

# Pre-employment COVID-19 Vaccination Policy

## Purpose

1. This pre-employment COVID-19 Vaccination policy describes how Health New Zealand | Te Whatu Ora (Health NZ):
  - As an employer has an obligation to eliminate or minimise the risk of harm to workers, patients, whānau and others from COVID-19 (SARS-CoV) in so far as is reasonably practicable
  - Ensures that our managers have the tools to appropriately assess and manage the risk that unvaccinated workers pose to themselves, other workers, patients, whānau and others that attend our sites
  - Meets the Health and Safety at Work obligations of Health NZ, including taking reasonably practicable steps to eliminate or minimise the risk of harm to workers, patients, whānau and others from COVID-19
  - Takes a supportive and encouraging approach. Where risks to unvaccinated workers are assessed as too high, Health NZ may restrict such workers from undertaking high risk tasks.
2. This policy has been guided by the health sector principles as set out in the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) and enables Health NZ to support the Crown's responsibilities under the Treaty of Waitangi / Te Tiriti o Waitangi (Te Tiriti). The health sector principles underpin the transformation of our health system to create a more equitable, accessible, cohesive and people-centred system that will improve the health and wellbeing of all New Zealanders. This policy supports the Health System Principles as set out in the Pae Ora (Healthy Futures) Act 2022.

## Application

3. This policy applies to all new workers including employees, closely held clinical contractors, those with access agreements, under-graduate students, trainees and contractors. In this policy this group will be referred to as "workers".

## Background

4. Vaccination is part of an overall strategy to eliminate or minimise risks associated with COVID-19 for the Health NZ workforce, patients, whānau and others who attend our facilities.
5. This policy outlines the approach Health NZ will take for pre-employment screening for COVID-19 vaccination.
6. This policy must be followed by existing people leaders and managers, including our Recruitment, Occupational Health and Human Resources teams, when employing or engaging new workers into our organisation.
7. This policy and associated procedures are expected to cover most circumstances, but sometimes an individual risk assessment by suitable expert(s) may be required.

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8. This policy and attached documents are based on current SARS-CoV (COVID-19) disease epidemiology and vaccination evidence. Where changing epidemiology and/or available vaccinations have a material impact on risk, the policy and/or processes may be updated by Health NZ.

## Definitions

9. The following definitions are used for the purposes of this policy:

Word / Term	Definition / Translation
<b>Category A Worker</b>	A worker who is at higher risk of workplace exposure to COVID-19 from any of the following: <ul style="list-style-type: none"> <li>• Frequent and/or prolonged face to face contact with patients or clients</li> <li>• Normal work location is in a clinical area such as a ward, emergency department, outpatient clinic</li> <li>• Frequently in clinical areas</li> <li>• Contact with blood, body fluids, body parts, infectious materials or surfaces that might be infected.</li> </ul>
<b>Category B worker</b>	A worker whose role has an equivalent risk as a non-healthcare workplace. For example, office-based roles with infrequent or no contact with patients.
<b>Expected</b>	Vaccination is not mandated but is considered best practice.
<b>Fully vaccinated for COVID-19</b>	Primary course and at least one booster. (A primary course usually means two doses at appropriate intervals but in some cases may consist of a single appropriate vaccination or more than 2 doses for immunocompromised people).
<b>Preferred Candidate</b>	A candidate who has completed the initial stages of the interview process and is the preferred candidate to be offered employment.
<b>Recommended</b>	Vaccination is encouraged, as the risk is similar to non-healthcare workplaces.
<b>Risk Mitigations</b>	Steps that are taken by Health NZ to eliminate or minimise risk.

## The Policy

10. COVID-19 vaccination is **expected** for all Category A workers.
11. COVID-19 vaccination is **recommended** for Category B workers.
12. Prior to commencing employment or placement, preferred candidates for Category A worker roles who are not fully vaccinated against COVID-19 must follow the 'Pre-employment COVID-19 Risk Assessment Process for COVID-19 Unvaccinated or Partially Vaccinated Category A Preferred Candidates'. This process is detailed in Appendices of this policy and part of this process requires managers to complete a risk assessment and mitigation plan to determine risk mitigations that will be required to perform higher risk tasks.

