Item 1

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IMPORTANT COVID-19 ANNOUNCEMENT: DOC's COVID-19 Vaccination Policy consultation outcome

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D Thu 20 2-16 11:20
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6 attachments (1 MB)

SLT paper - COVID Vax Mandate Staff - 14 December - DOC-6873798.pdf; Staff Consultation - Analysis of Submissions - DOC-6872171.pdf; DOC risk assessment – transmission of COVID-19 in the workplace - DOC-6873027.pdf; DOC COVID-19 Vaccination Policy DOC-6873021.pdf; HR Process following Vaccination Policy - DOC-6873020.pdf; SLT paper - COVID Vax Mandate Staff - Implementation HR process.pdf;

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Kia ora

Your health and safety at work is my highest priority and that's a responsibility I take very seriously. Thanks to those of you who took the time to provide feedback on our consultation about our expectations around vaccinations to keep our people, visitors and whānau safe from COVID-19. Thanks also to the nearly 1,000 of you ho joined ou S Teams webinar to ask questions and get so e clarity, I hope you found this useful.

As I've said before, the approach is in no way a moral judgement. It is about trying to reduce the sp d of COVID rkpl ing the r f y taking it home to yo ed ones e rece e top es/ ' q e p w:

- 79.46% of you agreed with the **risk assessment** vs 12.62% who disagreed, 6.67% who weren't sure/didn't know and 1.25% who didn't provide an answer.
- 76.02% of you agreed with the **introduction of a DOC vaccine mandate** vs 17.52% who disagreed, 6.15% who weren't sure/didn't know and 0.31% who didn't provide an answer.
- 79.96% f y ag e **proposed p icy** sag eed, re/d dn't p

I acknowledge that every region and every office face their own challenges with this policy, but we all share the priority that we want to keep people safe and well.

How we got here

Given the nature of this issue, I wanted to give you visibility of the work that's been done that has contributed to our decision and share key documents.

Linked below (and attached) are the docu ents we've been wo ing fro You can also nd these on the D-19 Information Hub:

- SLT paper for consideration of COVID-19 Vaccination Policy (DOC-6873798)
- SLT Paper – COVID-19 Vax Mandate Staff – Implementation HR Process (DOC-6873831)
- DOC COVID-19 Vaccination Policy (DOC-6873021)
- DOC risk assessment – transmission of COVID-19 in the workplace (DOC-6873027)
- HR process for Vaccination Policy implementation (DOC-6873020)
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You can find a summary of submissions on the COVID-19 Information Hub. This is a quick read to give you a feel for the themes that emerged and the actions we've taken because of your feedback.

Confirming the outcome of our consultation

Today, I am confirming that SLT have considered and analysed your submissions and recommendations on the policy and risk assessment, in conjunction with the PSA, and agreed to implement the policy.

The policy states that:

- **For our employees:** From 1 February 2022, it is required that all DOC employees must be fully vaccinated and hold a My Vaccine Pass.
- **For contractors/suppliers/volunteers/members of the public visiting DOC work premises:** From 10 January 2022, it is required that these people must be fully vaccinated and hold a My Vaccine Pass to be able to visit DOC work premises. All affected parties will be advised of this decision.

If you're not vaccinated, we'll work with you

If you are not vaccinated, choose not to be vaccinated, or are unable to be vaccinated for medical or religious reasons, or have a genuine doctor's exemption, we will work with you individually to understand your situation and what options might be available to you. This process will be managed centrally by the Human Resources Team, with the support of your manager. You can choose to have a support person of your choice to be involved in those conversations.

Depending on your role and the nature of the work undertaken, we will consider the way you work, the ability for you to undertake your work from an alternative location, and the availability of alternative work. In good faith, we will ensure that you have the opportunity to respond to any proposed changes to your employment and take your feedback into consideration.

It's my priority to retain people in employment and accommodate an individual's choices where we can. If we are unable to find a solution with you, we may need to consider termination of your employment.

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However, this would be the last resort.
If you choose not to share your vaccination status with us, DOC will consider you as unvaccinated.

- Download the HR process for Vaccination Policy implementation (DOC-6873020) to find out what you need to do to comply with this policy whether you're vaccinated or not.

Over the coming months it's important that we continue to work together to meet COVID-19 challenges for the good of our people, visitors and whānau. If you're struggling, please reach out to a trusted colleague or call EAP Services on 0800 327 669 or book an appointment on their website.

Ngā mihi
Penny

Penny Nelson
Dire l | ki-Ahu ei
ep n | ap i

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Item 1a

SLT Weekly

Cover sheet for agenda item 2

Department of Conservation
Te Papa Atawhai

Meeting date:	14 December 2021
Lead SLT member (approved paper)	Ginny Baddeley, DDG People
Prepared by:	Harry Maher, Director Health & Safety
Subject:	COVID-19 Vaccination Policy – Staff, Contractors, Visiting Public and Volunteers

Paper type	Decision required
Purpose of paper	To recommend approval of the COVID-19 Vaccination Policy subsequent to consultation with our people.
SPA	Ginny Baddeley, DDG People
Recommendations from this paper	To agree to the proposed final policy and release the decision and related papers reflecting the consultation feedback and changes made.
Financial implications	There are no financial implications, but the mandate and COVID-19 infections may have significant effects on the business.
Who has been actively engaged in preparing this paper	All DOC employees were given the opportunity to provide feedback on the approach through a consultation process. Concurrent discussions also took place with respective Jobs for Nature and Volunteering teams to advise on matters relevant to their work.
Persons attending item	Harry Maher, Director Health & Safety
Time required	

SLT Weekly

Report for agenda item 2

We recommend that SLT:

		Paragraph reference
(a)	Agree the proposed Final Policy on the vaccine mandate.	Policy is attached
(b)	Agree to release this paper and the attachments when the decision is announced.	43

Executive summary

1. A draft Risk Assessment and Vaccination Policy was released for consultation on 29 November. 959 submissions were received and have now been considered.
2. 76% of the submitters agreed with the introduction of a vaccination mandate, and 77% agreed with the proposed policy
3. A number of changes have been made to the draft Policy in response to those submissions. Those affect details of the Policy, but it is still proposed to introduce a vaccine mandate in the same timeframe – i.e. coming into effect on 1 February 2022. There was strong support for a mandate to keep staff safe, but widespread concerns about the effect that would have on individual staff and the business.
4. The policy would not apply to Jobs for Nature partner organisations, or most volunteer groups. This applies where there is effectively no physical contact with those groups. It would apply to anyone working in DOC workplaces where there is a risk of transmission (i.e. within buildings, compounds, etc).
5. The proposed final Policy is attached for consideration. If you approve the Policy, it is recommended that you release the new Policy, this paper and the summary of submissions to our people.
6. An accompanying paper seeks your consideration of a proposed implementation process. This is designed to implement the proposed final Policy, taking into account the implementation issues raised in submissions.
7. The risk assessment is a living document that will be updated as new information becomes available.

Context / background

8. First and foremost, as a PCBU[1], DOC has a primary duty of care under the Health & Safety at Work Act 2015 (HSWA)[2] to ensure , so far as is reasonably practicable,

[1] PCBU is defined in HSWA as a 'person conducting a business or undertaking, whether alone or with others.'
[2] Section 36(1) HSWA

the health and safety of workers[3] who work for DOC while they're at work and workers whose activities in carrying out work are influenced or directed by DOC, while the workers are carrying out that work.[4] In many cases, DOC also has overlapping duties with suppliers, contractors and other PCBUs with whom we work, including casual volunteers.

9. DOC must further ensure that there is a safe work environment, and that the health of workers and their working conditions are monitored as to prevent illness or injury[5]. In the context of COVID-19, this requires DOC to take reasonable steps to maintain a safe workplace i.e. one that meets health and safety requirements to prevent the risk of infection and transmission of COVID-19.

10. HSWA sets out the health and safety duties of workers[6] which includes taking reasonable care for their own health and safety, and to take reasonable care that their acts or omissions do not adversely affect the health and safety of others. They are also required to cooperate with any reasonable health and safety policy or procedure that DOC notifies to its workers.

11. DOC is required to consult with its workers on health and safety matters.[7] It is required to eliminate risks to health and safety, so far as is reasonably practicable.

12. A comprehensive risk assessment in relation to COVID-19 has been undertaken to support the development of a Vaccine Policy, This took into account health and safety measures already in place, including use of masks, physical distancing, and ensuring sick workers do not enter the workplace. In light of recent government decisions to change the way COVID-19 is managed in the community, an assessment of the value that would be added by a vaccination mandate was undertaken. This concluded that a vaccination mandate would significantly improve health and safety outcomes.

13. The PSA were involved in the work and agreed that the analysis was appropriate and in line with the approach in other agencies, and that the result of that technical work warranted consulting staff on the introduction of a vaccine mandate. We also worked with the Government Health & Safety Lead and the Public Service Commission and referenced Ministry of Health advice.

14. The draft policy proposed a broad vaccination mandate across the DOC workforce, including contractors, and members of the public visiting our workplaces including premises and volunteers who work with us.

15. On 23 November 2021, SLT endorsed a paper proposing a consultation, confirmation and initial implementation process up to 1 February 2022.

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[3] Includes employees and volunteer workers

[4] DOC must also ensure that the health and safety of other people is not put at risk by work carried out as part of the conduct of its business (s36(2) HSWA)

[5] Section 36(3) HSWA

[6] Section 45 HSWA. Employees also have the general duty of good faith as prescribed in the Employment Relations Act 2000. (ERA2000)

[7] Sections 58, 59 HSWA

16. To initiate this process, the risk assessment and draft policy were released for consultation on 29 November 2021. Submissions closed 7 December 2021. Analysis of submissions has now been completed, and I have worked with the PSA representative in determining appropriate responses to the matters raised by staff.

Summary of staff submissions on the draft vaccination policy

17. Attached is the analysis of submissions.

Key changes to the draft vaccination policy proposed in response to submissions

Risk assessment

18. The assessment will be amended in relation to the following matters. It will be treated as a living document that will be updated as the COVID-19 situation evolves.

19. Many submissions noted that the COVID situation is constantly changing and wished to have the risk assessment updated when there were significant shifts in context. A new section has been added to the draft Policy to require that the risk review be reconsidered if there are context changes and regularly if the situation remains unchanged, with the first scheduled review by 31 May 2022.

20. Submissions raised questions regarding the wellbeing effects of introducing a vaccine mandate. The risk analysis has not been amended to explicitly incorporate this, but minimising those effects is a key role of the implementation policy and is best considered on a case-by-case basis for individual members and teams, particularly given that other submissions raised concerns about the effect on their wellbeing of being potentially exposed to infection.

21. It was clear from the submissions that the risk assessment was not easily understood by many. As the risk assessment is to be periodically adjusted, it would be desirable to develop an updated version that is more accessible. That has not yet been done, as work has been focusing on implementation planning.

Vaccine mandate as a response to the risk assessment

22. Submissions fell into three groups. A small number opposed a vaccine mandate because of concerns about vaccination. The majority supported a mandate, although often noting negative effects if it resulted in staff leaving DOC. The remaining submissions were concerned about the negative effects of a mandate and felt that high vaccination rates and risk reduction should be achieved in other ways.

