
All District Health Boards

National Guidance for People Leaders and Line Managers of current workers unvaccinated for COVID-19

This guidance was developed by Occupational Health (OH) specialists from across New Zealand with input from other clinicians.

It is current at the time of publication based on the current COVID-19 situation in New Zealand and updates will be provided as appropriate. Factors such as uptake and efficacy of vaccination, whether serology is predictive of immunity, new circulating strains and border restrictions will need to be considered once further information is available. Please ensure you are using the latest version of this advice.

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Summary of recommendations

- COVID-19 stream work should be undertaken by vaccinated workers.
- Vaccination is strongly recommended for every worker in the health workforce, whether patient-facing or not.
- In consultation with unions and workers, DHBs should review their policies to align with this national guidance to manage the risk of unvaccinated healthcare workers and notify the policy to all workers.
- Carefully monitor compliance with all other COVID-19 risk control measures.

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Introduction

Vaccines will play a critical role in protecting the health and wellbeing of people in New Zealand against COVID-19.

Vaccination against COVID-19 is a highly effective action to minimise and potentially eliminate COVID-19 and is the best prevention and protection available to health workers. Vaccination does not replace the appropriate use of Personal Protective Equipment as indicated by the specific situation.

The Health and Safety at Work Act 2015 (the Act) provides a framework to protect workers and other persons against harm to their health, safety and welfare by eliminating or minimising risks arising from work.

This guidance is to assist DHB Managers to meet the obligations of the Act. DHBs as a person conducting a business or undertaking (PCBU) have a primary duty of care to ensure, so far as is reasonably practicable, the health and safety of workers, and that other people are not put at risk by its work.

National COVID-19 Alert and Hospital Response levels

This guidance has been written with consideration of the following frameworks.

The national alert system is a government defined system, and current details are available here.

<https://covid19.govt.nz/alert-system/>

The Hospital Response Framework is designed to provide escalation levels to support a nationally consistent and managed approach to clinical service delivery in hospitals. These escalation levels are specifically for hospitals and are different to the Pandemic Plan Levels and the National Alert Levels.

Definition of a worker

An individual who carries out work in any capacity, for a PCBU. A worker may be an employee, a contractor or sub-contractor, an employee of a contractor or sub-contractor, an employee of a labour hire company, an outworker (including a homeworker), an apprentice, trainee or student, a person gaining work experience or on a work trial, or a volunteer worker. Workers can be at any level (e.g. managers are workers too).

Definition of Vaccinated

For the purposes of this guidance, 'vaccinated' for COVID-19 is considered to be two weeks after receipt of the second dose of mRNA/Pfizer vaccine (given at least 21 days apart). As there is no serologic test/blood test that demonstrates reliable immunity, workers from endemic areas who have had confirmed COVID infection are recommended to receive vaccine (two doses) to be considered vaccinated in NZ.

DHB responsibilities

In order to protect workers and prevent the spread of COVID-19, DHBs need to be aware of a worker's COVID-19 vaccination status.

As employers, DHBs can ask workers if they have been vaccinated. If workers do not inform DHBs of their vaccination status, DHBs may assume workers are unvaccinated, but should first inform workers of this assumption. DHBs must protect personal information about vaccination status and cannot share it (including with other workers) without a worker's consent.

DHBs cannot require an individual to be vaccinated. However, DHBs can require a specific role be performed by a vaccinated person. DHBs must have first done a health and safety risk assessment to support such a requirement, and must do this assessment in collaboration with workers, unions and other representatives.

Recommendation: In consultation with unions and workers, DHBs should review their policies to align with this national guidance to manage the risk of unvaccinated healthcare workers and notify the policy to all workers.

Advice

Task restrictions for unvaccinated workers in COVID-19 Stream

COVID-19 stream work should be undertaken by vaccinated workers.

DHBs vary in how they operationally manage patients with potential COVID-19, and local practice may also change in response to variation in local COVID-19 prevalence.

COVID-19 stream refers to:

1. Work tasks where the worker is working with a patient considered to pose sufficient risk of COVID-19 (yet to be clarified by test results) as to be managed with additional precautions or confirmed as COVID-19

OR

2. Work in a physical location likely to pose risk of environmental spread of COVID-19 due to the occupancy of individuals at risk of being infectious, for example:
 - managed isolation or quarantine facilities
 - working on a ward where COVID-19 patients are being managed
 - work that exposes workers to airborne transmission opportunities for the virus
 - work that exposes workers to other body fluids or surfaces where the virus may reside
 - work that exposes workers to close contact with close contacts of infected persons

Any of the above scenarios are risk exposures, and every single exposure provides an opportunity for transmission. Workers in the above scenarios are 'working in the COVID-19 stream' regardless of frequency of the scenario occurring.