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## Offers of Employment for Category A Workers

13. An offer of employment may be made to a preferred candidate on a conditional basis pending completion of the pre-employment assessment process for Category A workers. In this case, the following wording should be used:

*“The role you are applying for is a Category A role. This means that the role has a higher risk of exposure to COVID-19 in the workplace. Therefore, it is a requirement of this role that you are either fully vaccinated against COVID-19 (being a primary course and at least one booster) or you have completed the pre-employment risk assessment process for Category A workers who are not vaccinated. This offer of employment is conditional on either confirmation of full vaccination against COVID-19 or completion of the pre-employment risk assessment process.”*

## Offers of Employment for Category B Workers

14. Category B workers who are not fully vaccinated against COVID-19 may commence work without any risk assessment or special conditions of employment related to COVID-19 vaccination.

## Risk Assessment for Category A Workers

15. The risk assessment and mitigation management plan for COVID-19 unvaccinated or partially vaccinated preferred candidates is set out in Appendix 3 of this policy. The hiring manager is responsible for ensuring that the risk assessment is adequately completed and documented. They may be supported by the People and Communications team (e.g. Occupational Health, Human Resources), as appropriate.
16. Where accommodations and/or restrictions are recommended by Occupational Health, Human Resources and the hiring manager will determine whether these can be reasonably and sustainably accommodated before recruitment is able to proceed.
17. The Risk assessment and mitigation management plan for COVID-19 unvaccinated or partially vaccinated preferred candidates should be included with the offer of employment to be agreed by the worker.

## Review

18. This policy and accompanying documents are based on current COVID-19 disease epidemiology and vaccination evidence. Where changing epidemiology and/or vaccinations have a material impact on risk, the policy and/or processes may need to be reviewed. Health NZ may make changes to this Policy in order to respond to evolving situations.
19. This policy will be reviewed every 12 months or when additional evidence alters the risk profile of COVID-19.

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## Appendices

- Pre-employment COVID-19 Risk Assessment Process for COVID-19 Unvaccinated or Partially Vaccinated Category A Preferred Candidates.
- COVID-19 (SARS-CoV) General Considerations for Risk Assessment.
- Risk Assessment and Mitigation Management Plan for COVID-19 Unvaccinated or Partially Vaccinated Category A Preferred Candidates.