23. The arguments in the submissions for alternative ways to achieve a sufficient level of safety have been reviewed, and the H&S team are still satisfied that a vaccine mandate is the best approach. Many of the measures put forward in submissions are already in place. Others could be applied in individual cases. For example, the mandate does not prevent agreement to an unvaccinated worker working from home instead of being vaccinated, for example if they are completing a fixed term contract or have a medical reason to defer vaccination.

24. A mandate is, however, necessary to allow managers to ensure that they know the risk that a worker poses and/or faces as a result of their vaccination status, and to work through possible alternative approaches for individuals who cannot comply with the mandate. A mandate and associated measures will also provide all workers with greater assurance of their level of risk. There is strong workplace support for this approach with just under 80% of those who provided feedback as part of the consultation process expressing support.
25. Viable alternatives to vaccination (e.g. deployment of widespread antigen testing) may develop over time, as some submissions argued, but the international experience suggests that this is not likely in the near future, and action needs to be taken now to address a significant risk to staff. Consideration must be given as to how any exceptions, along with the associated assurances and controls, could be effectively managed in individual cases (by managers) in a large, diverse and distributed workforce.
26. It is therefore recommended that SLT endorse the proposal to have a vaccination mandate in place.
27. It is not proposed to require that DOC staff only visit and work within premises that have a vaccination mandate in place. While many of the places DOC staff enter do (e.g. councils, schools, universities), many cannot (e.g. supermarkets). The issue of the risk of encountering COVID-19 if working outside a DOC premise will need to be handled through Job Safety Assessment (JSA) processes, alongside other risks. Clearly, we can only mandate to those areas that we have direct control over as part of people and workplaces.

Implementation

28. Critical to the success of any implementation is how we support our people and leaders – at both an individual and team level. Wellbeing and the associated support for our people leaders must underpin our approach.
29. Many submissions raised a range of significant concerns about implementation matters – particularly around how unvaccinated staff would be treated and effects of the mandate on workloads. Many submissions assumed that there would be a blanket “no-jab no-job” approach, which was not intended by the draft policy. This has been addressed in the proposed Policy.
30. The risk assessment will be adjusted to more clearly signal the extent of reduction in risk that we are seeking to achieve. That will provide managers with better guidance as they work through arrangements for unvaccinated individuals.
31. You have been provided with a separate paper on implementation, but the following is a summary of how the proposals in that paper would address concerns in submissions.

    - All cases where a person cannot or will not comply with the mandate will be centrally managed by the Human Resource Team as primary lead. This will assure consistency in approach and application of the proposed Policy and confidentiality of any health or other declared concerns.

- Each person who cannot or will not comply with the mandate will be treated on a case-by-case basis. There will be no presumption that they would need to leave their job, but there would be a requirement that the H&S objectives and the business needs are both met by any agreement. Where there is a temporary arrangement until vaccination occurs (e.g. where vaccination is being deferred for a medical reason), the agreement will need to clearly signal the deadline for that occurring and implications if vaccination does not occur by the determined deadline, to avoid having short term arrangements drift into ongoing situations.
- The implementation process will take into account the potential for both the vaccine mandate and COVID-19 infections/self isolation to create workload issues. It is proposed that there be clear guidance that where necessary work will be reduced to fit the available resources, with good prioritising to ensure that critical work continues.
- HR and the PSA will work together to pick up and address incidents of conflict, harassment, and other behavioural issues arising as a result of staff having different attitudes to vaccination and the mandate. A number of submissions reported that this is already a problem in some workplaces.
- Staff safety will need to be a priority in relation to enforcing the mandate for visitors, particularly in isolated locations or when staff are working alone. Safe operating procedures will be developed and training provided to affected staff.

Collecting vaccine information

32. There were a range of issues raised in submissions, including issues relating to privacy and the logistics of checking vaccine certificates. The section in the Policy has been re-named “Collection, Use and Storage”, not “Collection and Storage”.

33. In general, there is no need to collect data other than vaccination status. Managers only need to verify their staffs’ vaccination status (via certificate, pass or doctor’s certificate), with a presumption that if a certificate or pass is not shown the person is to be treated as unvaccinated. DOC generally does not need to hold any medical information, such as details of what vaccine was taken. If there is a reason to hold information, then that would be done in accordance with the Health Information Privacy Code 2020. Reference to that code has been added to the Policy.

34. The implementation process will include implementation of the process by which managers report that their staff are compliant. Records of those verifications or agreements will be maintained securely as health and safety or HR records, subject to the same protections as other similar records (e.g. immigration/citizenship status, other H&S related records).

35. The Policy has been adjusted to ensure that staff covered by legislative mandates (e.g. border workers) are not affected by this mandate, to remove any duplication of processes for them and their managers.

Jobs for Nature

36. There has been further consideration of how this might affect Jobs for Nature Project Partners. It is recommended that the partners and their employees/contractors not be mandated to be vaccinated but will be required to have adequately considered Covid-19 within their Health and Safety plans. Jobs for Nature partners and staff will be required to align with the policy in all other ways – i.e. will require proof of vaccination to work in or visit DOC facilities.

Volunteers

37. There has been further consideration of individuals and groups undertaking voluntary conservation activities on PCL. Where the work of a group is authorised via a community/management agreement the vaccine mandate does not apply. The group/organisation will decide whether to follow the vaccine pass or no vaccine pass MOH guidelines for gatherings. We note that corporate groups are likely to apply their corporate policies and approaches when doing corporate volunteer activities.

38. For volunteer activities led by other organisations on behalf of the Department, e.g. Corrections or CVNZ, it is that organisation's responsibility to develop a safe approach to the work, including deciding whether to follow the vaccine pass or no vaccine pass MOH guidelines for gatherings.

39. All DOC volunteers who access DOC workplaces will require a vaccination in the same way that other visitors do.

Comparison to other agencies

40. The approach being taken in the amended policy is similar to that for other agencies. Vaccine mandates are becoming common in government agencies, universities, and local government, and it is expected that this will become common in the private sector. That has implications for our work, as unvaccinated DOC people will be limited in the places they can go and therefore the work they can effectively undertake.

41. The risk assessment work drew on the work of MPI, as both Government Health and Safety Lead and as having comparable workforce and workplace dimensions (similar range of work locations and types of roles), and the conclusions were similar.

42. I note that one difference between our Policy and that of the Ministry for the Environment is that they have proposed treating unvaccinated staff who have a medial exemption as if they were vaccinated. We do not propose to do that, as they present the same risk profile as a person unvaccinated for other reasons.

Others actively engaged

43. We engaged the Jobs for Nature team, and the Volunteering team, for advice on the policies relating to those situations.

Next steps

44. For an implementation plan to be agreed (see accompanying paper)

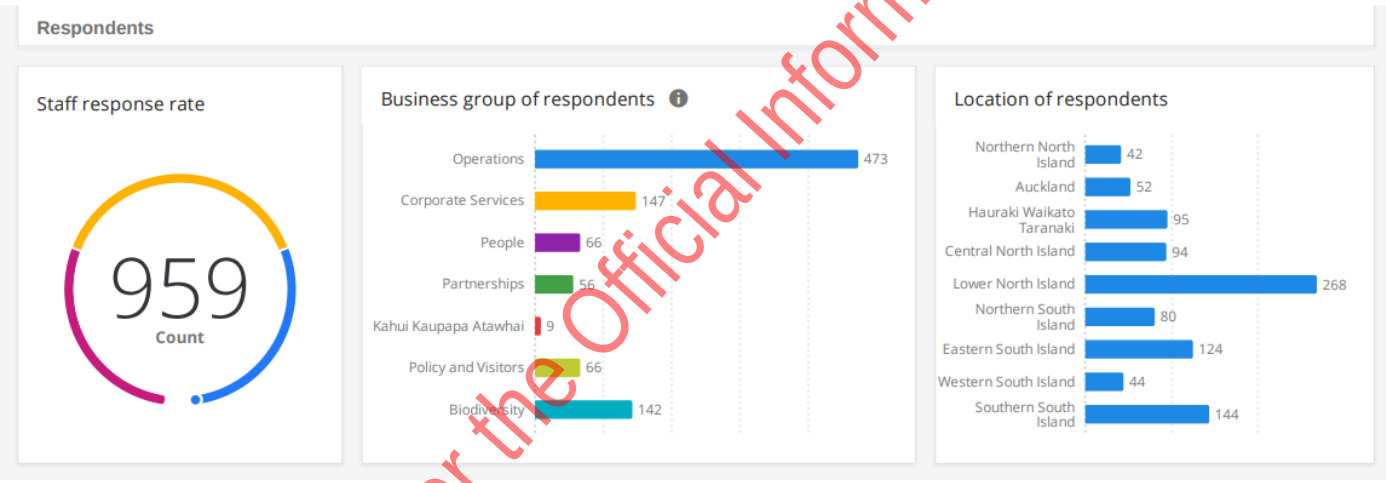
45. You will have to announce to staff the decisions, and release this paper and its attachments

Attachments/appendices

- Summary of submissions
- Proposed final Policy

Analysis of submissions

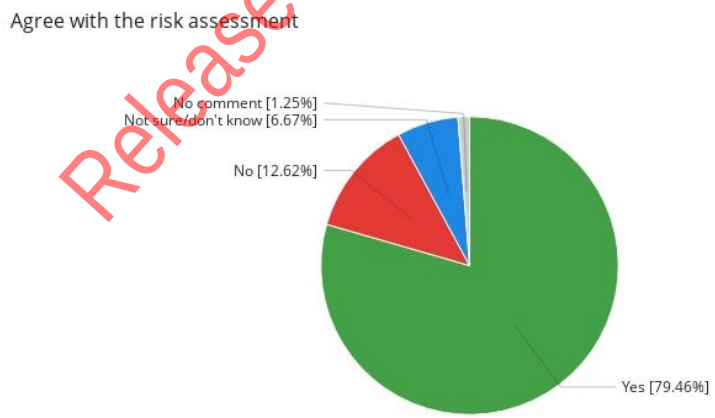
A total of 959 staff members responded to the staff consultation survey. All business groups and regions are represented in the responses.



Source: DOC

Submissions on the Risk Assessment

Almost 80% of respondents agreed with the risk assessment.



What the submissions said

Not all submissions commented on the risk assessment. A number welcomed the use of the standard risk assessment approach for this issue. One submission, however, questioned the value of the approach, arguing that it reduced the ability to look holistically at the overall situation. Another questioned why it did not reference the government guidance on assessments. Another questioned why staff had not been involved in the assessment as required under H&S law.

While some commented that the assessment appeared sound, or that they supported the data used, others questioned the data or the way the risk assessment was presented. One considered that it should have an introductory section for staff who aren't familiar with the methodology. Another thought it should be simplified to match the guidance from the government. Others provided comments that suggested that they did not understand the risk assessment methodology, or they sought more clarity on what was the quantitative basis for an assessment such as "moderate". One

was concerned that the risk assessment appeared to cover matters that DOC had no control over. Another considered that it should provide an assessment of the risk of transmission in the community for comparison with risk of transmission in the workplace as per WorkSafe guidance. Another that it appeared to ignore the effect of existing mitigation measures such as mask wearing. Another was concerned that the effects of higher densities of people in offices under "hot desking" and where people are returning to the office had not been factored in.

There were questions related to how the risk assessment dealt with the evolving situation (new variants) and the gap between the decision and the mandate coming into force. There was also concern that it did not address the gradual loss of vaccination effectiveness and the fact that immunity and vaccination status may not match.

