risk mitigation management plan for COVID-19 unvaccinated or partially vaccinated preferred candidates.

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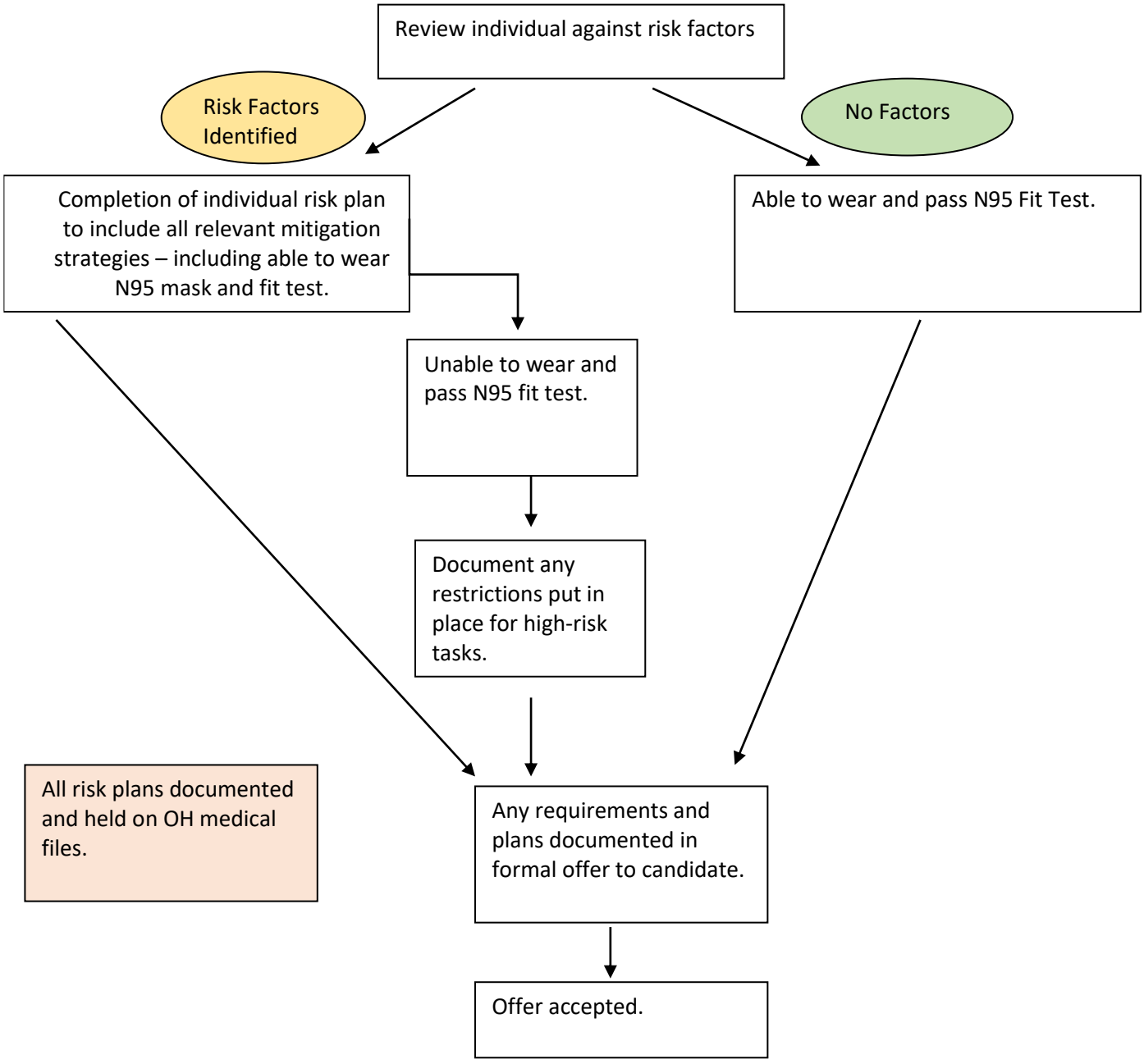
# Pre-employment risk assessment process for 'Category A' workers

## Process Flow Chart



## Risk Factors

1. "Vulnerablity" of the worker (i.e. over an ALAMA "COVID age" of 70):

   1.1 Workers who are not fully vaccinated and are over a COVID age of 70 should not provide direct care to higher risk patients

2. Ability of the worker to wear a fit-tested N95/P2 mask while completing higher risk tasks:

   2.1 Where the worker has not previously passed a fit test for an available N95/P2 mask, confirmation of passing a fit test should occur prior to permanent employment

   2.2 A respiratory health assessment and/or fit test assessment should be offered by a fit test mask expert (or their delegate) for candidates with difficulty wearing a mask and/or passing a fit test.

