



IN-CONFIDENCE

Memo to ELT Board

To	Executive Leadership Team Board
From	Kate Wareham, DCE, Organisational Capabilities and Services
Date meeting	30 November 2021
Subject	Risk Assessments, Vaccination Policy and next steps

Purpose of the memo

1. This memo provides you with details of the findings of the draft risk assessments undertaken by each branch and suggests a recommended approach for making decisions on vaccination mandate for staff, contractors and members of the public seeking to access our premises. It seeks your approval to proceed with consultation with all employees and key stakeholders on the draft risk assessments, our draft vaccination policy and our intended approach to vaccination. It also provides further information about the implementation of key areas of the COVID-19 Protection Framework (CPF) for DIA.

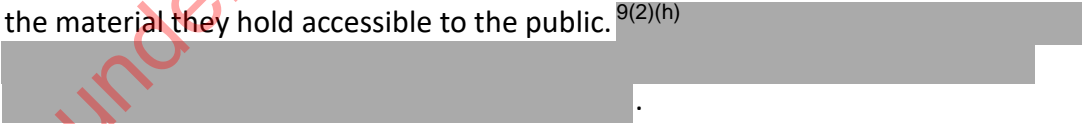
Recommendations

2. It is recommended that the ELT Board:
 - a) **Note** the risk assessments found all role types had at least a medium risk rating and high risk rating for a number of public facing roles.
 - b) **Note** that the health and safety risk assessments indicate that vaccination of staff is the most effective control to reduce the likelihood of transmission and severity of consequences of COVID-19;
 - c) **Note** that any vaccination requirement needs to be proportionate to the risk and that there are other factors that must be weighed against the risk assessments;
 - d) **Accept** the recommendation to consult with staff on a policy to restrict access to DIA premises to only vaccinated staff, contractors and visitors;
 - e) **Note** subject to your agreement, we will commence consultation with our kaimahi and key stakeholders by 2 December 2021;
 - f) **Note** the updated DIA guidance on the COVID-19 Protection Framework;
 - g) **Note** we will keep you informed of progress.

Covid-19 Protection Framework - Background

3. The COVID-19 Protection Framework (CPF) introduces a new traffic light system to manage COVID-19 in the community with Green, Orange and Red settings. The CPF sets out general settings and restrictions in a range of environments.
4. The CPF is still in development, and our understanding of what it means for Te Tari Taiwhenua continues to evolve, with the framework itself, and with guidance from the Ministry of Health and the Public Service Commission. Our preliminary view is that not much will change for DIA in terms of the requirements of the CPF. The CPF will present Te Tari Taiwhenua with some choices and ELT has already made some choices about travel and face masks. ELT will also need to make choices about how and when to open up Auckland offices to staff and how and when to reconsider capacity limits on other sites.
5. The Government has mandated that certain people must be vaccinated to do their jobs. The Education Mandate affects some National Library staff and a process is nearing completion with the kaimahi in these jobs. Other than through the Education Mandate, the current draft of the CPF does not **require** any other staff or visitors for any of DIA's premises to be vaccinated. We do not expect this to change, but it cannot be confirmed until the order is made on Monday 29 November 2021.
6. There may be some additional requirements for events and gatherings but we understand that there is a choice to be made about whether events should be only available to vaccinated persons (including kaimahi). The definitions of gatherings and events will not be clear until the order is made on Monday. At that stage, further work will be needed to assess how this will apply to different activities organised by Te Tari Taiwhenua. We anticipate that ELT will have some choices about how to proceed and we recommend bringing back further advice for ELT on a policy for events and gatherings.
7. On Tuesday 23 November, ELT agreed in principle that DIA will require all members of the public and visitors to be vaccinated. It is possible that this decision could trigger a requirement under the CPF for all staff to also be vaccinated. Until the order is made, it is not possible to confirm this. Given this risk, ELT considered that an interim restriction on access could be put in place for staff, pending the outcome of the risk assessment process for kaimahi roles.
8. On 23 November ELT also provided feedback on a CPF guide for DIA. This document has now been updated to reflect ELT decisions, feedback from branch representatives, recent guidance from the Public Service Commission^{9(2)(h)}. Further details are outlined in the *Implementing the COVID-19 Protection Framework for DIA* section at the end of this paper.
9. On Thursday 25 November, ELT agreed to bring forward the timing of mandating decisions from 7 December 2021 to Tuesday 30 November 2021, to enable decisions to be made for the whole Department at the same time, and so that consultation with kaimahi, unions and other relevant groups can start *before* the implementation of the new traffic light system.

Decisions for ELT

10. The ELT Board is responsible for ensuring a safe working environment for employees, contractors and visitors. As part of this responsibility, the ELT Board is considering whether to require the following groups to be vaccinated:
 - a) staff¹;
 - b) members of the public visiting DIA sites to use our services; and
 - c) other visitors to DIA sites, for example contractors, suppliers and people attending meetings.
11. Decisions must be made on the basis of health and safety risk assessments. The *Outcome of Risk Assessment Process* section of this paper summarises the findings of these assessments.
12. There are a number of other matters that must be considered in making decisions on a vaccination policy, including:
 - a) Whether a vaccination policy is proportionate, as restricting access to our premises to vaccinated people could be seen as an indirect limitation on the right to refuse to undergo a medical procedure, which is protected by the New Zealand Bill of Rights Act 1990 (**BoRA**).
 - b) How restricting access to our sites to vaccinated people will impact on public access to DIA services - we need to consider whether any service is essential and, if it is essential, whether there is a viable alternative to onsite access.
 - c) How a vaccination policy will impact on Māori (staff and members of the public), taking into account the Crown obligations under Te Tiriti o Waitangi
 - d) Ensuring that any policy does not discriminate, for example on the basis of age, ethnicity, disability or religious belief.
13. In some circumstances there may be additional factors to be taken into account, such as:
 - a) National Library and Archives New Zealand both have statutory obligations to make the material they hold accessible to the public.^{9(2)(h)}

 - b) Whether there are any contractual constraints on imposing vaccine requirement for contractors and suppliers
14. These matters are canvassed in the following sections of this paper.
15. Following the ELT Board decisions, a number of further steps will be required. These are outlined in the *Next steps - consultation and communication* section below.

¹ Other than those to which a statutory vaccine mandate applies.

What our kaimahi are telling us

16. There is high demand from leaders and kaimahi for more information, to support them to prepare for the transition to the new CPF, and frustration about the lack of detail about DIA work arrangements under each colour of the CPF. Kaimahi are also expressing concern about working alongside unvaccinated colleagues.
17. Information from the recent Whakahōki Kōrero survey indicates that our kaimahi are wanting Te Tari Taiwhenua to take a clear position as soon as possible on mandating vaccines in our workplace.

Outcome of Risk Assessment Process

18. The Department, as an employer, and PCBU, has duties under the Health and Safety at Work Act 2015 (HSWA) to ensure, so as far as reasonably practicable, the health and safety of our employees. Equally, our employees have their own health and safety obligations to ensure, so as far as reasonably practicable, their own health and safety and that of others. This requires known hazards to be eliminated where possible, and if not possible, minimised by employing all reasonably practicable means to do so.
19. The risk assessment framework followed by DIA is broadly consistent with the approach taken by other public service agencies. ^{9(2)(h)}
Some of these considerations included:
 - a) Work activities that involved contact with the public, contractors, and staff from other sites or agencies
 - b) Work activities undertaken by public facing versus 'back-office' roles and the degree of intermingling across roles and work environments, including the need for flexibility of deployment in some role types
 - c) Frequency and length of exposure
 - d) The expectation that community cases would increase, balanced with the greater number of vaccinated people
20. Risk assessments based on role types across DIA have now been carried out. An example is included at **Appendix B**. Role types included all roles that complete some form of public facing activity, as well as a number of role types that have no public facing activities.
21. Branches, in consultation with the Wellbeing Health and Safety (WHS), identified role types across each branch, including MEC and the Royal Commission. Initial risk assessments were then completed by WHS and feedback was provided by branches.
22. The risk assessments found that in all role types across all branches there was at least a medium level of risk of COVID being contracted or transmitted, with the likelihood of severe consequences. In role types where there were public facing activities the risk exposure increased to a high risk rating. This has resulted in risk ratings from 19 (Medium) to 24 (high) across all groups, using DIA's risk matrix.
23. Approximately 80% of the role types assessed resulted in risk ratings of 22-24 (High). The risk assessments found that the risk profile reduced after the controls described in this paper were considered, resulting in approximately 65% of roles found to have a residual risk rating of 9-13 (Moderate).

24. Risk assessments were completed at pace and with only a small group of key contacts across each branch, a thorough consultation process has not yet taken place that includes employees, unions, health and safety or branch representatives.
25. Public health guidelines (such as the use of face coverings, basic hygiene measures, physical distancing, the use of QR codes etc.) if strictly adhered to, will reduce the likelihood of transmission further. There is a risk that these are not adhered to. Additionally where multi-layered controls can be applied together with vaccination, this would provide a more robust form of risk control.

Recommended controls

26. Given that nature of the work activities carried out across DIA and the identified risk exposure of all role types, vaccination is recommended as the most effective control for these groups to reduce the likelihood of transmission.
27. If mandatory vaccination is implemented, it is possible COVID-19 still could be contracted, but the likelihood of this is reduced, and the consequence of contracting COVID-19 is also reduced.
28. It is proposed to consult with kaimahi, unions and other relevant parties on a Draft Vaccination Policy for DIA, included as **Appendix C**.

9(2)(h)



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Considerations and risks

43. We recommend that ELT does not seek to implement a vaccination mandate by Friday 3 December. We think it is preferable to consider the position of staff, contractors and visitors together and to consult with staff and contractors before making a final decision.
44. The current vaccination status of our employees is unknown however we have assumed that vaccination rates are largely representative of the wider New Zealand population (i.e. as at 26 November 2021, 85% of the eligible population has received two doses). If mandatory vaccination is implemented and the vaccination rates are lower than anticipated, this could result in a more significant percentage of staff who may be unable to continue their current employment.
45. We could mitigate this risk by ensuring adequate lead-time for any changes to allow time to recruit or redeploy existing resources to minimise disruption. Consideration should also be given to whether kaimahi could work solely from home for extended periods of time, noting that this has already been the case for some Auckland kaimahi, as a result of Alert Level restrictions.
46. Consideration should also be given to the fact that there will be a disproportionate impact for Māori and Pasifika kaimahi as the vaccination rates for those populations (esp Māori) are lower than other populations.
47. Further work needs to be done to identify and consult with other PCBUs where we have joint or overlapping responsibilities for health and safety. This could also be progressed during the period for staff consultation.
48. Providing assurance and clarity of our intentions to our people, along with seeking their views, will be key. The proximity to the Christmas close-down period means a number of our staff will be on leave from mid-December until mid-late January 2022.

Next steps - consultation and communication

49. Once ELT has confirmed decisions, there are a number of steps to follow. These are summarised in the table below, with two options for timeframes.
50. Option A provides for a longer consultation period, allowing more time for meaningful engagement and feedback from kaimahi and unions. Option B would provide earlier certainty for kaimahi and unions, with final decisions able to be communicated before the holiday period and plenty of time to work through the implications for implementation. Feedback from the PSA suggests that earlier decisions are strongly encouraged, as those enables time over the holiday period for the vaccine hesitant to talk with whānau and other trusted people at a time when that connection is happening naturally. Equally, for all kaimahi, early certainty provides reassurance.
51. Our proposed approach to consultation is broadly consistent with Public Service Commission guidelines and the approach taken by a number of other public service agencies that we have engaged with.

When (Option A)	When (Option B)	What	Lead
1 December	1 December	Engage unions and provide risks assessments and draft policy	HR
1-2 December	1-2 December	Finalise key messages and documentation for consultation <ul style="list-style-type: none"> • including draft policy and risk assessments (in an accessible form) • information for kaimahi and leaders 	CMT
2 December	2 December	Start consultation to all staff	CE
2-22 December	2-10 December	Monitor feedback for questions and prepare FAQs	CMT
22 December	10 December	Close consultation	CE
10-14 January	13-16 December	Analyse submissions and shape advice for ELT	CMT
18 January	17 December	ELT meeting to consider decisions paper (tbc)	ELT
21 January	20 December	Communicate final decisions	CE
1 February	1 February	Policy comes into effect	n/a

Implementing the COVID-19 Protection Framework for DIA

52. Once decisions on vaccination are made, this will enable further operational decisions to be made and communicated to our kaimahi, customers and visitors before Friday 3 December.
53. The DIA guidance in **Appendix A** will also be finalised and published on the COVID-19 Info Hub, by no later than 1 December 2021.