One submission was concerned that the analysis appeared not to distinguish between vaccination status and infection status. Another submission questioned whether some of the data used (e.g. the risk of a vaccinated person being infected) was gathered from situations (e.g. health care workers constantly exposed to disease) that wouldn't apply in the DOC context. Another felt that the risk varied between situations (e.g. outdoors vs indoors) and that should be factored in. Another felt that there were scenarios, such as conservation board meetings, that weren't covered. Another questioned why the ESR assessments of risk to people in the community were lower than the DOC assessment of risk in the workplace (despite there being more likelihood of contact with an infected person outside the workplace). They also asked why, if the risk was extreme, there had been no deaths. Another raised questions about the assessment of CITES work.

Some submissions raised the issue of vaccinated people being able to pass the virus on, and a risk that they will be more complacent and therefore pose a higher risk than the assessment assumed.

A number of submissions were concerned that the assessment did not cover other risks. Some submissions raised the wellbeing effects of needing to work with unvaccinated people, while others talked about the wellbeing effects of the proposed mandate on those who did not wish to be vaccinated. One argued that the effect on a person's health of being made unemployed would be worse than the effect of not being vaccinated. Another that the risk to all staff of work pressures resulting from unvaccinated staff being unable to work would be worse than the risk of COVID-19. Some submissions referred to the risk assessment not covering the risk of adverse effects of the vaccine. There was also mention of risks to our business (e.g. threatened species) and reputation.

Many submissions on this issue raised matters which related to the response (mandating vaccination) rather than the risk assessment. Those are largely covered in other sections, but points that are relevant to the risk assessment includes whether antigen testing can achieve the same level of safety, whether unvaccinated people working together resolves the safety issues, and whether the costs of a vaccine mandate are worthwhile if the benefits of it are short-lived (e.g. because a new variant arrives that the vaccine doesn't control).

Relevant Issues

The risk assessment relies on assessment of the effect that vaccination would make to both the effects of infection and the likelihood of infection. None of the submissions provided clear and credible evidence that the risk assessment was wrong to such an extent that the policy could not be based on it. The issue of proportionality between the benefits of a vaccine mandate and the negative effects on wellbeing should be reviewed, taking into account comments on how to manage staff who are not vaccinated.

The risk assessment was not easily understood by all, and is likely to need to be periodically reviewed. It would therefore be useful to review how it is presented, including to more clearly address:

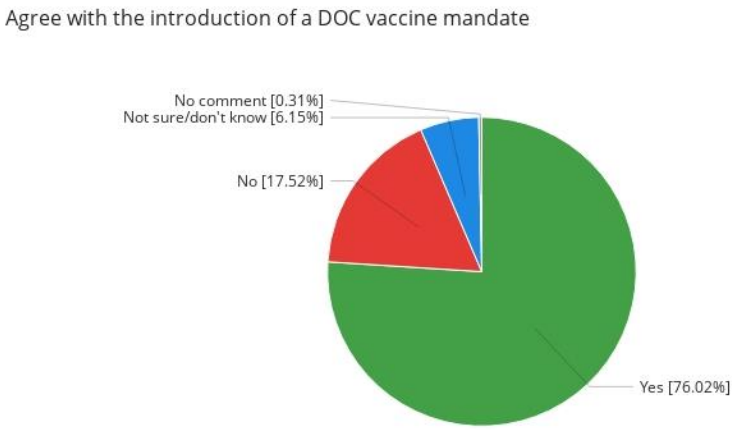
- What it is for and how the basic methodology works.
- How long does the science suggest that a vaccination approach will be effective in reducing risk of serious disease (assuming booster shots, changes in variants, rates of new vaccine development, etc).
- The individual elements of the risk assessment – likelihood of being infected, likelihood of infecting others, likelihood of having severe illness – given that these elements and their relative significance seem not to have come across clearly.
- The relationship between this assessment and the mitigation provided by existing measures (masks, etc).
- Provide some clarity on how the standard risk assessment process works for those who are not familiar with the methodology.

Given the comments in submissions on the evolving disease, changing societal context (e.g. proportion of people who are vaccinated, proportion of the population who are probably infected), and changing vaccine information, it would be appropriate to include an explicit section in the policy on regular review or triggers for review.

The risk assessment should be adjusted to include specific consideration of the relative risks of vaccine side effects, and to address risks to wellbeing of COVID-19 and the proposed response (e.g. in relation to workloads, effects on unvaccinated individuals, workplace tensions).

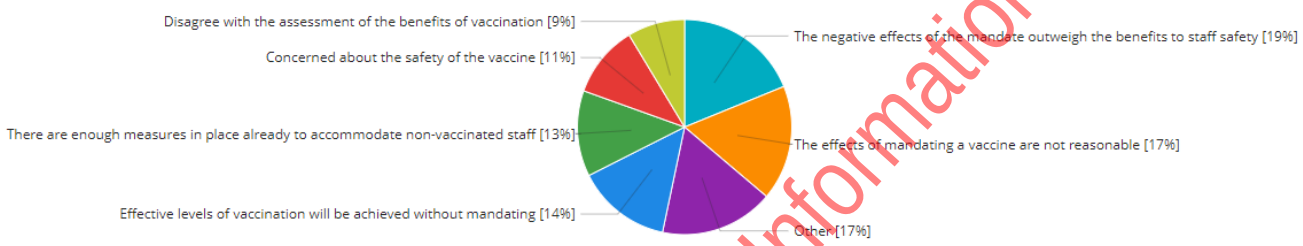
Submissions related to whether a vaccine mandate is a reasonable response to the risk assessment

More than three-quarters of respondents agree with the introduction of a vaccine mandate.



The following chart provides a breakdown of reasons for the staff who do not support the vaccine mandate.

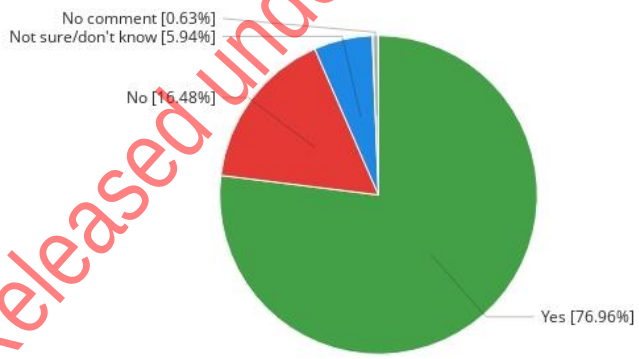
Why staff disagree with vaccine mandate



Of the 'other' responses (17%), approximately half objected to the vaccine mandate on principle (e.g. consider it a breach of human rights). A number of these respondents stated that they are fully vaccinated themselves.

Consistent with the numbers of staff supporting the introduction of a vaccine mandate, nearly 77% of staff agree with DOC's proposed policy.

Agree with the proposed policy



<u>What the submissions said</u>

There was no consensus on this issue, with views across the spectrum. Some strongly supported this as the logical and necessary response to the risk. A few went further and argued that the proposed introduction was too slow, and there were those who considered that lack of a vaccination mandate was having a negative effect on their wellbeing. At the other end of the spectrum were those who felt it would not be effective, because they did not consider the vaccine mandate would lower risk (e.g. because vaccinated people would spread disease), or because they did not consider that the vaccine was effective and/or safe.

In between were those who felt it was disproportionate because a high level of vaccination would be achieved without a mandate and there were other ways to address infection risk (e.g. working from home, antigen testing), and/or were concerned about the negative effects of a mandate, such as creating social divisions. Comments related to alternative ways to manage the risk often covered similar points to comments on implementation – how could unvaccinated staff be managed in a fair way, preferably still working for DOC. A number of submissions raised concerns about the effect the mandate could have on the work, customers and the business. Some cited principles, such as their belief that forcing people to be vaccinated was a breach of their rights. Others were concerned that

the strength of the data for improved safety was not good enough to justify the serious impacts of introducing a mandate.

Relevant issues

The arguments on rights are being addressed in the courts. It may be appropriate to have a section in the policy that required review if the legal context changes or there is new direction from PSC.

The issues raised by most of the submissions that covered this point will need to be addressed in implementation design, particularly how alternative work arrangements, antigen testing, and other measures would be used to manage staff who did not wish to be or could not be vaccinated. Submissions appeared to have assumed that staff who were not vaccinated would need to exit the business or not work. Any measures that can reduce that risk would address the concerns of some submitters.

The comments suggested that submitters who opposed the mandate often considered that the main reason for it was to protect vaccinated staff from infection. It is important that the policy clearly identifies the fact that the risk assessment also considered the risk of severe disease if an unvaccinated person is infected at work. The H&S team need to provide clear guidance to SLT on the extent of their responsibility to protect staff if those staff do not wish to take the measure that would best protect them.

What measures should be taken instead of a vaccine mandate

What the submissions said

Some submissions felt that the mandate should be set by the PSC. Some were concerned that the vaccine mandate would lower overall vaccination in NZ and therefore increase risk.

Some suggested that the vaccine mandate be limited to high-risk sites, such as where there is contact with the public and enclosed premises, or be applied on a case-by-case basis rather than through a blanket mandate. Others that it only apply to new staff, not existing employees.

Alternatives to compulsory vaccination were offered, including:

- Regular testing
- Testing for antibodies that show a person has had the virus and therefore is the same risk as a vaccinated person
- Incentives, information provision, etc to persuade people to be vaccinated.
- Good hygiene arrangements
- Teams developing approaches to maintaining safety
- Encouraging people to maintain their general health so they are at lower risk of the virus
- Use of unpaid leave to give people time to consider the issue further
- Improved air conditioning and building cleaning
- Providing staff with spaces where they can work away from other staff
- Ensure PPE is being used

Relevant issues

Many submissions called for a blanket requirement to be vaccinated to, in effect, be changed to a requirement to show how the necessary H&S risk reduction could be achieved. That might include

through behaviour of the unvaccinated individual, their teams, or the Department generally. That needs to be further assessed, either as an explanation of what the case-by-case response means or as a possible alternative approach to the mandate policy.

The issues identified all need to be addressed in policy, including building ventilation, masking, staying home when sick. The advice should clearly show where that is provided for in other policies.

The advice should also address the measures to be taken to continue to encourage vaccination.

Submissions related to collection of vaccine data

What the submissions said

Concerns were raised about how data privacy would be ensured, including concerns about the current email system for voluntarily collecting data. There were also queries about how the system would cope over time, including collecting booster information. One submission questioned the legality of requiring personal medical information. Another suggested that at 1 February everyone would know the vaccination status of the staff who were still in the office. Another asked for good communication of the reason for collection of the information.

Questions were raised about what would be acceptable evidence to be provided to the manager/supervisor and how providing that would fit with the promise to have data kept secure. One suggestion was that managers use the scanning app to verify certificates.

There was a specific question as to whether staff whose vaccination records are managed within he border system would need to also provide data to the DOC system.

There were also questions about whether volunteers, contractors and visitors would have to be vaccinated and how that would be verified. Potential effects on iwi relationships of needing to sight certificates was mentioned.

Relevant issues

The implementation work will need to address what form the information to be collected is, for staff and others affected by a mandate, particularly whether anything other than sighting a certificate is required. It will also need to clarify who can seek and see the data for an individual.

The Policy needs to address the issue of staff affected by legislative mandates, to remove any duplication.