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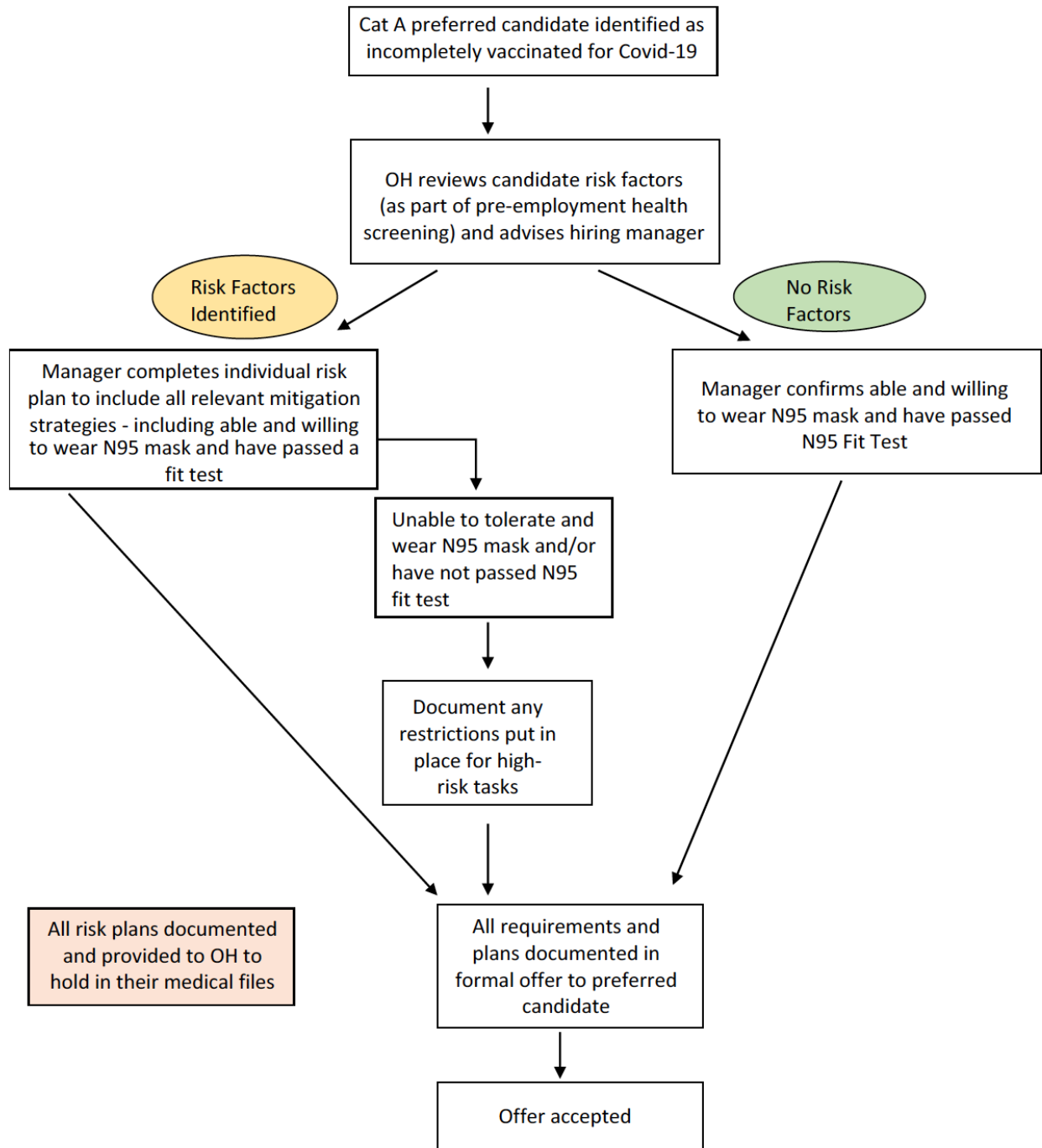
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# Appendix 1: Pre-employment: COVID-19 Risk Assessment Process for COVID-19 Unvaccinated or Partially Vaccinated Category A Preferred Candidates

1. The following process must occur prior to a 'Category A' "worker" starting work or being placed in an area where they may be exposed to COVID-19.
  - a. Manager identifies whether role is category A and whether exposure to the COVID-19 virus is reasonably expected to occur as a part of the role.
  - b. Manager advises preferred candidate "worker" that it is expected that they be fully vaccinated against COVID-19 to work in this role but if not then they will need to complete a risk assessment process.
  - c. Manager ensures pre-employment screening is completed prior to the "worker" starting in their role and informs Occupational Health that they may be exposed to COVID-19 while at work.
  - d. Occupational Health (or in the case of students or other non-employees, an external provider) assesses status of vaccination against COVID-19.
  - e. If fully vaccinated, then Occupational Health does usual pre-employment screening and no extra steps routinely required.
  - f. If not fully vaccinated, only Category A "workers" will the need extra risk assessment by Occupational Health of undertaking an ALAMA score.
  - g. If ALAMA score is under 70 ("no risk factors" in flow chart below) then Occupational Health to advise manager that the candidate only needs mask fit testing and is required to wear an N95 (or equivalent) when exposed to COVID-19 and no further work restrictions are required. If score is over 70 ("risk factors identified" in flow chart below), then Occupational Health to advise manager that they must do an individual risk plan for the candidate.
  - h. For not fully vaccinated 'Category A' "workers", manager must either: arrange for a mask fit test for an N95 (or equivalent) mask for those scoring under 70; and/or complete "Risk Assessment and Mitigation Management Plan for COVID-19 Unvaccinated or Partially Vaccinated "Category A" Preferred Candidates" (see Appendix 3).
  - i. Manager documents any required risk mitigations including the requirement to wear a mask and any other mitigations from the plan, and this is included as a condition of employment.