54. It should be noted that there have been some changes to MOH and PSA guidance since ELT discussed the previous version of the DIA guidance A3, which will impact decisions previously taken by ELT. Specifically:
- a) In Red, guidance is now for workplaces to be Open and 'working from home may be appropriate for some workers', and not closed.
 - b) Although PSC guidance suggests that a Vaccine Pass may be a condition of entry for visitors, including contractors, our recommendation, as outlined above, is that we include this as part of our consultation process, before ELT confirms any decision.

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Appendix A

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Appendix B

	L = Likelihood of COVID Exposure/ Transmission	C = Consequence of Exposure/ Transmission	Risk Rating Score	Controls	Likelihood	Consequence	Residual Risk Rating Score	Comments
National Library Group 2. Key HTT Tāmaki roles: e.g. Senior Education Specialist (Culture and Heritage), Facilitator National Capability, Facilitator National Capability Māori, Reading Services Librarian, Online Content Services and Products Developer (Te Ao Maori) and Programme and Development Support Specialist	4	5	24	Vaccination of staff, implement and follow public health guidelines (see tab: Controls)	2	3	9	If staff are fully vaccinated the risk of infection becomes low. If vaccinated staff become infected the consequence to their health is significantly less serious than if not vaccinated. Note: number of public health controls are already in place.
	4	5	24	If vaccination not a control for staff, residual risk is higher. Risk is high due to unvaccinated staff working with unvaccinated children	3	4	21	This group reports the highest contact with under 12 year olds. There is also considerable contact with adults. Therefore the risk is higher than Group 1. Note the difference is a score of 19 for Group 1 and a score of 22 for Group 2 - so score closely. Public health guidelines - if strictly adhered to - will reduce the risk. Vaccination is however recommended as the most effective control for this group due to the serious health consequences of unvaccinated staff contracting COVID-19 and the high risk of transmitting the virus to/from children and adults.
National Library Group 3. Auckland Learning Centre roles: e.g. Programme and Development Support Specialist, Centre Administrator	2	5	19	Vaccination of staff, implement and follow public health guidelines (see tab: Controls)	1	3	6	If staff are fully vaccinated the risk of infection becomes low. If vaccinated staff become infected the consequence to their health is significantly less serious than if not vaccinated. Note: number of public health controls are already in place.
					1	4	10	This group reports the lowest contact with under 12 year olds and adults. A moderate risk of infection remains however due to the serious health consequences of unvaccinated staff contracting COVID-19 and the risk of transmitting the virus to children and adults. Public health guidelines - if strictly adhered to - will reduce the risk to moderate.
These are general roles across DIA who primarily have an advisory function.	2	5	19	Vaccinations for all staff and implement public health guidelines (see tab "controls")	1	3	6	If staff are fully vaccinated the risk of infection becomes low. If vaccinated staff become infected the consequence to their health is significantly less serious than if not vaccinated. Note: number of public health controls are already in place.
				If vaccination not a control, residual risk is higher	1	4	10	Likelihood reduced as public health guidelines in place and followed.



DRAFT – COVID-19 Vaccination policy

Date approved	TBA
Review date	TBA
Policy owner	TBA
Cohesion link	

Policy overview

1. This policy sets out Te Tari Taiwhenua, the Department of Internal Affairs (DIA), approach to COVID-19 vaccinations in line with the Health and Safety Risk Assessments – COVID-19. The assessments are based on the assumption of a highly transmissible variant and spread of community transmission.
2. With COVID-19 being a highly transmissible virus there is an increased risk that our kaimahi, and those we interact with while we do our mahi, will become infected. Vaccinations are the most effective tool to manage this risk.
3. Not only do we want to ensure our kaimahi are safe, Te Tari Taiwhenua is required to do all that it can to manage the risk of infection under the Health and Safety at Work Act 2015.
4. Vaccinations can be a sensitive topic. Our kaimahi are expected to demonstrate our mātāpono to kaimahi whānau by showing kotahitanga and manaakitanga to all. Respecting others, whether they're like you or have a different perspective. Wauho i te toipoto kua i te toiroa. We're stronger together!

Application

5. This policy applies to all kaimahi/employees, volunteers, contractors and visitors who come to a Te Tari Taiwhenua workplace.

Delegated authorities

6. The delegated authorities that apply are set out in the Delegation Policy on the intranet (1840).

Policy detail

7. From XX XXXXXXXX XXXX, all kaimahi/employees, volunteers, contractors and eligible visitors who come to a Te Tari Taiwhenua/DIA site must be fully vaccinated for COVID-19.
8. Employees and volunteers that visit or work at non-DIA sites or interact with the public must also be fully vaccinated.

9. The timeframe for having at least one vaccination is XX XXXXXXXXX XXXX. Full vaccination is required by XX XXXXXXXXXX XXXX.

Health and safety risk assessment - transmission of COVID-19 in the workplace

10. Te Tari Taiwhenua has assessed the risk and impact of a COVID-19 infection for kaimahi based on an assumption of a highly transmissible variant and spread of community transmission. The Health and Safety risk assessments are available here.
11. The assessments identify the mahi that involves contact with others, the most credible worst-case scenario associated with the risk of infection with COVID-19, and the likelihood of transmitted infection occurring and it leading to that consequence.
12. The inherent risk, residual risk with current controls (e.g., barriers, masks, handwashing, distancing), and the effect of having all kaimahi/employees, contractors and visitors vaccinated on the risk ratings have been assessed.
13. The risk assessments reflect the public health advice that vaccination is the highest level of control, reducing both likelihood and consequence (severity) of infection. Vaccination is the only control that reduces the residual risk to a medium risk.
14. The risk assessments will be revised should any factors change and could change if other controls become available, for example, rapid antigen testing.

Jobs with a legally mandated vaccination requirement

15. Some jobs require vaccination under law. The jobs covered by mandatory vaccinations may change over time.
16. Existing kaimahi in jobs with mandated vaccination requirements must provide a copy of their vaccination record to their manager.
17. Where vaccination status is not disclosed that person will be treated as unvaccinated and will be encouraged to get vaccinated (where medically possible) with support provided as much as possible to make that decision.
18. For kaimahi who are unable to be fully vaccinated, or choose not to be fully vaccinated, or do not provide proof of vaccination, managers will be available to discuss alternative options including redeployment. If redeployment is not possible, then termination may be considered on a case by case basis. Te Tari Taiwhenua's priority is to retain kaimahi and accommodate individual choice wherever possible.
19. New appointees to jobs with mandated vaccination requirements must provide proof that they are fully vaccinated and including boosters before an employment offer is made.

Unvaccinated kaimahi/employees, volunteers, contractors and visitors to a DIA site; and kaimahi/employees and volunteers visiting other sites

20. Contractors and visitors will be advised of the vaccination requirements and will be required to provide proof of vaccination before entering a DIA site.

21. Kaimahi/employees should exercise caution when considering bringing anyone under the age of 12 years onto a DIA site.
22. Managers will work to understand the individual situation of employees or volunteers who are not vaccinated, choose not to be vaccinated, choose not to disclose their vaccination status or are unable to be vaccinated (e.g. for medical reasons). Kaimahi who are unable to be vaccinated will be required to provide evidence of this from the Ministry of Health.
23. Decisions about individuals will be made on a case-by-case basis in consultation with that individual. The nature of the work undertaken, the way the individual works, the ability for them to undertake their work from an alternative location, the availability of alternative work and the reason(s) for the individual not being vaccinated will be taken into consideration.
24. Kaimahi/employees will have the opportunity to respond to any proposed changes to their employment and feedback will be taken into consideration before any final decisions are made. Kaimahi can meet with their manager and have a support person of their choice present. Should they decide to have the vaccination, kaimahi will be supported to do so.
25. If other options or redeployment are not possible, termination may be considered as a last resort on a case by case basis. Kaimahi will be provided with notice as provided for in their employment agreement. Te Tari Taiwhenua's priority is to retain kaimahi and accommodate individual choice wherever possible.

Vaccination status

26. Kaimahi/employees are asked to disclose their vaccination status by providing a copy of their COVID-19 vaccination certificate or My Health Record to their manager.
27. All prospective new kaimahi must provide a copy of their COVID-19 vaccination certificate or My Health Record prior to an offer of employment being made.
28. Prospective new kaimahi who cannot be vaccinated for medical reasons and provide proof of this as provided by the Ministry of Health, will have their circumstances considered on a case by case basis to ensure they can do the job safely unvaccinated.
29. Recruitment advertisements will include the requirement that kaimahi must be fully vaccinated before they can commence employment.
30. Vaccination records can be obtained from <https://app.covid19.health.nz/>.
31. If an employee chooses not to provide their vaccination status, they will be considered to be unvaccinated and treated as an unvaccinated employee as outlined above.

Leave

32. Special paid leave is available for kaimahi to get vaccinated and for them to support their whanau to get vaccinated.
33. Special paid leave is available in the event an employee feels unwell after their vaccination.
34. Sick leave is available to support whanau if they become unwell after their vaccination.

Gaining and storage of personal medical information

35. Kaimahi will provide their manager with a record of their vaccination certificate or confirmation of their vaccination. Managers will record the vaccination status of their team including those who are unvaccinated, can't be vaccinated or choose not to say.
36. Information will be stored in the HR Information System and will only be accessible to those people in Pūmanawa Tangata (People & Capability) who need to have access to this information.

Policy review

37. This policy will be reviewed as required for example when new information becomes available from the Ministry of Health

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9(2)(h)

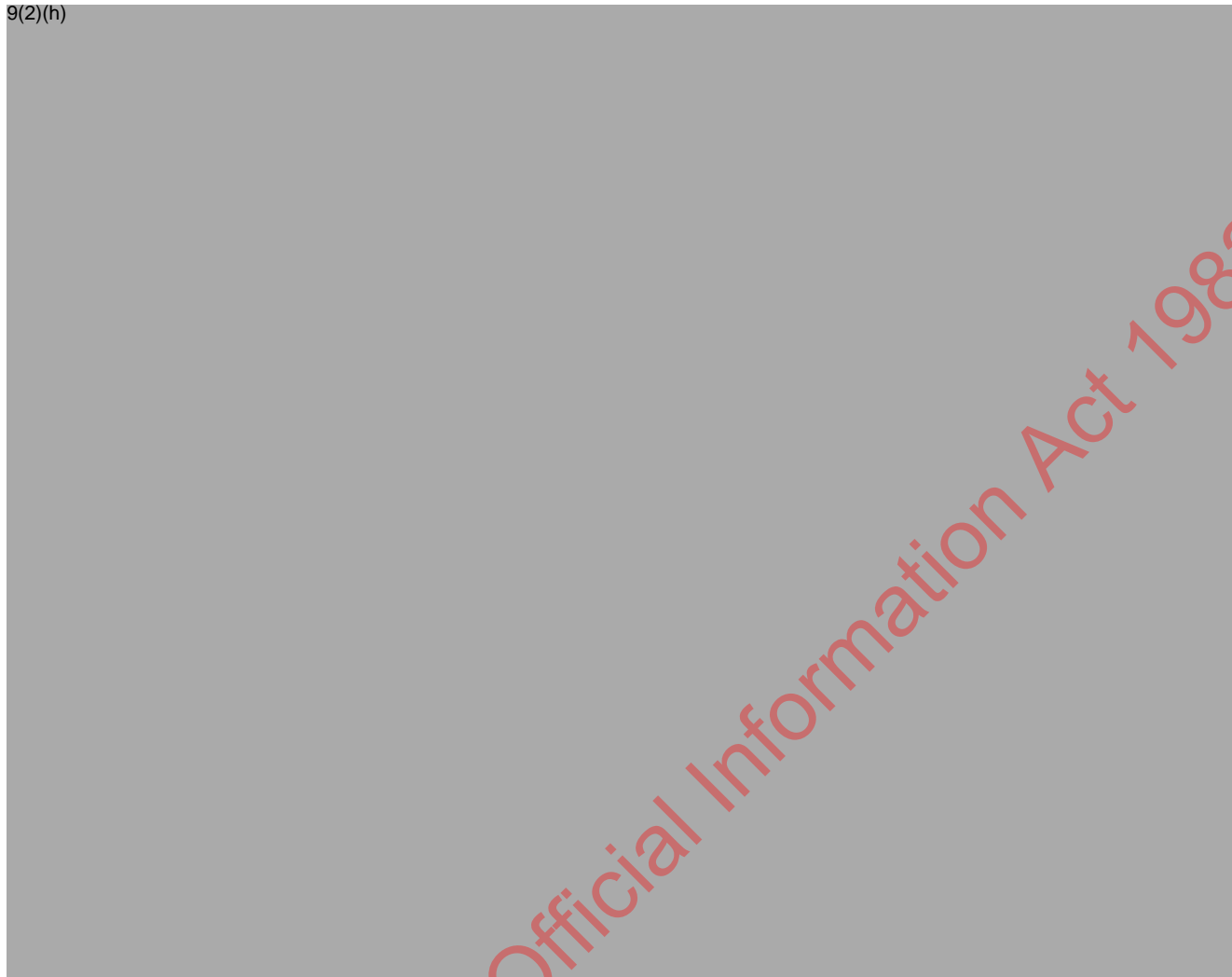
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Memo to ELT

To	Executive Leadership Team
From	Kate Wareham, DCE, COVID Management
Date meeting	10 May 2022
Subject	COVID-19 policy

Purpose of the memo

1. This memo provides ELT with:
 - a revised COVID-19 policy for approval
 - information to enable a decision on whether some higher risk jobs should continue to be undertaken by vaccinated workers
 - a summary of the feedback from the consultation
 - an engagement plan to support implementation of the policy.