The Policy should be checked to ensure it is clear about what information is being collected and why, and how personal information will be handled. That would include information on why someone is unable to be vaccinated, whether people are vaccinated, and reasons for allowing an unvaccinated person to continue to work.

Submissions relating to management of staff who are not vaccinated, and general measures applying to all staff

What the submissions said

The general tenor of most submissions that touched on the issue was that staff who cannot or do not wish to be vaccinated should be treated fairly and preferably kept as employees. Some submissions raised the need for consistent treatment of these staff, guidance to managers to ensure that, and for consistency across the public service. There was concern from some that treating unvaccinated staff differently was unfair generally, or contrary to DOC's diversity policy, or would push the vaccine hesitant into refusing to take the vaccine.

Some submissions argued that the issue of non-vaccination may be temporary in some or all cases, for example where staff are waiting an alternative vaccine, or because the submitter believed the need for vaccination would change. They did not want actions to be taken rapidly to end someone's employment given that.

Some submissions identified the fact that the necessary conversations with unvaccinated staff were likely to be difficult. Others were concerned about existing and future divisions within offices and exclusion of unvaccinated staff, and poor behaviour by the vaccinated.

Views were varied in what would be an appropriate response to unvaccinated people. Some felt that they should not be allowed into offices, while others felt that if they tested negative they should be able to work in offices. Submissions also varied in whether all unvaccinated staff should be treated the same (in some cases this was linked to people having a right to choose), or whether those who have a medical exemption should receive different treatment. Many read the policy as implying that termination of employment was inevitable, and some questioned why working from home or doing work with other measures was not a viable response.

The effect on the business and other staff of standing down staff (e.g. hut wardens), and the need to recruit replacements, was mentioned in some submissions.

<u>Relevant issues</u>

The Policy intended the treatment of unvaccinated staff to be determined on a case by case basis, with termination of employment only if safety could not be managed. But many submitters read termination as inevitable. The Policy needs to send an accurate signal to staff and managers of the intent. If possible, the Policy should clearly signal the extent of reduction in risk to the worker, and risk to their colleagues, that the manager needs to achieve. It should also ideally indicate the extent to which the work could be compromised in order to retain the employee (e.g. additional costs, lower productivity, lower team cohesiveness). This is similar to the situation for staff who have been moved onto light duties.

Implementation processes will need to address the points raised around consistency and fairness. The Policy will need to contain a process for dealing with situations where the staff person considers that the process is not fair, or wishes to have their issue dealt with by another person (e.g a one-up manager).

The advice will need to clearly address the issue of whether vaccination is likely to be an essential long-term measure or (as some submitters believed) only a short term response given the way COVID-19 is likely to behave, the development of rapid testing, and other factors. For individuals, the likelihood of them being vaccinated in the near future (e.g. if a new vaccine becomes available or the situation that makes them reluctant to be vaccinated changes) will need to be taken into account determining short term responses, and guidance will be needed to managers on that.

Other matters

What the submissions said

There were a number of comments, primarily related to how implementation of any final policy would be handled to reduce stresses on staff and unnecessary conflicts with communities. That included questions around

Implementation matters

- how visitors to premises would be managed,
- how contractors and visitors would be advised of the new policy,
- how children who can't be vaccinated would be handled,
- how "premises" would be defined (e.g. whether field sites would be affected),
- are vehicles "premises" and can they be used by other parties who aren't vaccinated (volunteers),
- ensuring that the treatment of staff in relation to working from home is consistent with the working from home policy,
- what arrangements would be in place where staff are to be terminated (period of notice with pay),
- how realistic the 18 January date is (if staff delay being vaccinated until they know the final mandate decision)
- risks associated with enforcement of hut and related rules, particularly where staff handling the situation are working alone in isolation, and need for training in compliance for staff required to check vaccination status of visitors,
- management of people who spread misinformation or who harass other staff in relation to their vaccination status,
- managing the flow-on effects of implementation on staff, communities, community reactions,
- how communication is managed to ensure staff get good information in a safe environment,

H&S issues not related to vaccination mandate

- managing H&S implications of long covid (e.g. for driving safety),
- how do we manage entry into workplaces without a mandate,

Biodiversity

- how to protect bats from COVID transmitted from people,

Future review issues

- how (in the longer term) natural immunity as a result of infection will be treated,

Scope question

- whether the mandate should be imposed on JFN partners,
- what services should we do regardless of whether people are vaccinated (essential public services).

Relevant issues

The H&S and HR teams need to ensure that all the issues related to implementation and H&S are adequately addressed in implementation and related processes.

The SLT decision needs to address the scope issues.

The Biodiversity DDG needs to address the issue about disease transmission to other species.

Department of Conservation
Te Papa Atawhai

DOCCM-6873027

DOC risk assessment – transmission of COVID-19 in the workplace

Assumption highly transmissible variant and community transmission

This risk assessment (Appendices 1 and 2) assume community transmission occurs throughout New Zealand Aotearoa. The basis for treating border tasks as higher risk work (due to contact with incoming international passengers, crew, airport staff and other government agencies) remains valid when COVID-19 is still prevalent in many countries and any new variants would be likely to affect border workers first.

The risk assessment is undertaken on two bases:

- The risk of a DOC worker infected with COVID-19 transmitting COVID-19 to others during work activities.
- The risk of a DOC worker becoming infected with COVID-19 at work.

We have identified work tasks that involve 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.

We have assessed inherent risk, residual risk with current controls, and what having all DOC staff vaccinated who work in that area would do to the risk rating.

Impact of Vaccination

Vaccination of DOC workers has the following impact:

- It reduces the likelihood of DOC workers transmitting COVID-19 at work from Almost-certain/Likely down to Possible
- It reduces the likelihood of DOC workers being infected with COVID-19 from Almost-certain/Likely down to Possible
- It reduces the consequence of DOC workers being infected with COVID-19 at work from Severe down to Moderate

Residual risk assessment – DOC vaccination

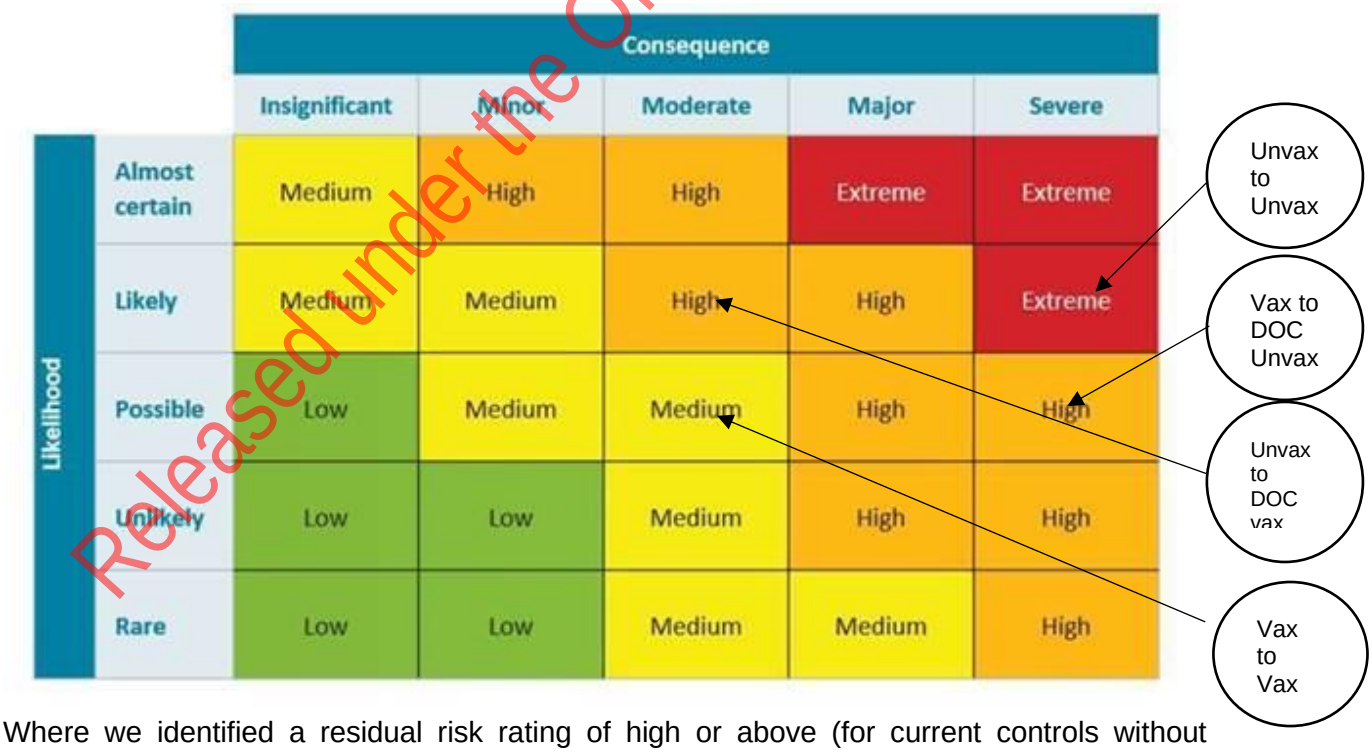
The residual consequence and residual risk ratings are presented as dual ratings for both vaccinated and non-vaccinated persons. This is because DOC workers during the course of their work may come into contact with other persons who are not vaccinated.

We have assessed the residual risk of a DOC worker positive for COVID-19 Delta variant passing this infection onto others at work is:

- Extreme for an unvaccinated DOC worker transmitting infection during work to an unvaccinated person
- High for an unvaccinated DOC worker transmitting infection during work to a vaccinated person
- High for a vaccinated DOC worker transmitting infection during work to an unvaccinated person
- Medium for a vaccinated DOC worker transmitting infection during work to a vaccinated person.

We have assessed the residual risk of a DOC worker being infected by the COVID-19 Delta variant at work is:

- Extreme for an unvaccinated DOC worker being infected during work by an unvaccinated person
- High for a vaccinated DOC worker being infected during work by an unvaccinated person
- High for an unvaccinated DOC worker being infected during work by a vaccinated person
- Medium for a vaccinated DOC worker being infected during work by a vaccinated person.



Where we identified a residual risk rating of high or above (for current controls without vaccination) we believe (based on WorkSafe guidance) that we need to consider the reasonably practicable nature of mandatory vaccination for roles unless other additional controls are reasonably practicable and would change the residual risk rating sufficiently.

Rapid antigen testing

Rapid antigen testing could further decrease the likelihood of DOC workers infected with COVID-19 transmitting infection to others by picking up the infection early. As this is currently being trialled in New Zealand and is not currently available to DOC, it has not been factored into this risk assessment.

DOCCM-6873027

Notes and assumptions

Vaccine efficacy

Efficacy of vaccine MOH site key points:

- 90-100% efficacy across all genders, ethnicity etc
- 100% efficacy in 12-15yo

7 May science update – viral transmissions [latest update]

- 54% reduction in cases of household members of healthcare workers in Scotland after 2 doses
- 38-49% less likely to transmit virus to household contacts after 1 dose
- 4-fold reduction in viral load after 1 dose (less infectiousness)

Immunisation Advisory Centre

- Israel's vax programme cut documented infection by 92%
- CDC: 90% effective in healthcare workers in protecting against infection

IMAC Delta page

- Delta patients 2x more likely to be hospitalised or need emergency care than Alpha variant (UK study)

IMAC international vax page

- 5.1 deaths/million for people with 2 doses, 47.3 deaths/million for unvaccinated (UK numbers)

Knowns

- People are infectious and asymptomatic for 48 hours after infection
- Infectious period continues until 72 hours after symptoms resolved
- Consequence is severe for all infections as potential outcome is death or severe illness (hospitalisation and/or long Covid).