3. Current epidemiology of the COVID-19 virus and effectiveness of available vaccines means that the risk of exposure to COVID-19 cannot reasonably be eliminated since it is endemic in the community and is not at a level in the hospital that mandates full COVID-19 IPC precautions for all patients. However:

   3.1 Where new strains result in changed risk to vulnerable workers and/or transmissibility, risk mitigation recommendations may change

   3.2 Where vaccinations provide changed protection for severity of disease and/or transmissibility, requirement for vaccination may change

   3.3 This will be assessed by a multidisciplary technical advisory group and communicated via Occupational Physicians to the Occupational Health services.

## Risk assessment responsibility

4. Workers supplied by an agency or other external contractor, students under a framework agreement, observers, independent students, and those engaged by a contracting or subcontracting company to work on Te Whatu Ora premises or facilities must meet the standards in the Policy Statement and Process.

   4.1 That employer, agency or training provider's occupational health provider should undertake an assessment to these standards, and where requested a summary provided to Te Whatu Ora Occupational Health.

   4.2 In certain circumstances a District or Locality Occupational Health service may agree to undertake or support the risk assessment, particularly for complex situations.

# COVID-19 (SARS-CoV) general considerations for risk assessment

**5. General:**

5.1 COVID-19 has been a major focus internationally since early 2020.

5.2 Patients may be asymptomatic, have a mild respiratory illness or have significant respiratory disease and multi-organ failure resulting in death. The mortality rate is increased in vulnerable groups including those with immunosuppression, some chronic health conditions, obesity and increased age.

5.3 A proportion of people develop long term effects (aka Post-COVID syndrome, long COVID) that may include symptoms of extreme fatigue, breathlessness, anosmia, muscle aches, brain fog, insomnia, chest tightness, heart palpitations, dizziness, depression and anxiety, gastrointestinal symptoms, tinnitus, and rashes.

**6. Community epidemiology:**

6.1 The community prevalence has decreased from the peak rates seen earlier in 2022. The severity of the disease has altered due to a change in the circulating strains.

6.2 The government of Aotearoa New Zealand has lifted the Epidemic Notice and no longer has requirements to control this infection in the community.

6.3 The incubation period with current strains is usually 3-5 days but ranges from 1-7 days.

**7. Immunity:**

7.1 Immunity is impacted by previous infection or vaccination, however protection wanes over months.

7.2 Infection or vaccination occurring after the other will boost immunity better than either infection or vaccination alone.

7.3 Evidence of immunity:

- Proof of primary vaccination with one booster.
- For workers that obtained their vaccinations overseas: Evidence provided to Occupational Health should be on an official health providers document and include dates of vaccination and vaccination type.

**8. Vaccination:**

8.1 Vaccination is freely available to all adults in Aotearoa New Zealand as a primary course with boosters to maximise and maintain protection.

8.2 The primary course is two vaccines for most people. Those who are immunosuppressed require a third dose as the primary course.

8.3 We recommend that workers obtain additional boosters as recommended by the Aotearoa New Zealand Ministry of Health.

8.4 The main benefit of vaccination is to protect the worker from serious disease should they become infected.

8.5 With the current strains and available vaccines, the protection from vaccination is greatest within the first 2 months and wanes after that. After this time, current evidence shows that protection against becoming infected with COVID-19 and risk of transmission to others is equivalent in those that are non-vaccinated. However, vaccination continues to give good protection against the development of serious disease for the infected individual.

**9. Work relevance:**

9.1 The following risk management process applies for the current prevalent strains and vaccines. This would need to be reviewed if there was a significant change in biology, epidemiology or vaccinations.

9.2 With the community prevalence over 2022 and early 2023, workers in NZ are more likely to be exposed to the virus in the community than at work unless caring for patients infected with COVID-19. Exposure may occur in patients with known or unknown COVID-19. The risk of transmission is higher with prolonged exposure and aerosolising procedures.

9.3 The main benefit of vaccination is to protect the worker from serious disease should they be exposed to COVID-19 while at work and become infected.

9.4 Based on current evidence and epidemiology, vaccination has little effect on reducing transmission to others once a worker is infected. Other ways of reducing transmission include hand hygiene, mask use, not attending work when unwell and other infection control precautions.

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# Appendix 1: Risk assessment & mitigation management plan for COVID-19 unvaccinated or partially vaccinated preferred candidates

The **risk mitigation management plan** below is to be completed by the hiring manager for preferred candidates who are identified as not fully vaccinated against COVID-19 and sighted by Ocupational Health. This assessment process should be undertaken before any offers are made. Any offer of employment should include risk mitigations as decided.

***Managers will make decisions around employment based on the best protection for staff and their patients.***

Te Whatu Ora has a duty of care to, as far is reasonably practicable, to secure the health, safety and welfare of our employees. This includes an equitable approach to effective risk management and risk reduction of potential workplace hazards for all staff.

## For line manager

Potential candidates applying for a role in a Category A environment that are unvaccinated or partially vaccinated against COVID-19 will require a Risk Mitigation Plan specific to their duties.

Where required, managers should seek additional Human Resources (HR) or Occupational Health and Safety advice. Once the Risk Mitigation Management Plan is completed this should be emailed to (*Insert Local Occupational Health email address)*.

This Risk Assessment may be reviewed by an Occupational Health Nurse or Physician as deemed appropriate.