9(2)(h)

Recommendations

3. It is recommended that ELT:
 - a) **approve** the COVID-19 policy with an effective date of 23 May 2022;
 - b) **agree** whether the following higher risk jobs must be undertaken by vaccinated kaimahi (which includes the requirement to have boosters);
 - Chauffeurs Yes / No
 - Community Advisors Yes / No
 - c) **note** the feedback received through the consultation;
 - d) **agree** that further work is undertaken to strengthen the approach to support vulnerable kaimahi;
 - e) **agree** to the recommended actions to ensure COVID-19 controls are consistently applied;
 - f) **agree** to the engagement plan; and
 - g) **agree** to the engagement plan; and
 - h) **agree** this paper is suitable for distribution to SLC.

9(2)(h)

Background

4. On 26 April 2022 ELT agreed to consult with kaimahi on revised draft COVID health and safety risk assessments completed in March 2022 and a revised draft COVID-19 policy.
5. Consultation was open from 27 April to 3 May 2022 with kaimahi able to provide feedback through an online survey and/or via email. There were also thirteen zoom drop-in sessions for kaimahi to discuss the revised policy and risk assessments, raise questions and share their views and feedback. Sessions were held with the Tangata Whenua network, Taha Moana network, people leaders, the PSA delegates, E tū members and all kaimahi.
6. Around 90 kaimahi attended the drop-in sessions. Participation was significantly lower compared to consultation on the policy in December 2021. Very few people leaders attended the sessions. While the number attending the drop-in sessions was low, those that did attend were open, honest and shared their personal experiences. The online survey generated 366 responses and 49 written submissions were received.

COVID-19 policy

7. Kaimahi indicated support for both the risk assessments and revised policy.
8. The feedback on the risk assessments confirmed that they reflect the risks across DIA with 71% (of 318) of those who responded to the online survey supporting the risk assessments.
9. The revised policy was supported with 72% (of 318) of those who responded to the survey question *“Do you support the proposed revised COVID-19 policy”* answering *“supported”* or *“strongly supported”*.
10. General feedback on the policy included:
 - why has the application of the policy to members of the public accessing our services been removed
 - more clarity needed on the *“Contractors, suppliers and visitors to a DIA workplace”* section
 - policy is too long. An option could be to pause the current policy so that it can be resumed or updated later if required
 - add a better timeframe for the review of the policy
 - the policy still contains a termination clause.
11. Amendments to the policy have been made following feedback. The key changes are:
 - Improving the policy overview with improved wording for the *mātāpono*. Feedback was provided by Toma Mason, Kaiarahi Matua, Toi Hiranga.
 - That the policy applies to the public accessing our services and the Exceptions paragraphs for the Chief Archivist and National Librarian have been added.
 - Clearer and plain english descriptions of the safety and wellbeing measures that can reduce the transmission of COVID-19.

- Review and rewrite to simplify the “Vaccination” section.
 - Review by Communications for plain english and an easily understood policy.
12. The revised COVID-19 policy is attached as Appendix 1.
 13. Based on the risk assessments, and the support from kaimahi through the consultation process, it is recommended that ELT approve the COVID-19 policy and that it will come into effect from 23 May 2022.

Policy inequity analysis

14. There is potential for any vaccination mandates to create inequities for Māori, Pasifika and other communities who may be less likely to be vaccinated.
15. The total number of unvaccinated kaimahi is low. Removing the vaccination requirement will mean all kaimahi can return to working in the office reducing any inequities (other than any higher risk roles that continue to require vaccinated kaimahi). As we are removing the requirement for vaccination for new kaimahi there could be inequities should vaccination mandates be implemented in the future because we may employ unvaccinated people.
16. During consultation concern was raised about kaimahi who are unable to do their job from home who may use more sick leave if they or their whanau contract COVID. This could more adversely affect vulnerable kaimahi and those in lower paid roles. When kaimahi do not have sick leave available managers are guided to consider paid special leave in the first instance.
17. Key to the identification of higher risk jobs is the amount of time working with vulnerable communities. Some of these jobs are undertaken by Māori or Pasifika kaimahi. If it is determined these jobs should be undertaken by vaccinated kaimahi there may be consequences for any unvaccinated Māori or Pasifika kaimahi in those jobs.
18. In removing the vaccination requirements there is potential for heightened risk to vulnerable people which includes our Māori and Pasifika kaimahi. This is particularly so if there is inconsistent application of other COVID controls (mask wearing, distancing etc).
19. If broad vaccination mandates are required in the future, there may be impacts on the Department’s ability to continue to provide our services to vulnerable communities.

Roles continuing to require vaccinated workers

20. Jobs in the Visits and Ceremonial Office based at Auckland airport remain covered by the requirements of the COVID-19 Vaccination Order as they work at the border. This requires workers to be fully vaccinated including boosters, which our kaimahi are.
21. At ELT on 26 April 2022, several jobs were identified that when reviewed against WorkSafe risk factors kaimahi could be at greater risk of getting sick at work than in their normal life or there is a public health rationale based on protecting vulnerable people and communities.

22. Consultation has been completed with kaimahi in the following jobs identified as being potentially higher risk:
 - VIP Chauffeurs
 - Hapai Hapori Community Advisors
 - MaSS Ministerial Advisors and Press Secretaries.
23. ELT need to make a decision on whether these jobs are higher risk and need to continue to be undertaken by a vaccinated worker. Information to support ELT in making decisions on these jobs is provided in Appendix 2.
24. Consultation on other higher risk jobs within the Royal Commission into Abuse in Care will be undertaken and information provided to ELT by the end of June. The Ministry for Ethnic Communities will also consult on higher risk jobs in June.
25. During consultation some National Library kaimahi raised that some of their jobs may be at higher risk. These were reviewed, and it has been determined that the current risk levels are appropriate.
26. Further information on higher risk jobs is provided in Appendix 2.

Determining whether to maintain a vaccination requirement

27. When considering whether to maintain a vaccination requirement for high risk jobs there are two options. The first is to require only vaccinated kaimahi can undertake the job.
28. The second option is to strongly recommend vaccination and rely on managers completing risk assessments for higher risk activities to determine whether these activities would be more safely carried out by a vaccinated worker. (This is the approach MBIE is implementing for their field workers.)
29. If a risk assessment identifies the activity is with a particularly vulnerable person or community, or confined space, managers can determine that the engagement should be undertaken by a vaccinated kaimahi rather than an unvaccinated kaimahi. This may also naturally occur if the community group has its own vaccination requirements.
30. This also may not always be practical if the role requires an ongoing relationship with a vulnerable person/community. Resource or skill constraints within teams may also mean it is not practical to reallocate higher risk engagements from unvaccinated kaimahi to vaccinated kaimahi all of the time. However, this option does enable teams the flexibility to make these risk-based decisions as required.
31. Information to support ELT to make decisions on maintaining a vaccination requirement are provided in Appendix 3.

9(2)(h)

Consultation feedback themes

33. A summary of feedback themes, information from the online survey and feedback from the Tangata Whenua Network and the PSA is available in Appendix 5. The full written submissions are available [here](#).

34. In all the drop-in sessions kaimahi discussed:
- their concerns for vulnerable people
 - the lack of commitment across the Department to other COVID-19 controls particularly limited use of facemasks and inability to appropriately distance from others.

Concern for the vulnerable

35. Kaimahi shared and discussed concerns not just about their own vulnerabilities but the impacts on vulnerable colleagues, friends and whanau, and those they work or interact with in the community.
36. Vulnerable people expressed anxiety about coming back into the office when they may not be ready and that working from home is their safe environment. The recent messaging of the restack of Pipitea Street and the increase in the number of people on each floor along with kaimahi not wearing facemasks or practising physical distancing, especially in meeting rooms increases their levels of anxiety. Some vulnerable kaimahi said they were prepared to share their experiences in an 1840 story or short video, communications are progressing this.
37. It is recommended that further work is undertaken to strengthen the approach to support vulnerable kaimahi, focus on supporting people leaders to engage well to discuss the options and support available for vulnerable kaimahi.
38. Kaimahi who are not vulnerable also expressed anxieties. While this may not be at the same level of risk as for vulnerable kaimahi they clearly outlined how their mental health and wellbeing is being impacted. The wellbeing aspects of kaimahi as they adjust to changing working requirements should be actively considered in communications and by people leaders.

Lack of commitment to other COVID controls

39. There is poor and inconsistent implementation of controls that can restrict the transmission of COVID, particularly around facemasks and appropriately distancing from others. It was felt the Department is very relaxed about using these controls, they are encouraged rather than enforced, leaders are seldom seen to be role modelling. There is a perception that removing the vaccination requirement will increase the risk to kamahi more generally.
40. This interactive framework [Visualising SARS-CoV-2 transmission routes and mitigations | The BMJ](#) shows how simple precautions such as mask wearing, physical distancing and hand washing can protect everyone.
41. Concerns were also raised that the level of cleaning described was not being carried out and Rapid Antigen Testing appeared to be stopping as supplies of the tests were used.

42. The ongoing and effective use of other COVID control protections is important because they are the basis on which the Department shifting from vaccination being the primary control in the risk assessments. The risk of transmission is still high, and the risk that an infected person could suffer adverse effects (including long-Covid) also remains high. Setting an expectation that kaimahi follow public health messages is important, particularly as there remains a high risk that kaimahi will come into contact with people who are infectious (including visitors).
43. Demonstrating the importance of maintaining these basic protections in our workplaces will assist in easing the anxiety of kamahi when returning to work and build confidence that their safety is a priority. This is particularly important for our vulnerable kaimahi.
44. Monitoring and reviewing the effectiveness of controls is an important part of managing the risk of COVID-19 spreading in the workplace. It is recommended the following actions are undertaken to ensure that controls are consistently applied:
- leaders actively role model the controls by wearing masks while moving, encouraging 1m distancing in meetings and seating arrangements
 - ELT and SLT set expectations with their direct reports
 - Emergency Site Managers are also supported to implement the controls such as ensuring signage is up, masks and RATS are available (where required)

Working with or being near unvaccinated kaimahi or the public

45. Not knowing whether new kaimahi are vaccinated was raised. The current recruitment campaign for LISOs was identified as a concern. Vulnerable people noted this increased their anxiety as it would be harder to protect themselves as they are unsure about the vaccination status of these people.
46. A small number of concerns were raised about how the unvaccinated will integrate back into the office. There were different perceptions shared about the work done by unvaccinated people over the last three months. Concerns were raised about contracting COVID from an unvaccinated person. It is important that our communications approach continues to educate people about COVID transmission as it is evident that vaccinated people also transmit the Omicron variant.
47. Some kaimahi are concerned about the close proximity when dealing with the public and the uncertainty of whether they are vaccinated. Examples included those who are in the public reading rooms in the National Library who refuse to wear masks.

Engaging with kaimahi

48. Some kaimahi are concerned about coming into the office under the new policy while COVID-19 is still present in the community, particularly those who are vulnerable or have vulnerable people at home. An Engagement Plan has been created to support ELT to address concerns kaimahi have and help them feel safe working on-site.
49. The plan focuses on acknowledging these concerns and supporting kaimahi to understand how other controls, when properly implemented, greatly reduce the risk of COVID-19 and make it safe to return to the workplace.

50. The plan also promotes the reintegration of working from the office into 'new normal' ways of working through a month of light-touch, promotional communications and activities across our sites.
51. While the plan is currently weighted towards people returning to the office it will continue to be refined to ensure balanced messages for all kaimahi.
52. The Engagement Plan is attached at Appendix 6.
53. It is recommended that ELT approve the Engagement Plan.