Assumptions

- Delta variant is in community and there is some detected or undetected transmission, OR borders are open to some degree.
- Vaccination status of people we interact with is unknown.

Appendix 1 - Risk assessment of COVID-19 highly transmissible variants (assumption community transmission) DOCCM-6873027

LOW INFLUENCE AND CONTROL: Non-DOC worksites and/or interactions with the public

Work activity	Persons involved	Frequency and length of contact with others and environment	Inherent likelihood	Inherent consequence	Inherent risk	Controls (without vax)	Residual likelihood (controls no DOC vax)	Residual consequence for person/s infected (with controls & no DOC vax)	Residual risk (with controls & no vax)	Residual likelihood (with DOC controls & mandatory DOC vax)	Residual consequence for person/s infected (with controls & DOC vax)	Residual risk (with controls incl DOC vax)
Contact with customers at non-DOC sites: reception	DOC workers; Other PCBU workers; Public	Very frequent, short duration exposure, aircon	Almost certain	Severe	Extreme	Barriers, masks, handwashing, distancing	Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe[1] (no-vax) Others	High
Embedded on non-DOC sites eg vessels, helicopters	DOC workers; Other PCBU workers; Public	Very frequent, prolonged exposure, may include small internal spaces (vessels/ helicopters), physical distancing may be difficult	Almost certain	Severe	Extreme	Masks, handwashing, distancing	Almost certain - Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
Visit/attend non-DOC sites[2] including outdoor areas [3]	DOC workers; Other PCBU workers; Public	Very frequent, moderate exposure, indoor or outdoor, physical distancing may be difficult	Almost certain	Severe	Extreme	Masks, handwashing	Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
Outdoor large events, e.g. Kepler Challenge	DOC workers; Other PCBU workers; Public	Very frequent, prolonged exposure, outdoors, physical distancing may be difficult	Almost certain	Severe	Extreme	Masks, handwashing, distance (hard to maintain)	Likely-possible (outdoor)	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme-High		Severe (no-vax) Others	High
Indoor large events where DOC is not in control e.g. in-person conferences, meetings, some Te Pukenga Atawhai	DOC workers; Other PCBU workers	Very frequent, prolonged exposure, aircon, physical distancing may be difficult	Almost certain	Severe	Extreme	Masks, handwashing, distance (hard to maintain)	Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
Public meetings	DOC workers; Public	Frequent, moderate exposure	Likely	Severe	Extreme	Masks, handwashing, distance (speaker on platform away from people)	Likely-possible	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme-High		Severe (no-vax) Others	High

[1] Other persons DOC workers come into contact with may not be vaccinated.
[2] Includes visit/attendance at other agencies (e.g. court, tribunal)
[3] Excludes the work activities undertaken by DOC workers captured by the vaccination mandates in COVID-19 Public Health Response (Vaccinations) Amendment Order (No 3) 2021 (LI 2021/325) – New Zealand Legislation (i.e. affected education services, health and disability sector such as fire services and SAR, prisons and borders where applicable)

International visits and postings	DOC workers; Other PCBU workers, Public	Frequent, variable vaccination coverage, community transmission	Almost certain	Severe	Extreme	Masks, handwashing, distancing	Almost certain - Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
REQUIREMENTS SET BY OTHER ORGANISATIONS AND AUTHORITIES												
Work activity	**Persons involved**	**Frequency and length of contact with others and environment**	**Inherent likelihood**	**Inherent consequence**	**Inherent risk**	**Controls (without vax)**	**Residual likelihood (controls no DOC vax)**	**Residual consequence for person/s infected (with controls & no DOC vax)**	**Residual risk (with controls & no vax)**	**Residual likelihood (with DOC controls & mandatory DOC vax)**	**Residual consequence for person/s infected (with controls & DOC vax)**	**Residual risk (with controls incl DOC vax)**
Travel international[4]	DOC workers; Public	Very frequent, prolonged exposure, recirculated air	Almost certain	Severe	Extreme	Masks, handwashing	Almost certain	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
Travel domestic (air, taxi, public transport)	DOC workers; Public	Very frequent, moderate exposure, recirculated air	Almost certain	Severe	Extreme	Masks, handwashing	Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
HIGH INFLUENCE AND CONTROL: **DOC and other government agency worksites**												
Work activity	**Persons involved**	**Frequency and length of contact with others and environment**	**Inherent likelihood**	**Inherent consequence**	**Inherent risk**	**Controls (without vax)**	**Residual likelihood (controls no DOC vax)**	**Residual consequence for person/s infected (with controls & no DOC vax)**	**Residual risk (with controls & no vax)**	**Residual likelihood (with DOC controls & mandatory DOC vax)**	**Residual consequence for person/s infected (with controls & DOC vax)**	**Residual risk (with controls incl DOC vax)**
Contact with customers at DOC sites: reception/ visitor centres	DOC workers; Other PCBU workers; Public	Very frequent, short duration exposure, aircon	Almost certain	Severe	Extreme	Barriers, masks, handwashing, distancing	Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme			
Work at a DOC office/ workshop in close contact with other workers	DOC workers; Other PCBU[5] workers; casual volunteers, Public	Very frequent, prolonged exposure, aircon	Almost certain	Severe	Extreme	Masks, handwashing, distancing, reduced % workers onsite, work bubbles	Almost certain - Likely	Moderate (vax)	Extreme	Possible	Severe[6] (no-vax) Others	High
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High

[4] Full vaccination is likely to be required for international travel
[5] PCBU worker includes volunteer workers and contractors
[6] Other persons that DOC workers come into contact with may not be vaccinated.

Visit multiple DOC sites[7] and work in close contact with workers at those sites	DOC workers; Other PCBU workers, casual volunteers, Public	Frequent, moderate exposure, aircon	Almost certain	Severe	Extreme	Masks, handwashing, distancing, work bubbles	Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
Visit/attend outdoor areas (e.g. National Parks Great Walks tracks, other tracks on conservation land)	DOC workers; Other PCBU workers, Public	Frequent, moderate exposure	Likely	Severe	Extreme	Masks, handwashing, distancing	Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
Meeting other agencies	DOC workers; Other PCBU workers, public	Frequent, moderate exposure	Likely	Severe	Extreme	Masks, handwashing, distancing, digital meetings	Likely-possible	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
Indoor large events where DOC is in control (e.g. some Te Pukenga Atawhai)	DOC workers; Other PCBU workers, Public	Very frequent, prolonged exposure, aircon	Almost certain	Severe	Extreme	Masks, handwashing, distance (hard to maintain)	Likely	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High
Working from home (e.g. Flexible Work,[8] during a government imposed lockdown)	DOC workers; Public	Living with others - Very frequent, short duration exposure, aircon Living on own – moderate exposure	Almost certain - Likely	Severe	Extreme	Handwashing, distancing (hard to maintain), social isolation, home bubble, digital meetings	Likely - possible	Moderate (vax)	High	Possible	Moderate (vax) DOC	Medium
								Severe (no-vax)	Extreme		Severe (no-vax) Others	High

[7] DOC sites includes DOC premises
[8] Refer: http://intranet/tools-and-services/hr-and-payroll/flexible-working/

Appendix 2 - Risk assessment of border-related work tasks higher - risk DOC COVID-19 work DOCCM-6873027												
Work activity	**Persons involved**	**Frequency and length of contact with others and environment**	**Inherent likelihood**	**Inherent consequence**	**Inherent risk**	**Controls (without vax)**	**Residual likelihood (controls no DOC vax)**	**Residual consequence for person/s infected (with controls & no DOC vax)**	**Residual risk (with controls & no vax)**	**Residual likelihood (with DOC controls & mandatory DOC vax)**	**Residual consequence for person/s infected (with controls & DOC vax)**	**Residual risk (with controls incl DOC vax)**
Administration of CITES (implemented through TIES Act) – airport, inspection of animal and plant species covered by CITES for import/export, seizure of items without CITES permits and removal / destruction	DOC workers; Other PCBU workers, Public	Frequent, moderate exposure	Likely	Severe	Extreme	Masks, handwashing, distance (speaker on platform away from people)	Possible	Moderate (vax) Severe (no-vax)	High Extreme-High	Unlikely	Moderate (vax) DOC Severe (no-vax) Others	Medium High

Risk matrix

Likelihood	Consequence: Insignificant	Minor	Moderate	Major	Severe
Almost certain	Medium	High	High	Extreme	Extreme
Likely	Medium	Medium	High	High	Extreme
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Low	Medium	High	High
Rare	Low	Low	Medium	Medium	High

Likelihood	Criteria
Almost certain	• Expected to occur multiple times within the next 12 months • >90% chance of occurring
Likely	• Could occur within the next twelve months • 61-89% chance of occurring
Possible	• Expected to occur in the next two years • 31-60% chance of occurring
Unlikely	• Expected to occur once in the next two to five years • 5-30% chance of occurring
Rare	• Expected to occur in five years or more • <5% chance of occurring

Term	Definition
Severe	Actual or potential for work-related notifiable event causing fatalities or life-changing/threatening injuries, illnesses or exposures to MORE THAN ONE person; OR multiple people requiring crisis or ongoing mental health care for significant exposure, e.g. PTSD. Notifiable to WorkSafe/regulator.
Major	Actual or potential for a work-related notifiable event affecting ONE person, including fatality, injury, illness or exposure that causes a life-changing/threatening event; OR severe irreversible incapacity or health effects, or disabling illness; OR a person receiving hospital-based crisis mental health treatment or ongoing mental health care for significant exposure, e.g. PTSD. Notifiable to WorkSafe/regulator.
Moderate	Actual or potential for work-related injury, illness or exposure (mental or physical) requiring in-patient medical treatment with reversible impairment; OR lost time injury; OR multiple medical treatment cases; OR a person receiving work-related crisis mental health treatment/counselling (not admitted to hospital). May be notifiable to WorkSafe/regulator.
Minor	Actual or potential for reversible work-related injuries, illnesses or exposures (mental or physical) requiring first aid or outpatient medical treatment, no long-term effects, may require restricted duties.
Minimal	Actual or potential for reversible work-related injuries or illnesses (mental or physical) requiring first aid at most, no long-term effects.

DOC COVID-19 Vaccination Policy

Based on community transmission

Purpose

The purpose of this policy is to set out DOC's approach to COVID-19 vaccinations in line with DOC's Health and Safety risk assessment: **Transmission of COVID-19 in the Workplace**. That risk assessment relates to situations where there is a highly transmissible variant and community transmission**.** This Policy sits within broader health and safety policies, including those relating to COVID-19. This Policy does not apply to staff who are subject to a legal requirement to be vaccinated in order to undertake their work, such as border workers.

Introduction

Our priority is to keep our people safe and well. We do this because it is the right thing to do and we have legislation (Health and Safety at Work Act 2015) that protects and supports this.

COVID-19 is a significant risk to those who are infected. With community transmission, the risk of DOC staff being infected within the workplace has increased and needs to be managed through a suite of measures put in place in the workplace.