In some cases, individual site determination will be required to define whether work would be considered COVID-19 stream or otherwise, looking at factors such as layout, ventilation, patient and worker movements and processes.

Community-based health care services may also pose COVID-19 exposure risk in certain circumstances. A risk assessment would inform when and if such encounters could be considered COVID-19 stream.

As a manager of unvaccinated workers who usually work in COVID-19 stream what do I do?

Refer to the [Covid-19-Vaccination-FAQs](#)

To achieve the purpose of the Health and Safety at Work Act, an employer may make reasonable, necessary and proportionate changes to work arrangements (e.g. location) and to a worker's duties (including moving to another role) in order to manage health and safety risk. Where the worker remains unvaccinated, risk management options include but are not limited to:

- redeployment to alternative work
- work task adjustments i.e. to tasks outside of COVID-19 stream
- requirement to wear a mask or face covering whilst in the workplace. **Note** that this is not considered a substitute for vaccination but may be helpful as a temporary risk reduction measure. Unlike vaccination this measure would not reduce the consequence if infected.
- implementing regular worker testing for COVID-19

In some situations, it may not be possible to reconcile effective and safe service delivery with this advice. Managers will then need to consider what compromises can be made in the short-term and make plans that enable meeting both safety and service delivery outcomes.

Task restrictions for unvaccinated workers in patient-facing work with lower risk screened patients (non-COVID-19 Stream)

It is recommended that you:

1. **Consider future scenarios with regard to managing risk to unvaccinated workers and from having unvaccinated workers in the workplace.**
2. **Carefully monitor compliance with all other COVID-19 risk control measures.**

The current New Zealand situation, with no or very limited community spread of COVID-19, translates to no requirement for any task restrictions in this scenario. The prevalence of COVID-19 is such that healthcare facilities and services can effectively segregate COVID-19 and non-COVID-19 streams.

Managers and workers should however anticipate, consider and discuss potential future scenarios. At some point there is likely to be community spread of COVID-19 to the extent where it becomes either less reliable or impractical to segregate COVID-19 and non-COVID-19 streams. At that point:

- a) all patient-facing work will involve a not insignificant degree of COVID-19 infection risk; and,
- b) community spread will mean that unvaccinated healthcare workers may themselves unintentionally bring COVID-19 into the workplace, resulting in risk to colleagues, patients and service delivery.

It is too early to make solid recommendations about these types of scenario at this time. Further information will become available that will help guide decisions in this area including the uptake and efficacy of the COVID-19 vaccination in New Zealand, the degree of protection against variant strains of COVID-19 and potentially updates in testing technology.

Task restrictions for unvaccinated staff in non-patient-facing work

Risk in these work scenarios is unlikely to be greater than for the general public and no work restrictions are required for unvaccinated workers. However, Occupational Health still strongly recommends vaccination uptake in this group of workers, to reduce risk to self and others (and promote collective protection or “herd immunity”).

Managing the risk of colleague to colleague transmission

It is important to appreciate that experience in hospitals overseas has shown that colleague to colleague transmission has been a significant factor in healthcare worker infections. In this case infections will not come from exposure to patients, but transmission occurred in rest room facilities, cafeterias, meeting rooms etc. With NZ’s recent experience of no community transmission and zero or very few inpatients with COVID-19, management of this risk would not currently translate into any practical implications for staffing or duties, however there may be future scenarios where this risk would require mitigations.

References

1. Ministry of Health. 2020. Immunisation Handbook. Wellington: Ministry of Health.
<https://www.health.govt.nz/system/files/documents/publications/immunisation-handbook-2020-sep20-v8.pdf>
2. COVID-19 Vaccines: Employment Guidance. Employment New Zealand.
<https://www.employment.govt.nz/assets/Uploads/tools-and-resources/documents/covid-19-vaccines-employment-guidance.pdf> 25 March 2021; downloaded 28/04/2021
3. COVID-19: Guidance on Workplace Risk Management. Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the Royal Australasian College of Physicians (RACP)
https://www.racp.edu.au/docs/default-source/advocacy-library/covid-19-workplace-on-workplace-risk-management.pdf?sfvrsn=88f5f71a_4 ; downloaded 27/05/2021
4. Medical and Dental Councils of New Zealand. Guidance statement COVID-19 vaccine and your professional responsibility. 28 April 2021.
<https://www.mcnz.org.nz/assets/standards/Guidelines/30e83c27d9/Guidance-statement-COVID-19-vaccine-and-your-professional-responsibility.pdf>
5. Nursing Council of New Zealand. Guidance statement COVID-19 vaccine and your professional responsibility, 26 May 2021.
https://www.nursingcouncil.org.nz/Public/News_Media/NCNZ/News-section/news-item/2021/5/Guidance_statement_COVID-19_vaccine_and_your_professional_responsibility.aspx