Released under the Official Information Act 1982

Appendix 1: COVID-19 policy

Date approved	XX May 2022
Review date	30 November 2022
Policy owner	Human Resources
Cohesion link	

Policy overview

1. This policy sets out the responsibilities everyone has at DIA to keep each other safe from COVID-19.
2. Our focus is to support the oranga (wellbeing) of our kaimahi, the people we work with, and our customers, and to ensure we are taking reasonable steps to manage the risk of COVID-19 in our workplaces.
3. Decisions about the vaccination status of employees, including those in higher risk roles, will be balanced against the rights and freedoms of individuals to make choices about their own health.
4. This policy is supported by our mātāpono, principles and behaviours:
 - **He tangata** – the oranga of our people and people we connect with is our priority
 - **Manaakitanga** – we create an environment that supports, respects, nurtures and enhances the mana of everyone, irrespective of differing views.
 - **Kotahitanga** – āwhina (support) is shared with and by everyone. We have a reciprocal responsibility to take all reasonably practicable steps to ensure the health and safety of ourselves and all kaimahi. Although we may have differing views, sharing and understanding can bring about unity of thinking and purpose. We're stronger together.
 - **Whanaungatanga** – we work together to ensure kaimahi are connected, informed and kept up to date on everything COVID related. Kinship enhances our mana and supports our responsibility to keep each other safe.

Application

5. This policy applies to:
 - kaimahi/employees (permanent, fixed-term, casuals) and secondees
 - other workers e.g. volunteers, contractors
 - suppliers and other visitors (including whānau/friends) to DIA workplaces¹
 - members of the public accessing our services.

¹ DIA workplaces are any place or vehicle where DIA kaimahi regularly work, including parts of sites where DIA kaimahi work with the agreement of other agencies, for example, co-located offices, and excludes the parts of those sites occupied by other agencies and private homes.

Exceptions

6. The Chief Archivist may approve exceptions to this policy to allow members of the public to access public records under Archives New Zealand's control.
7. The National Librarian may approve exceptions to this policy to allow members of the public to access the collections of the National Library and the Alexander Turnbull Library.

Delegated authorities

8. The delegated authorities that apply are governed by the Delegation Policy on the intranet (1840).

Policy detail

9. COVID-19 is a highly transmissible virus with widespread community transmission, which is likely to be ongoing as strains appear or mutate. The effects can be serious and ongoing. This poses a risk that our kaimahi and those we interact with at work may become infected.
10. DIA needs to take all reasonably practicable steps to manage COVID-19 in our workplaces in a flexible and agile way, given the rapidly-changing environment.
11. When making decisions to amend this policy, DIA will be guided by current public health advice from the Ministry of Health, health and safety advice from WorkSafe (in relation to the management and control of COVID-19) and balanced against the preservation of the basic rights and freedoms that individuals have to make decisions about, and manage their own health.
12. Safety and wellbeing measures to reduce the transmission and effects of COVID-19 supported by DIA include:
 - encouraging and supporting kaimahi to be vaccinated, including boosters
 - ensuring kaimahi stay home if unwell
 - encouraging kaimahi to wear masks where physical distancing of 1m is not possible, for example in meeting rooms, lifts, communal areas or when moving about the workplace
 - maintaining physical distancing of 1m wherever possible
 - kaimahi in public facing roles being provided and wearing N95 (or similar) masks
 - maintaining healthy hygiene habits, such as coughing into your elbow, washing and sanitising hands (hand sanitiser is available at all sites), desk cleaning (cleaning supplies should be available at all sites), and respecting personal space
 - branches providing access to surveillance Rapid Antigen Testing
 - reorganising work and supporting flexible working arrangements (see the [flexible working hub](#)).
13. Kaimahi are encouraged to regularly read the information provided on [the COVID-19 Info Hub on 1840](#).

Health and safety risk assessment - transmission of COVID-19 in the workplace

14. DIA's health and safety risk and impact assessments are completed in line with the Health & Safety at Work Act 2015.
15. The assessments identify mahi that involves close or higher risk contact with others, and the risk of kaimahi becoming infected with COVID-19 at work. They also consider worst-case scenarios.
16. The assessments compare the inherent risk (without controls in place) and residual risk (with available controls in place) of contracting or transmitting COVID-19 in the workplace, and whether that is higher than it is outside the workplace, in everyday life.
17. The current risk assessments also consider New Zealand's high vaccination rate, the reduced risk of infection for those who have recently recovered from COVID-19, and the apparent lowering of vaccine effectiveness against the transmission and/or effects of recent variants.
18. The assessments are dynamic, reflect the [latest public health advice](#) and be reviewed if factors or the broader environment change. For example, the emergence of a new variant or a significant change to Ministry of Health or public health advice.
19. The latest assessments are available [here](#). Kaimahi can provide feedback at any time.

Vaccination

20. Vaccination is an important protection for managing the risk to health and safety, particularly for those at higher risk of severe illness. Vaccination reduces the likelihood and severity of infection. However, vaccine effectiveness wanes over time. Decisions by DIA on the use of vaccinations as a protection measure are based on the risk assessment outcomes.
21. DIA encourages all kaimahi to be fully vaccinated against COVID-19. Kaimahi are not required to be vaccinated or to provide DIA with evidence of their vaccination status.
22. Where the Government makes a statutory decision that kaimahi must be vaccinated to perform a job or part of a job (for example the COVID19 Public Health Response (Vaccinations) Order 2021) DIA will make that a condition of performing that job.
23. If health and safety risk assessments identify a job, or part of a job, as having a higher risk of COVID-19 that cannot be sufficiently managed by other controls, kaimahi may, be required to be vaccinated under this policy.

Process when vaccinations are required

24. Where kaimahi are required to be vaccinated to perform their job, they will be consulted prior to any final decision on that vaccination requirement being made.
25. Kaimahi will be advised of the date(s) they are required to be vaccinated, with enough notice to allow them to become fully vaccinated.
26. A person will be regarded as fully vaccinated based on the Ministry of Health Guidance at the time and having received a full course of any of the COVID-19 vaccines approved by the New Zealand Government (currently described in Schedule 3 of the Vaccinations Order as amended from time to time), including booster doses. Kaimahi will provide DIA with suitable evidence of full vaccination status as/when required.

27. DIA will collect evidence of vaccination status and exemption status from kaimahi if they are required to be fully vaccinated through an official Ministry of Health record regarding COVID-19 vaccination or any other evidence that DIA considers appropriate at that time.
28. The information will be forwarded to Pūmanawa Tangata (People and Capability) and stored securely in the HR Information System.
29. Kaimahi can choose not to show evidence of their vaccination status but will be considered an unvaccinated employee for the purposes of this policy.
30. Information held by Te Tari Taiwhenua can be accessed and corrected by the person it is about. The information is required to ensure compliance with this policy, and to inform decisions (including decisions that may be adverse) about employment or discussions with kaimahi.

Outcomes for kaimahi who are not fully vaccinated where vaccination is required

31. Where kaimahi do not meet the vaccination requirements, managers will have discussions to understand their situation and identify what options may be available.
32. The nature of the work undertaken, the way the individual works, the ability for them to undertake their work from an alternative location, the availability of alternative work and the reason(s) for the individual not being vaccinated will be taken into consideration.
33. Decisions will be made on a case-by-case basis. When meeting with their manager kaimahi can have a support person or representative of their choice present. Should they decide to get fully vaccinated, kaimahi will be supported to do so.
34. Te Tari Taiwhenua's priority is to retain kaimahi and to explore and attempt to agree reasonable alternative options wherever practicable. However, if other options are not practicable or available, ending of employment may be considered. Kaimahi will be provided with notice as provided for in their employment agreement or any relevant statutory notice requirements.

Vaccination status of new kaimahi

35. Unless the job requires vaccination under statute or as a result of a decision made by DIA, new kaimahi do not have to be fully vaccinated to be employed and will not be required to provide any proof of their vaccination status. They will be advised DIA has a COVID-19 policy that may require them to be vaccinated if it is later determined to be necessary.
36. Where a job requires a vaccinated person, the recruitment advertisement will include that information.

If an employee does not believe they can work safely in the workplace

37. If an employee is concerned about their safety, the safety of a member of their household or other close contact managers should:
 - Discuss and consider concerns raised by the employee, the impact on them, others in their household, and other people in the workplace

- Discuss how the health and safety risk assessment, other controls in place and this policy support the wellbeing and safety of the employee
- Discuss whether there are any other reasonable controls or actions by the employee that could help them to feel safer within the workplace
- Determine an appropriate response in line with employer and employee duties under the Health and Safety at Work Act 2015 and public health advice from the Ministry of Health. This may include flexible working arrangements.

Contractors, suppliers and visitors to a DIA workplace

38. If kaimahi are required to be vaccinated to perform work under statute or this policy in the future, DIA may determine that contractors, suppliers and visitors may only enter a DIA workplace if they are able to show they are fully vaccinated.
39. At that time, kaimahi who invite contractors, suppliers or other visitors to a DIA workplace will be expected to:
 - a) notify them in advance that DIA workplaces require evidence of full vaccination (and what that may comprise) and they will be expected to show that evidence when visiting DIA workplaces
 - b) advise them of remote contact options that may be available should they want to access them
 - c) check that every contractor, supplier or visitor can show they are fully vaccinated through the evidence that DIA (or statute) considers appropriate at that time.

Leave

40. Special paid leave is available for kaimahi to get vaccinated and for them to support their whānau to get vaccinated.
41. Special paid leave is available if kaimahi feel unwell after their vaccination.
42. Sick leave is available to support whānau if they become unwell after their vaccination.
43. Further information is available in the [Public Service Workforce Guidance](#).

Storing vaccination status information where it is required

44. The date the vaccination information was sighted, and the expiry date of the information will be stored in the HR Information System.
45. The information will only be accessible to those people in Pūmanawa Tangata (People and Capability) who need to have access to this information.

Policy review

46. This policy will be reviewed regularly with material changes implemented following consultation with kaimahi wherever doing so is practicable. Reasons for reviewing include:
 - changes to the wellbeing and safety measures including new measures becoming available
 - new variants impacting significantly on the health and wellbeing of kaimahi
 - changing public health advice.

Appendix 2: Jobs with higher risk

1. The information below is provided to support ELT in making decisions on whether jobs should continue to be undertaken by vaccinated workers.

VIP Chauffeur job

2. The deep dive assessment for VIP Chauffeurs identified the following additional risks:
 - Chauffeurs are in contact with many customers, Ministers and their families including young children who are not able to be vaccinated
 - Other passenger's vaccination status will not be known and may be from higher risk groups e.g. elderly people
 - The cars are confined spaces and it is difficult to ensure distancing of at least 1 metre even with the passenger sitting in the back seat
 - Chauffeurs are sometimes driving for long periods during the day.
3. Submissions were received from 17 Chauffeurs, 15 of them supported the requirement for the job to continue to be undertaken by vaccinated kaimahi.
4. Submissions supporting continued vaccination noted:
 - the Chauffeur role is at higher risk due to the close proximity and confined space that they work within
 - Chauffeurs are in close and regular contact with the higher numbers of the public frequently over a day
 - many Chauffeurs are in the older age group exposing them to a worse outcome should they catch COVID-19
 - feeling safer at work if everyone is vaccinated.
5. Submissions that did not support continued vaccination noted:
 - the cars are sanitised after every passenger, gloves are worn to lessen possible contamination, individuals take responsibility to keep themselves hygienically safe
 - with high levels of vaccination, the risk is reduced and there is no more risk than anyone else in the workplace or community with people catching the virus doing so in their normal daily environment.
6. There is one unvaccinated Chauffeur. Should the decision to continue vaccination be made options for redeployment will be pursued.
7. Taking into consideration the points above there is a strong argument that the VIP Chauffeur job should be undertaken by vaccinated kaimahi.

Community Advisor job

8. The deep dive assessment for Community Advisors identified the following additional risks:
 - Community Advisors have meetings with vulnerable community groups, particularly with Māori on marae
 - these meetings are regularly two to three hours in length and may involve sharing kai

- there may be times when kaimahi are unable to ensure distancing of at least 1 metre.
9. Hapai Hapori have identified the factors below that mitigate these risks:
- protocols are already in place and risk assessments are completed prior to meetings with community groups
 - many of the community groups, and most importantly marae, have strict COVID protection protocols in place that Community Advisors are required to meet.
10. Feedback submissions were received from seven Community Advisors, three supporting the requirement for the job to be undertaken by vaccinated kaimahi and four not supporting the vaccination requirement.
11. Submissions supporting continued vaccination noted:
- the job is higher risk due to the engagement with communities and vulnerable people
 - supporting the requirement to be double vaccinated but not boosters
 - they are vulnerable and/or have vulnerable people at home.
12. Those that did not support continued vaccination noted:
- manage safety through RAT testing, mask wearing and other measures
 - contact with vulnerable communities is no more than other kaimahi in their daily life
 - vaccination injuries and a compulsory vaccination requirement puts wellbeing and employment at risk
 - the Department should be guided by what engagement looks like from a whanau, hapū, iwi and the wider community perspective.
13. Hapai Hapori's preference is to remove the requirement for the Community Advisors job to be undertaken by a vaccinated worker. There are two unvaccinated Community Advisors.
14. These factors mean the decision on whether the Community Advisor job should be undertaken by vaccinated kaimahi is more complex and finely balanced from a health and safety perspective.