A health and safety assessment has been carried out to understand the risk and associated factors to staff, visitors, contractors and suppliers, volunteers and community groups (including Jobs for Nature projects) in different work scenarios. Mitigating and assuring ourselves that we can effectively and safely manage risks associated with COVID-19 in the workplace has led us to develop a COVID-19 Vaccination Policy.

This policy will require all staff to be fully vaccinated to enter and work in DOC workplaces. Vaccination is central to mitigating risk. You must be fully vaccinated and have a My Vaccine Pass by 1 February 2022.

Health and Safety risk assessment - vaccination

DOC has assessed the risk and impact of a COVID-19 infection for all our people based on an assumption of a highly transmissible variant and community transmission. You can see our current Health and Safety risk assessment here DOC-6873027. The COVID situation is constantly changing and the risk assessment will be updated when there are significant shifts in context. The first scheduled review is by 31 May 2022. The risk assessment is based on multiple, layered controls such as physical distancing, hygiene, signage, limiting numbers, barriers, and masks. Vaccination presents a higher level, additional control and significantly moves the profile of risk down in both likelihood and severity. Vaccination reduces the risk that the vaccinated person will be infected, suffer serious illness if they are infected, and infect others they are in contact with. Additional measures will be in place, including mask wearing, social distancing and the use of vaccine passports as reflected in the Governments Traffic Light System.

It is recognised that vaccination and a vaccination mandate can have wellbeing effects on some individuals and teams. Those risks have been taken into account in development of the Policy and implementation processes.

What that means for DOC staff

Given our risk assessment, DOC will require all staff to be fully vaccinated to enter and work in DOC workplaces. This will be in place for the foreseeable future.

As an **employee**, if you are not vaccinated, or choose not to be vaccinated, or are unable to be vaccinated for medical or religious reasons, or have a medical exemption, we will work with you individually to understand your situation and what options might be available to you. Whether you can stay in your current role will depend on the nature of the work you undertake, whether you can undertake your work from an alternative location in the short term, the availability of alternative work, and any other factors that are relevant to your situation.

Where you have chosen to not be vaccinated (as opposed to being unable to be vaccinated), it will be necessary to ensure that there are no undue effects on the business and your team colleagues due to the arrangements put in place. Working from home on a long-term basis with no entry into the

workplace or in-person interaction with teams and managers is not likely to be considered a viable option.

In good faith, we will ensure that you have opportunities to respond to any proposed changes to your employment and will take into consideration your responses. This process will be managed centrally by the Human Resources Team, with the support of your manager and you can involve a support person of your choice (e.g. a union delegate).

The final decision on vaccination rests with the individual. The decision by DOC to require vaccination does however mean that ultimately if you choose not to be vaccinated or to tell us your vaccination status, we may need to consider termination of your employment.

Vaccination will greatly increase your safety and reduce the risk of you infecting a colleague. But vaccination is in addition to and does not replace other safety measures, including wearing masks, maintaining social distancing, and staying home if you may have been exposed or are unwell. All the identified safety measures must be taken to ensure that our staff remain safe.

To support you receiving your vaccination, the Department has put in place policies to make it easier for you to get vaccinated and implement other safety measures. Approved **Discretionary Leave with Pay** is available for you to get your vaccinations during your normal working hours, if you need time to recover from vaccination, you are sick due to a COVID-19 related illness, or you are self-isolating due to COVID-19. It is also available if you need to support a dependent (e.g. elderly parent, child) in getting their vaccination.

Collection, Use and Storage of Personal Medical Information

You will be required to provide evidence of your COVID-19 vaccination status to your manager. This can be a vaccination certificate, or vaccine pass. Your manager will sight the above and send an email to covid19@doc.govt.nz confirming your vaccination status.

This information will be stored in a secure file accessible only to Human Resources/Health & Safety staff who are managing the process and who will be involved with a manager in any follow up, such as potential redeployment options.

If there is a reason to hold information, then that would be done in accordance with the Health Information Privacy Code 2020.

If you cannot or choose not to provide evidence of vaccination, your manager will note that you are unvaccinated. If you are subsequently vaccinated, you can at that time provide evidence to your manager and that change in status will be recorded.

Protecting our staff from other people entering DOC workplaces

In the interests of keeping our people safe, DOC will be ensuring that contractors and suppliers who do work in or visit DOC premises are vaccinated. All people entering our premises will need to provide proof that they are vaccinated.

The term "premises" is defined for the purposes of this policy as

> *A DOC workplace and premise is a DOC building and immediate surrounds where DOC has influence and control over entry to the building. Where DOC shares a building, the DOC workplace is the area of the building that DOC controls.*
>
> *"DOC workplace and premises" does not include an outdoor work environment, for example Public Conservation Land where work is not occurring on a given day*

The mandate will also apply where a contractor or volunteer is working in close proximity to DOC staff or in an enclosed space with DOC staff (e.g. working together in a helicopter or vessel, travelling in a DOC vehicle). Contractors and volunteer groups who are working in protected areas without close contact with DOC staff will not be subject to this policy but will be be expected to determine their own health and safety procedures, including how to protect against COVID-19 risks.

DOC will be writing to all **contractors and suppliers** to advise of our vaccination requirements, which will come into effect on 10 January 2022.

Suppliers will be able to do contactless drop-offs of goods to DOC premises.

Restrictions on entry of visitors to DOC workplaces and premises will come into effect on 10 January 2022. Signage and procedures to ensure this can be safely implemented will be in place by that date. Groups who may be affected, including volunteer groups and iwi, will be advised.

END

DOC-6873020

COVID-19 Vaccination Policy Implementation HR Process and Guidance for DOC Employees

15 December 2021

Scope

This document covers DOC employees including those working here on secondment.

Definition of Vaccinated

For the purposes of the Vaccination Policy, vaccinated means you are currently fully vaccinated against COVID-19 and its variants as per the official standards and advice set at any time. Information on the COVID-19 vaccine can be found at:

- Ministry of Health NZ
- Unite against COVID-19 (covid19.govt.nz)

DOC will regard an employee as vaccinated if the employee has received the required doses of a Ministry of Health (MOH) approved vaccine, including any required booster vaccination in the time recommended by MOH.

Currently, to be fully vaccinated this means the employee has received the first and second dose of the vaccine and can produce a valid Vaccine Passport.

To remain fully vaccinated for the purposes of this Policy, all required boosters or additional dosage of vaccines as recommended by MOH must be received within the required timeframes.

New Employees

All new DOC employees and any employee transferring to DOC from another agency as from the approval date of this policy must have been fully vaccinated at least two weeks prior to their starting date with DOC (unless they have a MOH exemption).

What you need to do to comply with this policy

To comply with the Vaccination Policy, an employee must be fully vaccinated by 1 February 2022.

You will be required to provide proof of your vaccination status with My Vaccine Pass, which is the official record of your COVID-19 vaccination status (or My Health Record as an acceptable alternative). You can find information on this at My Vaccine Pass | Unite against COVID-19 (covid19.govt.nz).

In considering implications for DOC employees who are unvaccinated, DOC will explore all reasonable and available alternatives in consultation with the employee and their representative. The potential outcome of termination of employment is as a last resort, and alternatives will be considered within reasonable, available and appropriate fiscal and operational considerations.

Supporting our people to be vaccinated

DOC will continue to enable our people to be fully vaccinated (and remain vaccinated) by providing paid discretionary leave during work time to receive a vaccination and/or booster and to recover from any short-term effects of vaccination.

The COVID hub provides links to available resources to assist employees in their decision making about the COVID-19 vaccination.

Key Dates

There are some key dates that are important for everyone to be aware of.

The key dates are as follows:

2 December 2021 *(11.59pm)*	*The* COVID-19 Public Health Response (Protection Framework) Order 2021 and the new COVID-19 Protection Framework (CPF) came into force (also refer Appendix One)
14 December 2021	*Vaccination Policy is approved and next steps outlined*
15 December 2021	New employees (including secondees or transferred workers from other agencies) to DOC are required to be fully vaccinated (unless they have a medical exemption from MOH).
15 December 2021 to 31 January 2022	○ Current employees are encouraged to provide evidence of their vaccination status to their manager (My Vaccine Pass or My Health Record). If an employee has a medical exemption from MOH this also needs to be disclosed to understand their work situation.

	○ Managers will email the COVID-19 inbox with the vaccination status of employees. ○ The HR Team (with their manager and any support person) will work with any employee proactively who advises they are not willing to be vaccinated to explore and to seek agreement on available and reasonable alternatives to termination prior to 1 February 2022.
1 February 2022	○ Only fully vaccinated people, including employees, may enter a DOC workplace based on whether vaccination is required by Government mandate as well as required by DOC on health and safety grounds as identified in the DOC risk assessment.
1 to 9 February 2022	If the employee does not hold a My Vaccine Pass or chooses not to disclose their vaccination status, or are unable to be vaccinated, DOC will work with the employee individually to decide how to manage the impact of the Vaccination Policy on them. The employee will be invited to a meeting to discuss any available and reasonable alternatives to termination. (*Refer below to Assessment Phase for more detail.)* ○ During this period, the employee will not be required to be at work and will continue to be paid while we consult on alternatives to termination.
10 February 2022	• Should the employee refuse to be vaccinated or not disclose their vaccination status and there are no reasonable alternative options available, dismissal with notice of termination (4 weeks) will be given. The employee will not be required to attend work during the notice period and will continue to be paid. The employee's employment will end when the notice period expires. *(Refer Termination below for more detail.)*
8 March 2022	Should the employee not have their required vaccinations by the end of the notice period, their employment will be terminated.

Vaccination Status

Employees who are vaccinated	Need to supply confirmation of vaccination status using My Vaccine Pass (MVP) or My Health Record as the appropriate means of evidence. Confirmation will be confidentially recorded in an employee's Occupational Health and Safety record and can be updated as required.
Employees who are unvaccinated due to medical reasons or other accepted reasons	Need to supply confirmation of vaccination status using authorised Ministry of Health exemption. We will work with employees on a case-by-case basis and this will include reviewing any reasonable alternative working options as necessary.
Employees who are unvaccinated **Employees who are unwilling or decline to declare vaccination status**	DOC will follow the process outlined to determine any appropriate options and will discuss timeframes and potential outcomes with the employee.

Medical exemptions

The criteria for medical exemption from vaccination will be aligned with the criteria for medical exemptions published in the Gazette by the Director-General of Health, consistent with the COVID-19 Public Health Response (Vaccinations) Order 2021.

Where you are unable to be vaccinated for medical reasons, you will be able to obtain a medical exemption as outlined in the MOH website: MOH exemption standards.

If you are awaiting a medical exemption, DOC will engage with you to gain advice from your medical professional and evidence that you have applied for an exemption.

If you have a medical exemption each individual's situation will be considered on a case by case basis by the DDG People consistent with the New Zealand Bill of Rights Act 1991 and the Human Rights Act 1993.

Assessment Phase

Discussion with employees who are unvaccinated

When unvaccinated employees have advised their manager of their vaccination status, to be no later than 1 February 2022, this will trigger the assessment phase, where options will be explored to determine if there are any reasonable and appropriate measures that can be applied to reduce the possibility of exposure to, infection or transmission of COVID-19, including the risk to other colleagues and members of the public at work.