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# Process Flow Chart for Hiring Managers and Occupational Health (OH)



## Notes on Risk Assessment

1. Individual “Vulnerability” of the worker (i.e. over an ALAMA “COVID-19 age” of 70):
  - a. Workers who are not fully vaccinated and are over a COVID-19 age of 70 should, in general, not provide direct care to higher risk patients. Individual exceptions may be made with expert clinical assessment and guidance from an Occupational Physician.
  - b. Clinical judgement should be applied for workers with a COVID-19 age close to 70 – i.e. 65-75.
2. Ability of the worker to wear a fit-tested N95/P2 mask while completing higher risk tasks:
  - a. Where the worker has not previously passed a fit test for an available disposable N95/P2 mask, it is a requirement that unvaccinated or incompletely vaccinated ‘Category A’ “workers” whose role includes higher risk tasks, must successfully pass a mask fit test prior to permanent employment. This does not apply for all preferred candidates.
  - b. Where a preferred candidate has passed an appropriate fit test overseas using a mask that is not available in Aotearoa New Zealand, the assumption is that the preferred candidate is likely to pass a fit test to a similar mask in Aotearoa New Zealand.
  - c. Candidates must be willing and able to tolerate wearing a tight-fitting N95/P2 mask as required for infection control purposes (i.e. effective mask wearing is not prevented by dermatitis, claustrophobia, facial hair, face shape etc.).
  - d. A respiratory health assessment and/or fit test assessment should be offered by a fit test mask expert (or their delegate) for candidates with difficulty wearing a mask and/or passing a fit test.
3. Current epidemiology of the COVID-19 virus and effectiveness of available vaccines means that the risk of exposure to COVID-19 cannot reasonably be eliminated since it is endemic in the community. However:
  - a. Where new strains result in changed risk to vulnerable workers and/or transmissibility, risk mitigation recommendations may change.
  - b. Where vaccinations provide changed protection for severity of disease and/or transmissibility, requirement for vaccination may change.
  - c. This will be assessed by a multidisciplinary technical advisory group including Occupational Physicians.

## Risk Assessment Responsibility

4. The hiring manager is responsible for the Risk Assessment Process detailed above, with assistance from their local Occupational Health, Health and Safety team, or People and Communication Team (as appropriate).
  - a. Workers supplied by an agency or other external contractor, students under a framework agreement, observers, independent students, and those engaged by a

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contracting or subcontracting company to work on Health NZ premises or facilities must meet the standards in the policy statement and process.

- b. That employer, agency or training provider's Occupational Health provider may undertake an assessment to these standards, and where requested a summary provided to Health NZ Occupational Health.
- c. In certain circumstances a district or local Occupational Health service may agree to undertake or support the risk assessment, particularly for complex situations.

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## Appendix 2: COVID-19 (SARS-CoV) General Considerations for Risk Assessment

### General

1. COVID-19 has been a major focus internationally since early 2020.
2. Patients may be asymptomatic, have a mild respiratory illness or have significant respiratory disease and multi-organ failure resulting in death. The mortality rate is increased in vulnerable groups including those with immunosuppression, some chronic health conditions, obesity and increased age.
3. A proportion of people develop long term effects (aka post-COVID syndrome/ long COVID) that may include symptoms of fatigue, breathlessness, anosmia, muscle aches, brain fog, insomnia, chest tightness, heart palpitations, dizziness, depression and anxiety, gastrointestinal symptoms, tinnitus and rashes.

### Community Epidemiology

4. The community prevalence in Aotearoa New Zealand has decreased from the peak rates seen earlier in 2022 but continues to fluctuate in what some call “waves”. The severity of the disease has altered due to a change in the circulating strains.
5. The government of Aotearoa New Zealand has lifted the epidemic notice and no longer has requirements to control this infection in the community.
6. The incubation period with current strains is usually 3-5 days but ranges from 1-7 days.

### Immunity

7. Immunity is impacted by previous infection or vaccination; however, protection declines over months.
8. Infection or vaccination occurring after the other will boost immunity better than either infection or vaccination alone.
9. Evidence of immunity:
  - Proof of primary vaccination with one booster
  - For workers that obtained their vaccinations overseas: Evidence provided to Occupational Health should be on an official health providers document and include dates of vaccination and vaccination type.