Ministerial Advisors/Press Secretary

15. The deep dive assessment for the Ministerial Advisors and Press Secretary jobs was completed and consultation undertaken. A clear case for identifying these jobs as higher risk was not established.

Other higher risk jobs

16. The table below shows other jobs with a higher risk profile still to be reviewed.

Branch	Role type	Rationale	Higher Risk Activities
Royal Commission	Investigators and the legal team	Regular interactions with those at risk of severe illness or less likely to be vaccinated	<ul style="list-style-type: none"> • RC staff meet face to face with survivors of abuse focus in a variety of settings. • Survivors are often older adults and/or from communities at higher risk

Branch	Role type	Rationale	Higher Risk Activities
			<ul style="list-style-type: none"> Correlation between childhood abuse and poor health outcomes as adults means a higher proportion of individuals with co-morbidities that put them at higher risk.
Ministry for Ethnic Communities	Employees who regularly engage with communities	Regular interactions with those at risk of severe illness or less likely to be vaccinated	<ul style="list-style-type: none"> Regular engagement and support with communities, many of whom may be at higher risk or less likely to be vaccinated.

National Library jobs

17. During consultation National Library kaimahi raised questions about whether jobs in Services to Schools, the Reading Room, and the Public Engagement team are at higher risk. These were reviewed against the WorkSafe criteria and determined that there was no greater risk than in the community.
18. While work involving children could arguably be considered a higher risk because children tend to have lower vaccination rates the following of factors were considered:
 - the Ministry of Education not requiring vaccination of their staff (although schools can make independent decisions);
 - the recent High Court decision on the Education mandates confirmed that there is no longer a case to support mandates in schools and that the protections mandates offered were about protecting the wider community, not necessarily children²
 - children generally being at lower risk of severe outcomes.
19. Requiring kaimahi to be vaccinated would not be in line with other approaches taken in schools. However, as individual schools may make different decisions regarding vaccination it is possible that kaimahi may be subject to vaccination requirements of those schools.

² Justice Cooke states in the judgement: "But the main public benefit arising from the vaccine mandate in the education sector was not so much the protection of children, but the protection of the community that the children then interact with. So it existed primarily to potentially reduce the prospect of the school being a transmission point for a disease that could affect the carers, parents and grandparents of those who attend the schools, and then the wider community."

Appendix 3: Determining whether to maintain a vaccination requirement

Considerations for continued vaccination

1. The risk assessment process and Worksafe factors provide a health and safety risk management basis for these jobs to vaccinated. However, any decision to continue to require kaimahi to be vaccinated requires ELT to consider and balance vaccination against the following factors:
 - a) the Department's obligations to manage risks as far as reasonably practicable
 - b) the scientific evidence on the impact of vaccines on transmission
 - c) public health considerations focussing on protecting vulnerable New Zealanders
 - d) the protection and preservation of individual rights and freedoms balanced against justified impingement on those rights and freedoms for health and safety reasons
 - e) would vaccination requirements mean inequitable outcomes.

Further details of each of these is provided below.

Health and Safety obligations

2. Worksafe advises that in deciding what controls to implement, employers will need to consider what is reasonably practicable as directed by HSWA. This includes considering:
 - likelihood and consequence of the harm
 - what is known about managing the risk
 - the availability of control measures and how suitable they are
 - whether the costs of implementing controls are grossly disproportionate to the risk.
3. The risk assessment process also requires consideration of the 'hierarchy of controls' which involves prioritising more effective controls over less effective controls. ELT should consider the effectiveness of vaccination as a control over the other controls such as mask wearing, rapid antigen testing, physical distancing and hygiene practises.

Scientific evidence

4. The effectiveness of the vaccine in preventing transmission should be considered. While the scientific data shows that the efficacy of the vaccination against Omicron is lower than that of Delta, it is still accepted that vaccination offers some protection from onward transmission. Evidence on this is scarce but there is a non-peer-reviewed data from a small study suggesting that vaccinated people infect fewer people in their household³.

Public health considerations

5. Public health considerations play a part in the decision making with the shift in the government's focus onto protecting vulnerable New Zealanders. The Prime Minister

³ [COVID-19: Science news | Ministry of Health NZ](#)

stated on 23 March that “...with the ongoing presence of Covid in our community, we need to continue to use tools that can keep our vulnerable communities safe, such as those who are immunocompromised and those with disabilities.”

6. DIA must assess the role that vaccination will play in achieving these public health goals and in sustaining public confidence in the provision of services. This includes considering how kaimahi may impact on transmission in vulnerable communities – for better or, potentially, for worse.

Balancing individual rights and freedoms

7. WorkSafe advises that employers should first consider the controls that are least intrusive to employees. This reflects caution in limiting the rights and freedoms of kaimahi unless they are justified on health and safety grounds. In this case, the imposition of a vaccine requirement for certain staff would limit that person’s right to make decisions about their medical treatment.
8. Any decision that proposes to limit an individual’s fundamental rights and freedoms in order to manage health and safety risks must include consideration of whether those limits are justified and proportionate to the risk.
9. From a health and safety perspective (supported by the risk assessments and other considerations above), there is justification that vaccination is warranted for these jobs if we want to provide the greatest level of protection to our kaimahi, service users, and vulnerable communities.
10. However, it is difficult to quantify the effectiveness of vaccination in protecting against transmission of COVID-19 (over and above the use of other controls) when considering if it is a proportionate control to manage the risk for each role type. Ministry of Health is clear that it offers ‘some protection, especially after a third (booster) dose’ against transmission⁴. It can also be argued that it is a reasonably practicable step to protect vulnerable individuals and communities in recognition of the public health objectives of the Government, however, it could be argued that in our current context other steps represent a more proportionate and reasonable response to managing the risk when balanced against the limitation of personal freedoms and rights.
11. ELT, as Officers under HSWA, need to assess this and make the final determination as to whether requiring vaccination is a justifiable incursion into employees’ rights and freedoms for higher risk jobs when balanced against the health and safety considerations outlined above.

9(2)(h)

Inequities

13. Are there more Māori or Pasifika kaimahi in these jobs, would there be negative outcomes for community groups if only vaccinated staff can provide services or conversely unvaccinated staff provide services.

⁴ [COVID-19: About the Omicron variant | Ministry of Health NZ](#)

14. The impact is currently low as the number of unvaccinated kaimahi in these roles is small (3). However, we do not know whether kaimahi have received their boosters. We assume the rate of boosters would be similar to that of the general public which is 72.6%.
15. If vaccination is required, the impact on Community Advisors may be higher as there are kaimahi Māori in this job now and there could be more in the future due to the recruitment of new employees.

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Appendix 5: Summary of consultation feedback

Feedback from the Tangata Whenua Network

1. Two drop-in sessions were held with the Tangata Whenua Network.
2. They raised their own health and wellbeing vulnerabilities, ensuring support for other kaimahi who may be vulnerable and concerns for Māori in the community they work with.
3. The group expressed the same concerns as others about the uncertainty of serving the public when their vaccination status is unknown and the uptake of other COVID controls (mask wearing and distancing).
4. Other issues raised were:
 - long COVID and whether kaimahi would have enough sick leave to cover any long term sickness
 - ensuring people feel safe being around unvaccinated kaimahi when they return to the workplace
 - how we support kaimahi Māori to return to work
 - concerns about an increasing number of people coming back to the office and whether there was sufficient space for everyone to follow, Waterloo Quay was mentioned,
 - vaccinated kaimahi have been impacted by high workloads and the requirement to pick up additional work due to unvaccinated not working in the office
 - how having the vaccination has affected people in different ways, vaccination injured
 - have we considered our Treaty responsibilities, potential inequities, or completed demographic analysis
 - timeframes for consultation and decisions were short (this was highlighted in the December consultation), we need to change our systems in the future
 - perception that Wellington was prioritised over the regions e.g. receiving resources
 - lack of manaakitanga and leadership by ELT – could have held regular hui to check in with all kaimahi.

PSA feedback

5. The PSA provided feedback on the draft policy which was incorporated prior to the ELT meeting of 26 April. In the zoom session, discussion with the delegates focussed on vulnerable employees and ensuring managers provide the appropriate support for each individual. There are concerns about the lack of mask wearing and physical distancing across many DIA sites, particularly in SD&O where many temporary staff are coming on board due to the processing backlogs. The PSA did not provide a written submission.
6. The PSA sent out a separate newsletter encouraging members to engage in the consultation. The PSA have advised that they have had no issues raised directly with them about the revised approach.
7. A copy of all the written comments is available [here](#).

8. The table below provides a summary of the submission received by key themes.

Theme	Comment
All kaimahi should be vaccinated	<p>The range of comments included:</p> <ul style="list-style-type: none"> • Many National Library customers are vulnerable and therefore I think that all kaimahi in public-facing roles should be required to be fully vaccinated. • The policy indicates heavy reliance on high-vaccination rates, however with not limiting site access to those that have not been vaccinated the risk significantly increases. While this is noted and acknowledged in the policy, it does not specifically outline nor address the impact of this. • I personally think DIA should keep the vaccination rules in place for staff and client protection. Even if the infection rate is starting to ease, we should still be cautious of an imminent COVID rapid return of infected people nationwide. • I don't feel comfortable having an unvaccinated staff member on our team. • I think that it is preferable for unvaccinated staff to continue to work from home. • I am concerned that the new policy is removing the requirement for people to vaccinated and I do not support this change. One of the main rationale in the policy about why it is safe to remove this requirement is that we have a high vaccination rate at DIA. I am concerned that this rationale is flawed - removing the requirement means we cannot be assured that new staff are vaccinated or that current staff get any required boosters so this vaccination rate may decrease over time.
There should be no requirement for any kaimahi to be vaccinated	<p>The range of comments included:</p> <ul style="list-style-type: none"> • I agree that we should do away with all mandates and vaccination requirements. They were never consistent with the NZBORA in the first place. • The Vaccine Mandate should be removed altogether, as it controversially breached the employee's human rights Under the Bill of Rights Act. • I support the Department's revised policy and the end of My Vaccine Pass use at Department premises. I submit that paragraphs 25 to 31 be removed from the policy and reworded so that mandatory vaccination are only considered for roles affected by the COVID-19 Response (Vaccinations) Legislation Act 2021. • The government has removed the mandate and v/pass but I don't know what you are waiting for. We have passed the worst of Covid and nobody died from apart from many who died of heart attacks as a result of the vaccine. Those you have kept at work that are fully vaccinated still got covid. • It seems that those who remained unvaccinated are now allowed to return back to work in the office buildings. In that regard, the policy is ok. But in saying that, why the need for a policy at all? • I support the removal of the vaccine pass requirement for members of the public entering our sites as well as for our kaimahi not covered by government mandates, as continuing to require this would not align with the general practices across Aotearoa New Zealand in other contexts.
Concern for vulnerable kaimahi	<p>The range of comments included:</p> <ul style="list-style-type: none"> • I understand the reasons for reviewing the policy and reasons for the suggested changes. But I don't feel the policy goes far enough to protect DIA kaimahi who now have reduced immunity thanks to waning vaccination protection against a highly contagious and constantly evolving virus • I am concerned that the proposed changes to the Department's vaccination policy/vaccine policy is starting from the wrong premise – that you care about the wellbeing of all kaimahi, and that the risk to the most kaimahi is no more than average! I believe that you should be starting from the premise that the wellbeing of vulnerable/immune-compromised is your focus • My only issue is that the risk assessment did not consider staff in the office that may be vulnerable – only the interaction with customers that are so.