## For the potential candidate

Documenting your risk of workplace exposure to COVID-19 and any current risk mitigations is important to ensure you understand how you can be kept safe. It ensures you and your manager agree on any additional risk reduction actions and adjustments that are achievable and sustainable to keep you safe while undertaking your work tasks.

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# Risk Mitigation Management Plan

| General Information | | | |
|---|---|---|---|
| **Candidate/employee Full Name** | | **Employee Number** | |
| **Role** | | | |
| **Line Manager Name** | | **Line Manager Role** | |
| **Representative Name** | | **Representative Role** | |
| **Location/Service** | | | |
| **Hours of work** | | | |
| **Date of assessment** | | | |

| Work Activities Information | | |
|---|---|---|
| **The proposed role will involve**<br><br>This includes things that are normally part of work and things that may be undertaken, even infrequently. | *Please tick all that apply* | **Yes/No** |
| | Patient contact work with known or suspected COVID-19 patients | |
| | Working at pace with unpredictable COVID-19 patients | |
| | Ventilation not optimal for working with COVID-19 patients | |
| | Completing AGP's on known COVID-19 or status uncertain patients | |
| | Patient contact - work with known negative or unlikely positive COVID-19 patients or screened patients | |
| | On-site non patient contact work where physical distancing is difficult to maintain | |
| | In an environment with individuals not tested / unknown COVID-19 status but more than 2 metres distance between individuals – within any setting | |
| | Work from home, including virtual/telehealth work | |

**Individualised Risk Plan**

Please review examples of the hierarchy of controls included in Appendix 1. Include those controls which are reasonable and practicable for your work area/role in your Risk Mitigation Plan below. Note that the category order is hierarchical and generally the mitigation actions in the higher categories have the potential to be more effective and protective than those at the lower level.

| Categories | Risk Mitigation Plan (Fill in boxes below as applicable) |
|---|---|
| **Elimination** | |
| **Substitution**<br>*Remote work, Avoiding hazard exposure* | |
| **Isolation & Engineering Controls**<br>*Physical barriers, Ventilation, Booths*<br>**If Risk Remains** | |
| **Controls below this line rely on human behaviours. The risk of failure escalates and therefore level of risk** | |
| **Administrative Controls:**<br>*Education, Training, Physical distancing, Hygiene, Clinical assessment*<br>**If Risk Remains** | |
| **Personal Protective Equipment**<br>*Respirators, Face Shields, Gowns, Eye protection* | • <br>• <br>• <br>• <br>• <br>• <br>• |
| **Surveillance Controls** | |
| **Additional Controls Identified** | |

| Assessment Outcome |
|---|
| *Where required/ identified managers may seek additional HR advice. Please add any additional notes as appropriate following discussion with HR Advisor.*<br><br>*Once agreement between worker and manger that the proposed risk mitigations are reasonable and achievable to reduce the risk of COVID exposure, please send the completed form to the Occupational Health Nurse Inbox Insert local OH email address*<br><br>*If required, a zoom meeting will be arranged to discuss the plan with an Occupational Health specialist, manager and the worker.* |

| | | | |
|---|---|---|---|
| **Individual's signature** | | **Date signed** | |
| **Print Name** | | **Job title** | |
| **Manager's signature** | | **Manager's job title** | |
| **Print Name** | | **Date signed** | |
| **Occupational Health's signature** | | **Designation** | |
| **Print Name** | | **Date signed** | |

**Review of the controls outlined in this plan is required with any change in circumstances but no later than *Insert Date***

## Appendix 2: Hierarchy of Controls

Healthcare inherently involves some risk to health and safety from infectious diseases, which are well- understood as a critical risk. The risk is mitigated by the implementation of a series of control measures.

Risk minimisation measures must be considered and applied starting from elimination, substitution and working down to personal protective equipment.

Risk control measures must (and can only) be applied insofar as is reasonably practicable. Not every measure will be practicable in every location or situation.

Consideration should be given to all control measures that are available and suitable, and adopt as many as necessary, aiming to provide the highest level of protection that is reasonably practicable in the particular circumstances.

Managers can add additional control measures to this Hierarchy of Controls

| **Hierarchy of Controls - Clinical Area**<br>(Examples below are not exclusive) | |
|---|---|
| Elimination | Triage |
| | Source control |
| | Screening |
| | Risk Assess |
| Substitution | Find other ways to provide care that will reduce potentialof transmission of disease |
| | Use of physical barriers and dedicated pathways |
| | Remote triage areas |
| | Airborne infection isolation rooms and single patient spaces |
| | Engineering controls also focus on maintaining the quality of the indoor air |
| Administrative controls | Infection Control Policies and Procedures are followed at all times |
| | Implementation of IPC measures – standard and transmission based precautions, hand hygiene etc |
| | Education and training |
| Personal Protective Equipment (PPE) | PPE suitable for task is available to staff and available at point of care |
| | Monitoring of PPE compliance and correct use is in place |
| | PPE training has been provided for all staff needing to use PPE |