### Vaccination

10. Vaccination is freely available to all adults in Aotearoa New Zealand as a primary course with boosters to maximise and maintain protection.
11. The primary course is two vaccines for most people. Those who are immunosuppressed require a third dose as part of the primary course.
12. It is recommended that workers obtain additional boosters as recommended by the Aotearoa New Zealand Ministry of Health.

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13. The main benefit of vaccination is to protect the worker from serious disease should they become infected.
14. With the current strains and available vaccines, the protection from vaccination is greatest within the first 2 months and declines after that. After this time, current evidence shows that protection against becoming infected with COVID-19 and risk of transmission to others is equivalent to those that are non-vaccinated. **However, vaccination continues to give good protection against the development of serious disease for the infected individual many months beyond that.** This is why this process focuses on assessing the personal vulnerability to severe disease for not fully vaccinated individuals.

## Work Relevance

15. The current risk management process applies to the current prevalent strains and vaccines. This would need to be reviewed if there was a significant change in biology, epidemiology or vaccinations.
16. With the COVID-19 endemic in the community and measures in place to identify and control exposure at work, Healthcare workers in Aotearoa New Zealand are more likely to be exposed to the virus in the community than at work. Exposure may occur in patients with known or unknown COVID-19 but should be controlled by infection control precautions. The risk of transmission can be increased in certain situations such as prolonged exposure, some work environments and aerosolising procedures.
17. The main benefit of vaccination is to protect the worker from serious disease should they be exposed to COVID-19 and become infected.
18. Other ways of reducing transmission include hand hygiene, mask use, not attending work when unwell and generally adhering to infection control precautions.

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# Appendix 3: Risk Assessment and Mitigation Management Plan for COVID-19 Unvaccinated or Partially Vaccinated Category A Preferred Candidates

1. The risk assessment and mitigation management plan below is to be completed by the hiring manager for Category A preferred candidates who are identified as not fully vaccinated against COVID-19. This assessment and mitigation process should be undertaken on preferred candidates prior to the first day of training or work.
2. Any offer of employment is conditional on completing the risk assessment process prior to starting work. A final offer of employment must contain a condition of employment that the mitigation strategies identified from the risk assessment and mitigation management plan be followed while at work.

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

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

## For line manager

4. Potential candidates applying for a role in a Category A environment that are unvaccinated or partially vaccinated against COVID-19 will require completion of the Risk assessment and Mitigation Plan specific to their duties
5. Where required, managers should seek additional Human Resources (HR) or Occupational Health advice. Once the Risk Assessment and Mitigation Management Plan is completed, a copy of this should be emailed to your local Occupational Health service to be saved to the worker's medical record
6. This Risk Assessment and Mitigation Management Plan may be reviewed by an Occupational Health Nurse or Physician as deemed appropriate.

## For the potential candidate

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

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# Record of Risk Assessment and Mitigation Management Plan for COVID-19 Unvaccinated or Partially Vaccinated Category A Preferred Candidates








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

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

## Individualised Risk Plan

Please review examples of the hierarchy of controls included in Appendix 3. Include those controls which are reasonable and practicable for your work area/role in your Risk Mitigation Plan below.

Note that the category order is hierarchical and generally the mitigation actions in the higher categories have the potential to be more effective and protective than those at the lower level. However, in the case of Infectious disease, effective use of personal protective equipment is highly effective and must be emphasised and its use monitored.

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

### Assessment Outcome

Where required/ identified managers may seek additional HR advice. Please add any additional notes as appropriate following discussion with HR Advisor.

Once agreement between worker and manager that the proposed risk mitigations are reasonable and achievable to reduce the risk of COVID-19 exposure, please send a copy of the completed form to Occupational Health Inbox [Insert local OH email address](#)

If required, a meeting may be arranged to discuss the plan with an Occupational Health specialist, manager and the worker.

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

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

# Hierarchy of Controls

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

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

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

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

Managers can add additional control measures to this Hierarchy of Controls.

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