Theme	Comment
	<ul style="list-style-type: none"> • I'd be keen that people who are really vulnerable still have a place they could come to if they so chose so we don't end up with people with disabilities isolated at home kind of indefinitely. • I am concerned that the policy is going too far too soon in jettisoning COVID protections. As a fully vaccinated but compromised person, I would not be able to work in the same building as unvaccinated people. • Does DIA centre its vulnerable staff? All vulnerable staff, not just those that are the loudest?
Compliance/clarity of other controls	<p>The comments around other controls, such as wearing masks, were about the concern that these aren't being complied with or that there needs to be more clarity on what controls there are and the expectations around the use of these. These comments included:</p> <ul style="list-style-type: none"> • With the current desk configurations, it is hard to be as physically distanced if all staff are working in the office. This means that I feel that I need to wear a mask at all times in the office, and it's a bit frustrating that not everyone does wear them at their desks and in meeting rooms. • RATS tests – it is great that we are supplied with RATs test kits, however is this “compulsory” and testing is done at work for front facing staff. This isn't entirely clear. If there is testing at work, we should have someone who is trained – a registered nurse – do them. • I recently saw a visitor to our Library in the ATL foyer, seated and using his computer, not wearing a mask, with a security guard sitting 4 metres away, who didn't say anything to that person to put a mask on. I pointed this out to managers, and was assured that guards do ask people to wear their masks, but my own experience doesn't suggest that happens all the time. • I do believe that if we keep wearing masks and high sanitation and social distancing that we can have a safe work environment in the department. • However I do suggest that DIA monitor carefully the impact (if any) on health and safety of the new working arrangements, in particular the branch 'hub' arrangement and greater flexibility of working, which will inevitably expose members of our workforce to people that they haven't had much contact with • I think we could manage risk even better than what's proposed by ensuring there are cleaners who come and regularly clean shared surfaces (e.g. lift buttons, door handles to stair wells, kitchen surfaces, shared workspaces etc). For people who are particularly nervous about COVID just because they are/for higher risk reasons - could provision be made in the new seating arrangements/floor access arrangements, for a space where only vaccinated people can go? • Its not clear what is meant by “surveillance Rapid Antigen Testing”. Could we please get some further information or context. • If you want to encourage people to work in our buildings, it would be helpful to provide some evidence that our air filtration and ventilation systems are robust.
Policy/risk assessments	<p>Feedback on the policy:</p> <ul style="list-style-type: none"> • It isn't until 24 that it is clarified - Kaimahi will not be required to provide DIA with evidence in respect of their vaccination status. I would have expected this to be earlier as this is a key aspect. • 4. 8. States “This policy does not apply to members of the public accessing our services.” This is contrary to the current policy, So what is happening re those? I see reference later to meeting with people where roles require vaccination but what about in the rest of the business?

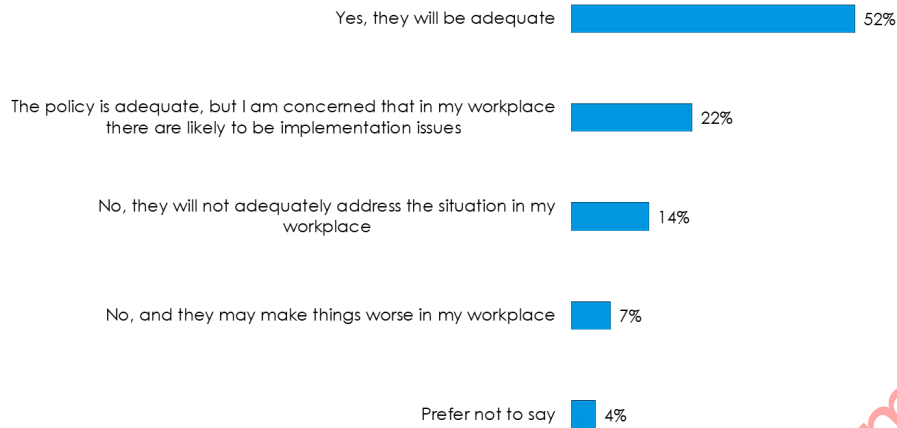
Theme	Comment
	<ul style="list-style-type: none"> I would like to ask if more clarity can be added on the “Contractors, suppliers and visitors to a DIA workplace” section. To me, it reads that all Contractors would be expected to have vaccine passes regardless. If DIA staff don’t need to hold a vaccine pass for their specific work area, or be vaccinated, then I don’t think we can expect Contractors to be treated differently. I found the proposed updated policy to be a bit fuzzy and too long. Given the unpredictability of what may happen next with the Covid pandemic perhaps an option might be to simply pause the current vaccine policy without altering it with the possibility that it can be resumed and updated later as required. Para 32 refers to decisions made on a case by case situation? Who is responsible for making this decision i.e. manager or is there an independent panel i.e. like a disputes panel? - Para 45 and 46 – How long is information stored for and can staff access their own information other than those described in the draft policy i.e. Pūmanawa Tangata (People and Capability). It would be good to have an approximate timeframe for review of the policy. At the moment paragraph 47 says “regularly”, so it could be once every 100 years. It would be good to have instead something like “regularly and at least every 12 months” – or whatever the timeframe is. <p>Feedback on the risk assessments:</p> <ul style="list-style-type: none"> The risk for chauffeurs is also potentially higher because the clients we work with are often in contact with a larger than average number of members of the public on any day (e.g. visiting maybe 20 to 30 people at each of 5 or 6 venues during a day on the road, so while the chauffeurs don’t meet all those, we deal with clients who have been in contact with a large number of people in any previous day or week and hence our passengers are possibly at higher than average risk of being infected, which places us at higher risk). As the Vaccination Assessment Tool was removed 22 April as it is outdated, businesses are being informed that in order to maintain vaccination requirements in the workplace a full Work Health and Safety Risk assessment (of roles) must be undertaken. Is this occurring for DIA? I have seen the latest spreadsheet, and the results for Film Lab staff I don’t fully agree with. If the vaccine requirement is removed isn't the inherent risk almost certain with transmissible variants? In which case the score is too low.
General support of the revised policy	<ul style="list-style-type: none"> Overall I agree with the direction of the policy. I was strongly in favour of the vaccination policy as I wanted the assurance that people I was engaging with were vaccinated, but I understand the landscape has changed and we need our policies to reflect this. I’m comfortable with this policy as I don’t see it having a significant effect on the risk of contracting covid from work. I am supportive of the updated policy, and specifically paragraph 24. I support the draft vaccination policy, and think it is a pragmatic approach. I have read the policy and I am pleased to see that the Department are moving to align with the recent Government Announcement of disbanding the mandates for the majority of New Zealand – noting that there are still mandate provisions in place for certain areas of employment. I’m very happy to see the policy is moving towards normality (ie learning to live with Covid in the community) and am happy for the proposed policy to be in place for a period of time while we all adjust to what that looks like.

On-line survey results



Multi-choice Question

Do you consider that the proposed approach to managing the effects of changing COVID-19 risks and health and safety requirements are adequate to ad...



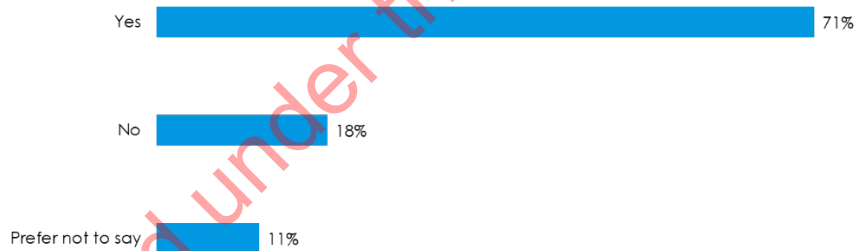
This question allowed 1 choice. It is calculated by dividing the count of responses for an option by the total number of people that completed the question, then converting to a %. Note for single answer question the total may not equal 100% due to rounding to the nearest whole number. For multi-answer questions, the total percentage will be higher than 100%

COVID-19 policy survey



Multi-choice Question

Do you support the draft risk assessments?



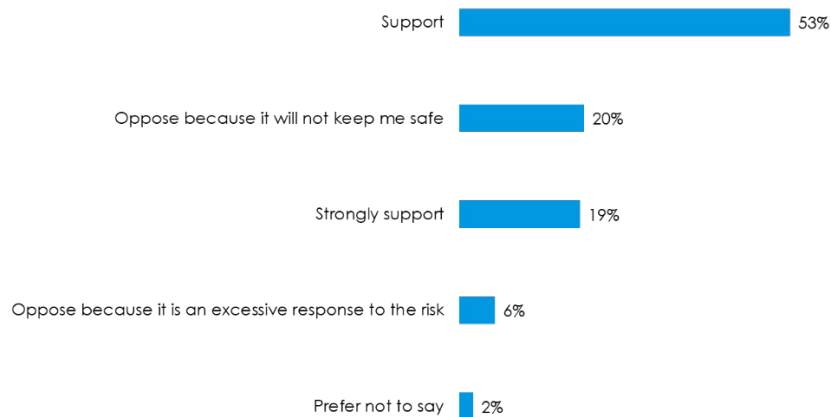
This question allowed 1 choice. It is calculated by dividing the count of responses for an option by the total number of people that completed the question, then converting to a %. Note for single answer question the total may not equal 100% due to rounding to the nearest whole number. For multi-answer questions, the total percentage will be higher than 100%

COVID-19 policy survey



Multi-choice Question

Do you support the proposed revised COVID-19 policy



This question allowed 1 choice. It is calculated by dividing the count of responses for an option by the total number of people that completed the question, then converting to a %. Note for single answer question the total may not equal 100% due to rounding to the nearest whole number. For multi-answer questions, the total percentage will be higher than 100%

COVID-19 policy survey



Matrix Question

Are you satisfied that the controls below are being implemented in your workplace



COVID-19 policy survey



Appendix 6: COVID-19 Policy engagement plan

COVID-19 Policy Engagement plan

Context

Due to COVID-19 workplaces across New Zealand have had to adjust ways of working. As New Zealand moves past the Omicron peak and many mandates are being dropped, workplaces are able to welcome people back to site at increased capacity. DIA is updating its policy to align with these changes. These changes reflect a change in approach to managing COVID-19 due to the increased transmissibility of Omicron and the high levels of vaccination in New Zealand.

In the 'post-peak' omicron environment, DIA hopes to see kaimahi return to working from the office more regularly.

We know that some kaimahi, particularly those who are vulnerable or have vulnerable people at home, are concerned about ways of working in this phase of the pandemic, including the prospect of coming in to the office while COVID-19 is still in the community.

Some kaimahi are also concerned about contact with unvaccinated kaimahi being allowed to return to the office and potential impacts in changes to the way controls are implemented.

There are also considerations around property and ways of working – for example Pipitea St is operating at a 60/100 ratio. This means we physically can't have all people return to site at the same time.

Objective

To ensure all kaimahi:

- understand the new COVID-19 policy and how it impacts their ways of working
- feel safe and accepted in the workplace before the go-live date
- begin to reintegrate the office into their working arrangements

Approach

It will be important for people leaders to have proactive conversations with all their kaimahi to ensure any anxiety, concerns or questions are addressed in advance of the new policy's implementation date.

Our mātapono, principles and behaviours will be key to helping us navigate this change together. It will also be important for kaimahi and People Leaders to see ELT taking ownership of the new policy decision.

To achieve this, we will provide opportunities for two-way engagement between ELT, People leaders and kaimahi.

We will also promote the reintegration of working from the office into the 'new normal' ways of working through a month of light-touch, promotional communications and activities across our sites.

Tactics:

Tactic	Engagement opportunity
All kaimahi Zui with expert guest speaker(s)	ELT ↔ kaimahi and People Leaders
People leader engagement sessions	ELT ↔ People Leaders
ELT Q&As	ELT ↔ kaimahi and People Leaders
Floor walks and site visits	ELT ↔ kaimahi and People Leaders
Video	Vulnerable kaimahi → all DIA
Team conversations	People Leaders ↔ team and individual kaimahi
'Re-boarding' initiatives	DIA → kaimahi

Key messages

- Over the last couple years, we've learned a lot about one another – from meeting pets, partners and flatmates, sharing home décor choices and even seeing a few slippers and dressing gowns, it's been fun connecting virtually.
- Times have changed (again!) and DIA is ready to welcome kaimahi back to site more regularly.
- Keeping our kaimahi healthy, safe and well is our priority. You can help keep vulnerable people safe from COVID-19 by following our controls. Mask-wearing, physical distancing and good hygiene practices greatly reduce the risk of getting COVID-19.
- High vaccination rates, vaccine efficacy waning and continued transmissibility of the virus and the effectiveness of our other controls available to us mean welcoming unvaccinated kaimahi back to site is also safe now.
- Flexible working remains the core component of how we work, so we're encouraging you to think about how you can reintegrate working from the office into your 'new normal' ways of working.
- We understand people will have different feelings about returning to site – we will navigate this together. Remember to show manaaki to those around you and respect different opinions.