In assessing the individual circumstances DOC will consider feasible controls to minimise and protect all employees, customers, stakeholders, and visitors. The types of options that will be explored include determining:

- if the role can be performed in a different way
- whether you are able to perform your role without requiring access to a work-related location where vaccination is an entry requirement
- your skills and experience to assess if there are any alternative roles within DOC or other agencies that can be performed from a location that doesn't require vaccination either on a temporary or permanent basis
- The ability for you to undertake your role from home as agreed on a temporary basis
- Whether you have a work area at home that provides the same or greater levels of ergonomic support you would receive in your normal work environment.
- Whether you have a work area that provides a safe and secure work environment.
- Balancing business operational requirements with your individual circumstances, the needs of other team members, and stakeholder expectations.

DOC has limited capacity to accommodate working from home on a permanent basis and certain roles are not able to be undertaken at home. While all reasonable accommodations will be considered, permanently working from home will not be the primary option.

HR will make a recommendation to DDG People in terms of the options discussed with the employee.

A letter will be sent to the employee outlining the outcome of the assessment phase and the recommendation made to the DDG People. The employee can make a submission to the DDG People should they wish her to consider other options.

Termination

The employee will have met with HR (Manager, and PSA if requested) during the assessment phase.

A letter will be sent to the employee advising the proposal to terminate which was sent to the DDG People. The letter will provide the opportunity for the employee to provide further information and request to consider other options.

A list of unvaccinated employees will be sent to the DDG People with recommendations for approval to terminate together with the employee's feedback.

The DDG People will take advice from DDG colleagues and decide whether to terminate. DDGs to consider that all roles are treated similarly taking into consideration individual circumstances.

Following the assessment of all available and reasonable alternatives and none have been agreed, then the employee will be given 4 weeks paid written notice of termination of their employment. The employee will not be required to work nor attend at work during the notice period.

Termination letter sent by DDG People to the Manager to deliver to the employee.

Where a decision to terminate the employment is made,contractual notice periods apply if it is longer than four weeks (otherwise minimum statutory notice is four weeks) .[1]

Deciding to Get Vaccinated

If the employee chooses to get vaccinated during the assessment period the employee can return to the workplace on a date reasonably set by DOC (taking into account matters such as vaccine efficacy recommendations and work needs).

If the employee gets vaccinated during the notice period, and provides accepted proof of vaccination, if there is no unreasonable disruption to the workplace and DOC's business, DOC may withdraw the termination notice and the employee can return to work on a date reasonably set by DOC.

[1] **COVID-19 Response (Vaccinations) Legislation Act 2021** amending the Employment Relations Act 2000 [Schedule 3A]

Support

We have discussed and shared this proposal with the PSA. They are available for advice and assistance to their members.

We are committed to the wellbeing of our employees. EAP support is available for all DOC employees. EAP counselling can be used for any personal or work-related issues including coping with change and stress. To arrange a counselling appointment, please:

call: 0800 327 669

Other support may be found at the Wellbeing Hub

For health related queries, please talk to your GP or Healthline.

Be respectful of others

We appreciate there may be differing views on COVID-19 Vaccination Policy and that there will be much discussion about it. We urge you to be tolerant and respectful of your colleagues if their views differ from yours. Because views are personal, trying to influence others or debating positions in the workplace is not encouraged.

We acknowledge this decision may be concerning for some of our people - please refer them to support available (above).

Appendix One

Government Vaccine Mandates

DOC's risk assessment which informed this Vaccination Policy does not cover certain roles that are required to be done by vaccinated employees under Government vaccine mandates[2] relating to the following sectors relevant to DOC:

- Border workers – CITES employees or other employees who are required to work at the border.[3]
- Health and Disability: DOC firefighters / SAR / Avalanche. Employees in these roles are required to be vaccinated because they may carry out work which may require being within two metres, for more than 15 minutes, of a Health Practitioner (e.g. paramedic or GP) providing health services to the public
- Education services where our employees are visiting schools and there is contact with children or students

The new COVID-19 Protection Framework has extended these mandates to cover certain roles within businesses that are required to utilise My Vaccine Passes: for DOC these include:

- hospitality (serving of food and drink for sale),
- close contact services or businesses (where cannot maintain 1m physical distancing).

The mandates do not require a person to be vaccinated. The focus of the mandates is on the roles being undertaken. An employee may choose whether or not to be vaccinated. However, if their role falls within one that must be undertaken by a vaccinated employee, and the employee remains unvaccinated, then we may take the steps outlined in this Policy up to and including termination of employment.

If an employee is covered by the mandatory vaccination requirement, the following vaccination deadlines apply to them:

1. Affected Persons in the education and health and disability sectors must have received their first dose by 15 November 2021 and their second dose by 1 January 2022 (unless an exemption applies);[4] and
2. Employees at settings where a My Vaccine Pass is required for entry must have received their first dose by 3 December 2021 and their second dose by

[2] COVID-19 Public Health Response (Vaccinations) Order 2021 in effect 30 April 2021
[3] COVID-19 Public Health Response (Vaccinations) Amendment Order 2021 in effect 14 July 2021
[4] COVID-19 Public Health Response (Vaccinations) Amendment Order (No 3) 2021 in effect 25 October 2021

Only vaccinated employees can carry out the relevant work covered by the Government vaccine mandates. We will work with employees when determining whether a particular role will reasonably require an employee to undertake work covered by these mandates and will follow the steps set out in this Policy for considering other options and discretionary paid leave.

Any unvaccinated workers who have previously been assigned to work in these settings will need to discuss alternative options with their employers. They will not be able to continue to work in high-risk environments until they are vaccinated.

Item 1f

SLT Weekly

Report for agenda item [#]

Meeting date:	14 December 2021
Lead SLT member (approved paper)	Ginny Baddeley, DDG People
Prepared by:	Harry Maher, Director Health & Safety
Subject:	COVID-19 Vaccination Policy – Implementation Process and Guidelines

Paper type	Decision required
Purpose of paper	To recommend approval of the draft COVID-19 Vaccination Policy Implementation HR Process and Guidance for DOC Employees
SPA	Ginny Baddeley, DDG People
Recommendations from this paper	Approve the implementation process and guidelines
Financial implications	No implications
Who has been actively engaged in preparing this paper	HR team and PSA assigned delegate
Persons attending item	Harry Maher, Director Health & Safety
Time required	

We recommend that SLT:

		Paragraph reference
(a)	Agree to the attached COVID-19 Vaccination Policy Implementation HR Process and Guidance for DOC Employees	[Insert paragraph number]

Context / background

1. An accompanying paper has proposed that you adopt a final Policy on mandating vaccination against COVID-19. This paper sets out a proposed HR process and guidance document to ensure consistent and legally compliant implementation of the mandate.

Proposal

2. Attached is the proposed COVID-19 Vaccination Policy Implementation HR Process and Guidance for DOC Employees

3. As set out in the accompanying paper, there will also be implementation work undertaken related to:

    - Maintaining the risk assessment, with initial amendments to reflect comments in submissions (including to improve readability), and then amendments as necessary to reflect new information.
    - Work between HR and the PSA to address any workplace issues that are identified, such as harassment of staff based on their vaccination status or beliefs.
    - Work by managers to address impacts on the business of any loss of staff capacity as a result of the mandate and/or infections.
    - Work to ensure that staff involved in enforcing the mandate in relation to visitors to DOC premises are provided with the necessary systems, training and support.

Others actively engaged

4. The PSA assigned delegate was involved in development of the implementation approach.

Next steps

5. Once the implementation approach is approved, implementation work will commence.
6. SLT will need to ensure that there are effective communications with iwi, concessionaires, volunteer groups, contractors and others who may be affected by the restrictions on entry to offices and/or who work with staff and may be concerned about whether our staff are vaccinated.

Attachments/appendices

- COVID-19 Vaccination Policy Implementation HR Process and Guidance for DOC Employees

Item 2

Outloo

COVID-19: DOC Vaccination Policy to be suspended from Wednesday 4 May

From Ginny Baddeley <gbaddeley@doc.govt.nz
Date Wed 20 -04-13 15:54
To L\All Doc < lld c1@doc.g t.nz>
Cc allen blackwell <allen.blackwell@psa.org.nz>; Tracy Klenner <tracy.klenner@psa.org.nz

1 attachment (143 KB)

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Kia ora e te whānau,
I can't believe how quickly the year has gone and we are already preparing to head into our Easter and ANZAC breaks.
Before you head off, I wanted to let you know the outcome of the consultation process we ran regarding the suspension of the DOC Staff/Contractor/Volunteer Vaccination Policy. Your feedback was a really important factor in our decision to continue with suspending the Policy. In saying this, we will be taking our time to do so, and strengthening the education and reinforcement of important public health measures that are still part of the traffic light framework.

Majority support for proposal to suspend DOC Vaccination Policy

Nearly 760 of you took the time to complete last week's survey and I really appreciate that as it's given us a good sense of what you're feeling and thinking.

- 72% supported the proposal to suspend the policy, though a quarter of you thought it was too early to implement just yet.
- 69% supported shifting the management of COVID-19 risk to management at site or team level.
- Your main concerns related to the timing of suspending the Policy and that it might be implemented inconsistently across the country.

As a comparison, late last year, 959 of you provided feedback and 77% agreed with the introduction of the DOC Vaccination Policy.

Taking into account what you highlighted, we won't be rushing this next phase

Taking all things into account, I have agreed that the DOC Staff/Contractor/Volunteer Vaccination Policy will be suspended effective from Wednesday 4 May.
I've read every bit of your feedback and I know some of you are feeling nervous about these changes. Because of this, our intention is to take a measured and flexible approach to implementation, depending on the local circumstances. We will work with managers and site leaders and support them to make sure everything is in place before teams are reunited, and for us all to reconnect in our workplaces. As always, a big focus will be on making sure we take good care of our vulnerable people, including by working through individual risk assessments with them. We will also need to understand the approaches being taken by those we share premises or work with and consider that in our local planning.
Attached is the paper from Director Health and Safety Harry Maher with the recommendations (DOC-6983629).