Indicative timeline

Date	Item	Detail	Responsibility
12 May	Decision announced		
	CE Q&As	<ul style="list-style-type: none"> Encourage kaimahi to submit questions to Paul about COVID-19 and the new policy via Speak Up I'm Listening or Keeping Connected 	Comms
	DCE Q&As	<ul style="list-style-type: none"> DCEs to put out a call for questions about COVID-19 and the new policy 	DCEs with support from CMT to craft answers
12 May - ongoing	People leader conversations	<ul style="list-style-type: none"> People Leaders to have proactive conversations with all their kaimahi about working from the office and the new COVID-19 policy CMT to provide talking points for people leaders to support these conversations 	CMT (H&S and HR)
13 May	Video/interview vulnerable kaimahi	<ul style="list-style-type: none"> Share the experience of vulnerable kaimahi Share what everyone else can do to support them to be healthy & safe at mahi Share on 1840 as a daily article 	Comms
16 May + 18 May	Engagement sessions for People Leaders	<ul style="list-style-type: none"> ELT and CMT SMEs to engage directly with leaders Ensure leaders understand the new policy and what it means for them and their kaimahi Encourage leaders to attend all kaimahi engagement session with their team 	Comms to arrange ELT to prioritise attending
20 May	All kaimahi engagement Zui	<ul style="list-style-type: none"> Panel of ELT and a presentation from Siouxsie Wiles Record and edit into a video for further internal use 	Comms to arrange ELT to prioritise attending
23 May	New policy comes into effect		
23 May – 30 June	Floor walks and site visits	<ul style="list-style-type: none"> ELT to make a point of being seen engaging directly with the business Visibly following 'mask while moving' and physical distancing Spend time sitting with and working in different branch areas/sites 	DCEs Comms to work with EAs to schedule
~23 May	Engagement session video	<ul style="list-style-type: none"> Share on 1840 as part of go-live communications 	Comms

Date	Item	Detail	Responsibility
Early June	DCE Q&As	<ul style="list-style-type: none"> Publish Q&As in branch newsletter / branch comms early June. 	DCEs with support from CMT to craft answers
1 – 30 June	'Re-boarding' initiatives	<ul style="list-style-type: none"> Targeted messaging to our sites regarding the 'new normal' ways of working covering all the stuff that would be included in standard onboarding but repositioned for kaimahi returning to the office more frequently. E.g. site-specific things that people may have forgotten over the years such as how we use our spaces, technology reminders, fridge clean out days etc. Support with reminders, digital screens, printed collateral, events 	Comms

Released under the Official Information Act 1982



COVID-19 policy

Date approved	10 May 2022
Review date	30 November 2022
Policy owner	Human Resources
Cohesion link	

Policy overview

1. This policy sets out the responsibilities everyone has at DIA to keep each other safe from COVID-19.
2. Our focus is to support the oranga (wellbeing) of our kaimahi, the people we work with, and our customers, and to ensure we are taking reasonable steps to manage the risk of COVID-19 in our workplaces.
3. Decisions about the vaccination status of employees, including those in higher risk roles, will be balanced against the rights and freedoms of individuals to make choices about their own health.
4. This policy is supported by our mātapono, principles and behaviours:
 - **He tangata** – the oranga of our people and people we connect with is our priority
 - **Manaakitanga** – we create an environment that supports, respects, nurtures and enhances the mana of everyone, irrespective of differing views.
 - **Kotahitanga** – āwhina (support) is shared with and by everyone. We have a reciprocal responsibility to take all reasonably practicable steps to ensure the health and safety of ourselves and all kaimahi. Although we may have differing views, sharing and understanding can bring about unity of thinking and purpose. We will respect each other's right to privacy about their personal information. We're stronger together.
 - **Whanaungatanga** – we work together to ensure kaimahi are connected, informed and kept up to date on everything COVID related. Kinship enhances our mana and supports our responsibility to keep each other safe.

Application

5. This policy applies to:
 - kaimahi/employees (permanent, fixed-term, casuals) and secondees
 - other workers e.g. volunteers, contractors

- suppliers and other visitors (including whānau/friends) to DIA workplaces¹
- members of the public accessing our services.

Exceptions

6. The Chief Archivist may approve exceptions to this policy to allow members of the public to access public records under Archives New Zealand's control.
7. The National Librarian may approve exceptions to this policy to allow members of the public to access the collections of the National Library and the Alexander Turnbull Library.

Delegated authorities

8. The delegated authorities that apply are governed by the Delegation Policy on the intranet (1840).

Policy detail

9. COVID-19 is a highly transmissible virus with widespread community transmission, which is likely to be ongoing as strains appear or mutate. The effects can be serious and ongoing. This poses a risk that our kaimahi and those we interact with at work may become infected.
10. DIA needs to take all reasonably practicable steps to manage COVID-19 in our workplaces in a flexible and agile way, given the rapidly-changing environment.
11. When making decisions to amend this policy, DIA will be guided by current public health advice from the Ministry of Health, health and safety advice from WorkSafe (in relation to the management and control of COVID-19) and balanced against the preservation of the basic rights and freedoms that individuals have to make decisions about, and manage their own health.
12. Safety and wellbeing measures to reduce the transmission and effects of COVID-19 supported by DIA include:
 - encouraging and supporting kaimahi to be vaccinated, including boosters
 - ensuring kaimahi stay home if unwell

¹ DIA workplaces are any place or vehicle where DIA kaimahi regularly work, including parts of sites where DIA kaimahi work with the agreement of other agencies, for example, co-located offices, and excludes the parts of those sites occupied by other agencies and private homes.

- encouraging kaimahi to wear masks where physical distancing of 1m is not possible, for example in meeting rooms, lifts, communal areas or when moving about the workplace
 - maintaining physical distancing of 1m wherever possible
 - kaimahi in public facing roles being provided and wearing N95 (or similar) masks
 - maintaining healthy hygiene habits, such as coughing into your elbow, washing and sanitising hands (hand sanitiser is available at all sites), desk cleaning (cleaning supplies should be available at all sites), and respecting personal space
 - branches providing access to surveillance Rapid Antigen Testing
 - reorganising work and supporting flexible working arrangements (see the [flexible working hub](#)).
13. Kaimahi are encouraged to regularly read the information provided on [the COVID-19 Info Hub on 1840](#).

Health and safety risk assessment - transmission of COVID-19 in the workplace

14. DIA's health and safety risk and impact assessments are completed in line with the Health & Safety at Work Act 2015.
15. The assessments identify mahi that involves close or higher risk contact with others, and the risk of kaimahi becoming infected with COVID-19 at work. They also consider worst-case scenarios.
16. The assessments compare the inherent risk (without controls in place) and residual risk (with available controls in place) of contracting or transmitting COVID-19 in the workplace, and whether that is higher than it is outside the workplace, in everyday life.
17. The current risk assessments also consider New Zealand's high vaccination rate, the reduced risk of infection for those who have recently recovered from COVID-19, and the apparent lowering of vaccine effectiveness against the transmission and/or effects of recent variants.
18. The assessments are dynamic, reflect the [latest public health advice](#) and be reviewed if factors or the broader environment change. For example, the emergence of a new variant or a significant change to Ministry of Health or public health advice.
19. The latest assessments are available [here](#). Kaimahi can provide feedback at any time.

Vaccination

20. Vaccination is an important protection for managing the risk to health and safety, particularly for those at higher risk of severe illness. Vaccination reduces the likelihood and severity of infection. However, vaccine effectiveness wanes over time. Decisions by DIA on the use of vaccinations as a protection measure are based on the risk assessment outcomes.
21. DIA encourages all kaimahi to be fully vaccinated against COVID-19. Kaimahi are not required to be vaccinated or to provide DIA with evidence of their vaccination status.
22. Where the Government makes a statutory decision that kaimahi must be vaccinated to perform a job or part of a job (for example the COVID19 Public Health Response (Vaccinations) Order 2021) DIA will make that a condition of performing that job.
23. If health and safety risk assessments identify a job, or part of a job, as having a higher risk of COVID-19 that cannot be sufficiently managed by other controls, kaimahi may be required to be vaccinated under this policy.

Process when vaccinations are required

24. Where kaimahi are required to be vaccinated to perform their job, they will be consulted prior to any final decision on that vaccination requirement being made.
25. Kaimahi will be advised of the date(s) they are required to be vaccinated, with enough notice to allow them to become fully vaccinated.
26. A person will be regarded as fully vaccinated based on the Ministry of Health Guidance at the time and having received a full course of any of the COVID-19 vaccines approved by the New Zealand Government (currently described in Schedule 3 of the Vaccinations Order as amended from time to time), including booster doses. Kaimahi will provide DIA with suitable evidence of full vaccination status as/when required.
27. DIA will collect evidence of vaccination status and exemption status from kaimahi if they are required to be fully vaccinated through an official Ministry of Health record regarding COVID-19 vaccination or any other evidence that DIA considers appropriate at that time.
28. The information will be forwarded to Pūmanawa Tangata (People and Capability) and stored securely in the HR Information System.
29. Kaimahi can choose not to show evidence of their vaccination status but will be considered an unvaccinated employee for the purposes of this policy.
30. Information held by Te Tari Taiwhenua can be accessed and corrected by the person it is about. The information is required to ensure compliance with this policy, and to inform decisions (including decisions that may be adverse) about employment or discussions with kaimahi.

Outcomes for kaimahi who are not fully vaccinated where vaccination is required

31. Where kaimahi do not meet the vaccination requirements, managers will have discussions to understand their situation and identify what options may be available.
32. The nature of the work undertaken, the way the individual works, the ability for them to undertake their work from an alternative location, the availability of alternative work and the reason(s) for the individual not being vaccinated will be taken into consideration.
33. Decisions will be made on a case-by-case basis. When meeting with their manager kaimahi can have a support person or representative of their choice present. Should they decide to get fully vaccinated, kaimahi will be supported to do so.
34. Te Tari Taiwhenua's priority is to retain kaimahi and to explore and attempt to agree reasonable alternative options wherever practicable. However, if other options are not practicable or available, ending of employment may be considered. Kaimahi will be provided with notice as provided for in their employment agreement or any relevant statutory notice requirements.

Vaccination status of new kaimahi

35. Unless the job requires vaccination under statute or as a result of a decision made by DIA, new kaimahi do not have to be fully vaccinated to be employed and will not be required to provide any proof of their vaccination status. They will be advised DIA has a COVID-19 policy that may require them to be vaccinated if it is later determined to be necessary.
36. Where a job requires a vaccinated person, the recruitment advertisement will include that information.

If an employee does not believe they can work safely in the workplace

37. If an employee is concerned about their safety, the safety of a member of their household or other close contact managers should:
 - Discuss and consider concerns raised by the employee, the impact on them, others in their household, and other people in the workplace
 - Discuss how the health and safety risk assessment, other controls in place and this policy support the wellbeing and safety of the employee
 - Discuss whether there are any other reasonable controls or actions by the employee that could help them to feel safer within the workplace

- Determine an appropriate response in line with employer and employee duties under the Health and Safety at Work Act 2015 and public health advice from the Ministry of Health. This may include flexible working arrangements.

Contractors, suppliers and visitors to a DIA workplace

38. If kaimahi are required to be vaccinated to perform work under statute or this policy in the future, DIA may determine that contractors, suppliers and visitors may only enter a DIA workplace if they are able to show they are fully vaccinated.
39. At that time, kaimahi who invite contractors, suppliers or other visitors to a DIA workplace will be expected to:
 - a) notify them in advance that DIA workplaces require evidence of full vaccination (and what that may comprise) and they will be expected to show that evidence when visiting DIA workplaces
 - b) advise them of remote contact options that may be available should they want to access them
 - c) check that every contractor, supplier or visitor can show they are fully vaccinated through the evidence that DIA (or statute) considers appropriate at that time.

Leave

40. Special paid leave is available for kaimahi to get vaccinated and for them to support their whānau to get vaccinated.
41. Special paid leave is available if kaimahi feel unwell after their vaccination.
42. Sick leave is available to support whānau if they become unwell after their vaccination.
43. Further information is available in the [Public Service Workforce Guidance](#).

Storing vaccination status information where it is required

44. Individuals personal information is private. Vaccination information will be stored in the HR Information System.
45. Individual's privacy will be protected with vaccination information only accessible to managers and people in Pūmanawa Tangata (People and Capability) who need to have access.

Policy review

46. This policy will be reviewed regularly with material changes implemented following consultation with kaimahi wherever doing so is practicable. Reasons for reviewing include:

- changes to the wellbeing and safety measures including new measures becoming available
- new variants impacting significantly on the health and wellbeing of kaimahi
- changing public health advice.

Released under the Official Information Act 1982

Memo

To	Clare Toufexis, Acting Deputy Chief Executive Organisational Capability and Services Branch
Cc	
From	Helen McComb, Principal Advisor, HR
Date	26 October 2022
Subject	COVID-19 policy

Purpose of the memo

1. This memo provides a:
 - revised COVID-19 policy for approval
 - summary of the feedback from the consultation
 - communications plan to support implementation of the policy.

Recommendations

2. It is recommended that you:
 - a) **approve** the COVID-19 policy with an effective date of 1 November 2022 with a formal review in one year
 - b) **note** the feedback received from consultation
 - c) **agree** to the communications with kaimahi on the final decision.

Background

3. On 11 October 2022 ELT agreed to consult with kaimahi on a revised draft COVID-19 policy.
4. Consultation was open from 11 October to 18 October 2022 with kaimahi able to provide feedback via email. The draft policy was also sent to the PSA for their feedback.
5. 13 written feedback submissions were received.

Feedback

6. General feedback on the policy included:
 - concern that COVID is still in the community and that the Department shouldn't be removing controls
 - the outcome of the risk assessments do not reflect the current situation with COVID

- more clarity is needed on what leave is available when kaimahi get COVID.
7. A summary of the feedback received is attached as Appendix 1.

Amendments to the policy

8. Amendments to the policy have been made following feedback. The key changes are:
- Remove the sentence about the Government's updated strategic approach. The sentence above this (in the policy) sufficiently covers what the Department considers when amending the COVID-19 policy.
 - Review and rewrite of the "Leave" section to provide clarity on the leave options available to kaimahi if they have COVID-19 or they need to get vaccinated.
 - Review by Communications for plain english and an easily understood policy.
9. The feedback about the risk assessment was noted and discussed with Wellbeing, Health and Safety. This feedback did not result in any changes being made to the risk assessments.
10. The revised COVID-19 policy is attached as Appendix 2.
11. Based on the risk assessments, and that minimal feedback was received from kaimahi, it is recommended that you approve the COVID-19 policy and that it will come into effect from 1 November 2022 with a formal review day in one year.

Communicating the final decision to kaimahi

12. An article will be published on 1840 and on the MaSS intranet advising kaimahi of the final decision of the COVID-19 policy review.
13. This will include information on what leave is available to kaimahi if they have COVID-19, if they need to get vaccinated or if they are supporting their whanau to get vaccinated.
14. Managers will be advised through the next available People Leaders Update.

Appendix One

Theme	Comment
RATs	<ul style="list-style-type: none"> The only feedback I have is that when our team most recently asked for more RAT tests to continue surveillance testing, the request was not answered and no more test kits were supplied. Personally I think there should be RAT tests available all over the place. They are such a useful early warning system for us, so why not utilise them?
Leave related to Covid	<ul style="list-style-type: none"> I understand that at some point we must remove the extra COVID-19 leave, but with respect to the current climate I think it would be good to keep it in place to allow those who have been struck hardest by COVID to build their sick leave up again Is it possible for policy to have some more clarity when it comes to covid leave? I have read through the draft policy and the original leave policy (2016) and am unable to see anything that specifically mentions leave when someone is sick with covid. I think we all need additional information regarding leave when employees fall ill with Covid-19. I disagree with the proposal to remove COVID-19 specific sick leave that doesn't affect your primary sick leave entitlement – although I acknowledge it is consistent with the Public Service Workforce Guidance. I understand the updated policy removes the special COVID leave, and normal sick leave is to be used if kaimahi are experiencing COVID. I think this policy is unfair to the many kaimahi who have not yet contracted COVID.
Notifying department of cases	<ul style="list-style-type: none"> If a staff member or contractor tests positive for COVID-19 then I think there should be an option available for people to put their name out there, perhaps on a list for all staff info.
Mandatory vaccination of staff	<ul style="list-style-type: none"> It is disappointing to read that mandatory vaccination of staff may be something that is revisited if DIA decides to make vaccination a condition of a certain job. I support mandatory vaccination of all staff.
Wording in policy.	<ul style="list-style-type: none"> The reference to 'new normal' should be replaced with something more meaningful. It should be reflective of adapting to a changing environment. Nothing is 'normal'. The reference suggests we create a bit of a vacuum where things remain unchanged and that is what is then accepted as normal. The COVID-19 Policy in itself doesn't go far enough to cover what hurdle might come next. Will DIA draft a 'Monkey pox' Policy if it ever becomes a pandemic? My point is that DIA could have an overarching pandemic or major health response policy that protects employees and provides guidance on keeping workspaces safe without causing disruption to business continuity.
Continue mask wearing	<ul style="list-style-type: none"> There are still a lot of people who have not had Covid. So far, there have been about 1.8 million in New Zealand¹ out of about 5 million – so there are still many who haven't had it, and don't want to get it. Many of those fit the "vulnerable" category, even though they may be fit and active. 1. https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-current-cases

<p>Keep controls in place</p>	<ul style="list-style-type: none"> • I am concerned that your document assuming that everything is “business as usual”, except in high-risk settings, and basic health measures are only listed under “If the situation changes...”. • I want to see positive affirmation for continued mask-wearing by kaimahi who wish to protect themselves and others. Dr Siouxsie Wiles says “there is a way to ride the [Covid-19] merry-go-round more safely ... using the tools we know reduce transmission: <u>wearing good-quality masks</u>, improving the quality of indoor air, and isolating when infectious” • Having read through this it seems to be mostly based on political expediencies rather than either the science of our time or any real concerns for staff or the public with which they interact. Remote first working should be in place. Where managers can justify their people have to work on site then vaccination, masks and social distancing should still be required.
<p>Risk Assessments</p>	<p>With the question or risk statement being provided to use by assessors? It’s challenging to understand how the residual scoring was achieved when the question isn’t provided. Did assessors use the DIA Risk Framework for likelihood and consequence? DIA Risk Management Framework 2019.docx (cohesion.net.nz) Frankly if it was used then I’m surprise that assessors concluded the residual consequence was a ‘3 Moderate’. The consequence criteria for ‘4 Significant’ under ‘Stakeholder’ is “..Major injury(s) or illness resulting in long-term incapacity or ill health for one or more stakeholder or kaimahi”. It only takes ‘one’ kaimahi to trigger a ‘significant’ consequence rating.</p>

Released under the Official Information Act 1982

Appendix Two

COVID-19 policy

Date approved	1 November 2022
Review date	31 October 2023
Policy owner	Human Resources
Cohesion link	

Policy overview

1. This policy sets out the responsibilities everyone has at DIA to keep each other safe from COVID-19.
2. Our focus is to support the oranga (wellbeing) of our kaimahi, the people we work with, and our customers, and to ensure we are taking reasonable steps to manage the risk of COVID-19 in our workplaces.
3. Decisions about the vaccination status of employees, including those in higher risk roles, will be balanced against the rights and freedoms of individuals to make choices about their own health.
4. This policy is supported by our mātapono, principles and behaviours:
 - **He tangata** – the oranga of our people and people we connect with is our priority
 - **Manaakitanga** – we create an environment that supports, respects, nurtures and enhances the mana of everyone, irrespective of differing views.
 - **Kotahitanga** – āwhina (support) is shared with and by everyone. We have a reciprocal responsibility to take all reasonably practicable steps to ensure the health and safety of ourselves and all kaimahi. Although we may have differing views, sharing and understanding can bring about unity of thinking and purpose. We will respect each other's right to privacy about their personal information. We're stronger together.
 - **Whanaungatanga** – we work together to ensure kaimahi are connected, informed and kept up to date on everything COVID related. Kinship enhances our mana and supports our responsibility to keep each other safe.

Application

5. This policy applies to:
 - kaimahi/employees (permanent, fixed-term, casuals) and secondees
 - other workers e.g., volunteers, contractors

- suppliers and other visitors (including whānau/friends) to DIA workplaces¹
- members of the public accessing our services.

Exceptions

6. The Chief Archivist may approve exceptions to this policy to allow members of the public to access public records under Archives New Zealand's control.
7. The National Librarian may approve exceptions to this policy to allow members of the public to access the collections of the National Library and the Alexander Turnbull Library.

Delegated authorities

8. The delegated authorities that apply are governed by the [Delegation Policy](#) on the intranet (1840).

Policy detail

9. COVID-19 is a highly transmissible virus with potential to result in widespread community transmission, which is likely to be ongoing as strains appear or mutate. Any COVID-19 variant, especially at the same time as seasonal illness, has the potential to create major disruption.
10. DIA needs to take all reasonably practicable steps to manage COVID-19 in our workplaces in a flexible and agile way, given the dynamic COVID-19 environment.
11. When making decisions to amend this policy, DIA will be guided by current public health advice from the Ministry of Health, health and safety advice from WorkSafe (in relation to the management and control of COVID-19) balanced against the preservation of the basic rights and freedoms that individuals have to make decisions about and manage their own health.
12. Safety and wellbeing measures/controls that could be utilised to reduce the transmission and effects of COVID-19 include:
 - encouraging kaimahi to wear masks
 - access to N95 (or similar) masks
 - physical distancing and capacity limits
 - isolating

¹ DIA workplaces are any place or vehicle where DIA kaimahi regularly work, including parts of sites where DIA kaimahi work with the agreement of other agencies, for example, co-located offices, and excludes the parts of those sites occupied by other agencies and private homes.

- reporting and recording of confirmed cases
 - accessing Rapid Antigen Testing, including surveillance if appropriate
 - reorganising work and supporting flexible working arrangements (see the [flexible working hub](#)).
13. Safety and wellbeing measures/controls in place to reduce the transmission and effects of COVID-19 include:
- encouraging and supporting kaimahi to be vaccinated, including boosters
 - ensuring kaimahi stay home if they are unwell
 - encouraging kaimahi to maintain healthy hygiene habits, such as coughing into your elbow, washing and sanitising hands (hand sanitiser is available at all sites), desk cleaning (cleaning supplies should be available at all sites), and respecting personal space.
14. Kaimahi are encouraged to regularly read the information provided on [the COVID-19 Info Hub on 1840](#).

Health and safety risk assessment - transmission of COVID-19 in the workplace

15. DIA's health and safety risk and impact assessments are completed in line with the Health & Safety at Work Act 2015.
16. The assessments identify mahi that involves close or higher risk contact with others, and the heightened risk of kaimahi becoming infected with COVID-19 at work, more so than they would be in the community. This is particularly where this mahi involves working with vulnerable members of the public or communities. They also consider worst-case scenarios.
17. The assessments compare the inherent risk (without controls in place) and residual risk (with available controls in place) of contracting or transmitting COVID-19 in the workplace, and whether that is higher than it is outside the workplace, in everyday life.
18. The current risk assessments also consider public health advice; the COVID-19 settings (the national and regional trends of cases, hospitalisations and fatalities); New Zealand's high vaccination rate; the accessibility of masks, Rapid Antigen Testing and antivirals; the reduced risk of infection for those who have recently recovered from COVID-19, and the lowering of vaccine effectiveness against the transmission and/or effects of recent variants.
19. The assessments are dynamic, reflect the [latest public health advice](#) and will be reviewed if factors or the broader environment change. For example, the emergence of a new variant of concern or a significant change to Ministry of Health or public health advice.

20. The latest assessments are available [here](#). Kaimahi can provide feedback at any time.

Vaccination

21. Vaccination is an important protection for managing the risk to health and safety, particularly for those at higher risk of severe illness. Vaccination reduces the likelihood and severity of infection. However, vaccine effectiveness wanes over time. Decisions on the use of vaccinations as a protection measure are based on the risk assessment outcomes, Government and Public Service Commission guidance.
22. Kaimahi are not required to be vaccinated against COVID-19 or to provide evidence of their vaccination status. However, kaimahi are encouraged to be fully vaccinated.
23. If the Government makes a statutory decision that kaimahi must be vaccinated to perform a job or part of a job, DIA will make that a condition of performing that job.
24. If health and safety risk assessments identify a job, or part of a job, as having a higher risk of COVID-19 that cannot be sufficiently managed by other controls, kaimahi may be required to be vaccinated under this policy. Kaimahi will be consulted prior to any final decision on vaccination requirements being made.
25. Where kaimahi do not meet vaccination requirements, managers will have discussions to understand their situation and identify what other options may be available. The nature of the work undertaken, the way the individual works, the ability for them to undertake their work from an alternative location, the availability of alternative work and the reason(s) for the individual not being vaccinated will be taken into consideration.
26. Te Tari Taiwhenua's priority will be to retain kaimahi and to explore and attempt to agree reasonable alternative options wherever practicable. However, if other options are not practicable or available, ending of employment may be considered.
27. Where a job requires a vaccinated person, any recruitment advertising will include that information.

If an employee does not believe they can work safely in the workplace

28. If an employee is concerned about their safety, the safety of a member of their household or other close contact managers should:
- Discuss and consider concerns raised by the employee, the impact on them, others in their household, and other people in the workplace
 - Discuss how the health and safety risk assessment, other controls in place and this policy support the wellbeing and safety of the employee
 - Discuss whether there are any other reasonable controls or actions that could help the employee to feel safer in the workplace

- Determine an appropriate response in line with employer and employee duties under the Health and Safety at Work Act 2015 and public health advice from the Ministry of Health. This may include flexible working arrangements.

Leave

29. Leave provisions available to kaimahi are provided in the [Leave Policy](#) and align with the [Public Service Workforce Guidance](#).
30. In particular, kaimahi are able to take up to two hours paid leave for medical appointments for vaccinations for themselves or their whanāu. Managers should also consider paid special leave when kaimahi have COVID-19 and have no sick leave available.

Policy review

31. This policy will be reviewed regularly with material changes implemented following consultation with kaimahi wherever doing so is practicable. Reasons for reviewing include:
 - changes to the wellbeing and safety measures including new measures becoming available
 - new variants impacting significantly on the health and wellbeing of kaimahi
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