Looking after yourself and others

As we shift to this next phase of management, it will remain important to follow public health measures. This includes doing what we've been doing over the last few months - like masking and social distancing. Staying away when we're unwell and taking the time to recover properly is really important - the consequences can be serious if you don't do this, including the risk of Long Covid. Talk to your manager if you don't have enough sick leave – don't let this be a barrier.
As always, keep talking to and connecting with your colleagues. Reach out if you have any questions and I will be in touch after the break to outline the plans for the coming weeks. We're in this together.
In the meantime, I've just tuned into the government's latest announcement on moving the country to an Orange setting at 11.59pm tonight. It will mean changes yet again, so here's the Unite Against Covid-19 and public service workforce guidance on what it means to live and work under the new setting.
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Ginny
Ngā mihi
Ginny Baddeley (she/her)
Deputy Director-General | People
Tumua i | ng
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Item 2a

Date: 13 April 2022

To Ginny Baddeley, DDG People

Prepared by: Harry Maher, Director Health & Safety

Subject: Implementing Cabinet Decisions - COVID-19 Vaccination Policies

Paper type	Decision required
Purpose of paper	To report back on the staff survey on the proposal to suspend the COVID-19 Vaccination Policies for DOC Employees/Contractors/ Volunteers and visitors to DOC workplace premises, and to recommend final decisions
SPA	Ginny Baddeley, DDG People
Recommendations from this paper	Note that the results of a review of the COVID-19 Vaccination Policies for DOC Employees/Contractors/Volunteers were considered by SLT, and a proposal to suspend the mandate and take other related steps has been provided for staff consultation and feedback Note the feedback provided through the staff survey, which closed Tuesday 12th April Approve the proposal to suspend the COVID-19 Vaccination Policies for DOC Employees/Contractors/Volunteers and visitors to DOC workplace premises, subject to certain conditions (see below) Report the key feedback from staff to SLT for their consideration during implementation
Financial implications	No implications
Who has been actively engaged in preparing this paper	PSA

I recommend that you:

(a)	Note that the results of a review of the COVID-19 Vaccination Policies for DOC Employees/Contractors/Volunteers were considered by SLT, and a proposal to suspend the mandate and take other related steps has been provided for staff consultation and feedback Note the feedback provided through the staff survey, which closed Tuesday 12th April Approve the proposal to suspend the COVID-19 Vaccination Policies for DOC Employees/Contractors/Volunteers and visitors to DOC workplace premises, subject to certain conditions (see below) Report the key feedback from staff to SLT for their consideration during implementation

Context / background

1. On Wednesday 23 March 2022 the Prime Minister announced a series of Cabinet decisions relating to vaccine mandates and related COVID management issues, including an announcement that from 11:59 hrs Monday 4th April My Vaccine Passes will no longer be a requirement at any traffic light setting, but the Pass system would remain in place and could continue to be used by businesses.
2. The basis of the changes was a result of high levels of vaccinations, widespread but peaking community transmission and the serverity of Omnicrom as the dominant variant.
3. A review of our Risk Assessment and associated "DOC Employees/Contractors/Volunteers and visitors to DOC workplace premises" policy was commissioned and advised that justification for a blanket national vaccine mandate is not currently required to keep staff safe, provided other measures (including possibly role-specific vaccine mandates) are effectively implemented.
4. A paper was presented to SLT 28 March 2022

SLT decisions

5. At the 28th March SLT meeting the following decisions were taken:
    I. Suspension of the Policy with the exceptions set out below. Suspension was recommended rather than revocation as future events (for example, should a new variant emerge) may require a move back to mandates, and suspension rather than revocation means those situations can be responded to quickly.
        a) Retention of the Policy for a defined group of staff, contractors and volunteers in specific 'high consequence' situations where isolation is not possible and evacuation is by helicopter or boat and can be disrupted by weather
    II. HR, together with managers and where appropriate Health and Safety support, to work with individuals who were not able to produce a valid My Vaccine Passport or an MOH issued Exemption as at 01 February 2022. This would complete the work already undertaken that was paused on 23 March 2022 This would focus on the development of return-to-workplace plans. If there is a requirement for vaccination to be required for any impacted individual and their work, these would be worked through on a case-by-case basis.
    III. Being explicit about the suspended vaccination policy when recruiting.

Implementation

6. MBIE and PSA advice was that, prior to final confirmation, we should consult with our people on the proposed course of action. This was done via a limited period web survey starting 6th April closing 11th April. This sought to determine overall views on the proposals and key issues to be addressed in implementation.

7. The summary of feedback is attached. Overall, the approach is supported, with the level of support being similar to that for the introduction of the Vaccination Policy. Comments that strongly opposed the approach either wanted no vaccine mandates at all (and in some cases no COVID-specific measures) or considered that the approach would not keep them or other vulnerable workers safe. A number of people considered that it was too early to change the approach and suspend the policy. The level of support is sufficiently high that I do not consider you will need to take the issue back to SLT. Delaying full implementation of the new approach to allow Omicron to peak in all regions is desirable.

8. Key issues that were highlighted by staff and will need to be addressed in implementation are:

   a) There is already poor implementation of COVID related health and safety measures in some locations (masking, distancing, etc). This needs to be addressed. The risk of transmission is still high, and the risk that an infected person could suffer adverse effects (including long-Covid) is also still high. Setting an expectation to follow public health messages will be important, particularly as there remains a high risk that staff will come into contact with people who are infectious (including visitors). This includes mask wearing, for which clear guidance already exists.

   b) There are site specific issues that need to be addressed, notably around ventilation, shared premises, and interactions with the public. This needs to be leader-led with appropriate support (e.g. from Property).

   c) Staff not taking time off when sick and feeling that doing the work is more important than recovery or protecting their colleagues from infection (presenteeism) was identified by many as a serious problem. Role modelling, good management of staff who come to work when ill, support for staff while they are ill or convalescing, and ready availability of sick leave are all required.

Analysis and recommendations

9. The feedback from staff broadly supports the proposed new approach to COVID-19 health and safety risks.

10. It highlights, however the importance of effective implementation of a wide range of measures to manage risk, particularly for vulnerable staff. This was also a key finding in the risk assessment review. From the feedback and PSA comments, it is clear that there is concern about the ability of DOC to achieve uniformly high safety, given differences in context (e.g. levels of COVID-19 in the community), office configuration (crowding, ventilation), management quality, and team culture. That makes effective implementation planning and monitoring/correction systems vital.

11. I therefore recommend that you confirm the SLT decisions of 28 March 2022, but when reporting back to SLT, reiterate the need to ensure that implementation of COVID related H&S measures at place and within teams is treated by managers as a critical issue.

12. I further recommend that you agree that providing support to managers in implementing new systems be a key priority over the next few months. I would use the staff feedback as a key input into priority setting for support work, along with feedback through HPE from the PSA on problem areas.

13. Given that COVID-19 has probably not yet peaked in all regions, and a return to work needs to be carefully managed, I recommend that the suspension of the policy take effect from 4 May giving us time to work with our staff currently working through HR processes and time to work with managers and site leaders to set expectations.

14. While it is desirable that staff return to their normal work patterns, I recommend that managers are supported to take into account individuals vulnerabilities and perceptions of risk. Where there is likely to be continued working from home, completing a flexi-work agreement is vital to ensure their H&S when working at home, even if that would only be a temporary arrangement related to COVID risk.

Others actively engaged

15. The PSA assigned delegate has assisted in analysis of staff feedback.

DRAFT for Consultation 29 November 2021
DOC COVID-19 Vaccination Policy

Based on community transmission

Purpose

The purpose of this policy is to set out DOC's approach to COVID-19 vaccinations in line with DOC's Health and Safety risk assessment: **Transmission of COVID-19 in the Workplace**. That risk assessment relates to situations where there is a highly transmissible variant and community transmission is widespread.

Introduction

Our priority is to keep our people safe and well. We do this because it is the right thing to do and we have legislation (Health and Safety at Work Act 2015) that protects and supports this.

COVID-19 is a significant risk to those who are infected. With widespread community transmission, the risk of DOC staff being infected within the workplace has increased and needs to be managed through a suite of measures put in place in the workplace.

A health and safety assessment has been carried out to understand the risk and associated factors to staff, visitors, contractors and suppliers, volunteers and community groups (including Jobs for Nature projects) in different work scenarios. Mitigating and assuring ourselves that we can effectively and safely manage risks associated with COVID-19 in the workplace has led us to develop a COVID-19 Vaccination Policy.

This policy will require all staff to be fully vaccinated to enter and work in DOC workplaces. Vaccination is central to mitigating risk. Your second vaccination must have been administered by 18 January 2022.

Health and Safety risk assessment - vaccination

DOC has assessed the risk and impact of a COVID-19 infection for all our people based on an assumption of a highly transmissible variant and widespread community transmission. You can see our current Health and Safety risk assessment here DOC-6853729

The risk assessment is based on multiple, layered controls such as physical distancing, hygiene, signage, limiting numbers, barriers, and masks. Vaccination presents a higher level, additional control and significantly moves the profile of risk down in both likelihood and severity. Vaccination reduces the risk that the vaccinated person will be infected, suffer serious illness if they are infected, and infect others they are in contact with. Additional measures will be in place, including mask wearing, social distancing and the use of vaccine passports as reflected in the Governments Traffic Light System.

DOC's risk assessments are dynamic and will be revised should any factors change and if other controls become available to DOC.

A formal review of the Risk Assessment and Policy will be undertaken at 31 May 2022

What that means for DOC staff

Given our Risk Assessment, DOC will require all staff to be fully vaccinated to enter and work in DOC workplaces. This will be in place for the foreseeable future.

As an **employee**, if you are not vaccinated, choose not to be vaccinated, or are unable to be vaccinated for medical or religious reasons, or have a genuine doctor's exemption, we will work with you individually to understand your situation and what options might be available to you. Depending on your role and the nature of the work undertaken, we will consider the way you work, the ability for you to undertake your work from an alternative location in the short term, and the availability of alternative work.

Working from home on a long-term basis is not considered a viable option in this circumstance if you are choosing not to be vaccinated.

In good faith, we will ensure that you have opportunities to respond to any proposed changes to your employment and take into consideration your feedback. This process will be managed centrally by the Human Resources Team, with the support of your manager and be supported by a support person of your choice.

The final decision on vaccination rests with the individual. The decision by DOC to require vaccination does however, mean that ultimately if you choose not to be vaccinated or to tell us your vaccination status, we will need to consider termination of your employment.

Vaccination will greatly increase your safety and reduce the risk of you infecting a colleague. But other safety measures, including wearing masks, maintaining social distancing, and staying home if you may have been exposed or are unwell, will continue to be vital.

To support you receiving your vaccination, the Department has put in place policies to make it easier for you to get vaccinated and implement other safety measures. Approved "**Discretionary Leave with Pay**" is available for you to get your vaccinations during your normal working hours, if you need time to recover from vaccination, you are sick due to a COVID-19 related illness, or you are self-isolating due to COVID-19. It is also available if you need to support a dependent (e.g. elderly parent, child) in getting their vaccination.

Vaccination status

To operationalise this policy, DOC will need to sight and be assured of your vaccination status. This means we can implement effective controls to keep you and all people who come to a DOC worksite or premises safe. We already have a good base of data from voluntary emails to the COVID-19 inbox, and we will work with those who haven't advised yet to gather your vaccination record. We have secure systems in place for handling data on people's vaccination status (see below).

Your vaccination record can be obtained from https://app.covid19.health.nz/

If you choose not to provide your vaccination status DOC will have no option but to deem you unvaccinated and treat you as such.

Collection and Storage of Personal Medical Information

You will be required to provide evidence of your COVID-19 vaccination status to your manager. This can be a) vaccination certificate, b) vaccine pass, or c) a letter or email from your GP.

Your manager will sight the above and send an email to the covid19@doc.govt.nz confirming your vaccination status with date of your second vaccination.

This information will be stored in a secure file accessible only to Human Resources/Health & Safety staff who are managing the process and who will be involved with a manager in any follow up, such as potential redeployment options.

If you choose not to provide or do not have MY COVID Pass or confirmation of vaccination your manager will note that you are unvaccinated.

Protecting our staff from other people entering DOC workplaces

In the interests of keeping our people safe, DOC will be ensuring that contractors and suppliers who do work in or visit DOC workplaces are vaccinated. All people to our workplaces (DOC offices and facilities) will need to provide proof that they are vaccinated.

DOC will be writing to all **contractors and suppliers** to advise of our vaccination requirements, which will come into effect on 14 December 2021.

Restrictions on entry of visitors to DOC workplaces will come into effect on 14 December 2021. Signage and procedures to ensure this can be safely implemented will be in place by that date.

END