

16 December 2021

s 9(2)(a)

By email: s 9(2)(a)  
Ref: H202114740

Tēnā koe s 9(2)

### **Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 20 October 2021 for:

*Any advice in the form of briefings, memos, emails or unofficial documents that Ministry of Health staff provided to any of: the Director-General of Health, Prime Minister, Health Minister and/or Covid-19 Response Minister on mandatory Covid-19 vaccinations for health and education workers between January 1, 2021 and up to (and including) October 11, 2021.*

On 26 October 2021, the part of your request relating to education workers was transferred to the Ministry of Education. On 18 November 2021 you were notified that the time frame for the Ministry to respond to your request was extended until 16 December 2021.

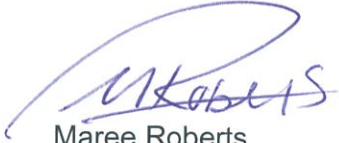
All advice in the form of emails is refused under section 18(f) of the Act, as the information requested cannot be made available without substantial collation or research. I have considered whether charging or extending the time to compile the information that would enable the Ministry to respond, however, as each piece of correspondence would have to be individually reviewed to determine whether the information is in scope of your request, I do not believe it is in the public interest to do so. The Ministry remains willing to engage with you on a revised scope for your request.

Four documents were identified within scope of your request. The documents are itemised below in Appendix 1. Where information is withheld, this is noted in the document itself.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā



Maree Roberts  
**Deputy Director-General  
System Strategy & Policy**

## Appendix 1: List of Documents

#	Date	Title	Decision on release
1	4 August 2021	Briefing: COVID-19 Vaccination Uptake for Healthcare Workers	Some information withheld under: <ul style="list-style-type: none"><li>• section 9(2)(a) of the Act, to protect privacy of natural persons, and</li><li>• section 9(2)(g)(i) of the Act, to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty, and</li><li>• section 9(2)(h) of the Act, to maintain legal professional privilege.</li></ul>
2	15 September 2021	Memorandum: Scope of amendment to the COVID-19 Public Health Response (Vaccination Order) 2021 to require certain healthcare roles to be undertaken by vaccination individuals	Some information withheld under: <ul style="list-style-type: none"><li>• section 9(2)(a) of the Act, and</li><li>• section 9(2)(g)(i) of the Act, and</li><li>• section 9(2)(h) of the Act.</li></ul>
3	11 October 2021	Cabinet Paper: Requiring high risk work in the health and disability sector to be undertaken by vaccinated workers	Refused under section 18(d) of the Act, as the information requested will soon be made publicly available.
4	11 October 2021	Cabinet Minute CAB-21-MIN-0413 – Requiring High Risk Work in the Health and Disability Sector to be Undertaken by Vaccinated Workers	Refused under section 18(d) of the Act.

# Briefing

## COVID-19 Vaccination Uptake for Healthcare Workers

<b>Date due to MO:</b>	4 August 2021	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	HR20211564
<b>To:</b>	Hon Chris Hipkins, Minister for COVID-19 Response		
<b>Copy to:</b>	Hon Andrew Little, Minister of Health Hon Dr Ayesha Verrall, Associate Minister of Health		

### Contact for telephone discussion

Name	Position	Telephone
<b>Dr Ashley Bloomfield</b>	Director-General of Health	§ 9(2)(a)
<b>Maree Roberts</b>	Deputy Director-General, System Strategy and Policy	§ 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# COVID-19 Vaccination Uptake for Healthcare Workers

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**Security level:** IN CONFIDENCE      **Date:** 4 August 2021

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**To:** Hon Chris Hipkins, Minister for COVID-19 Response

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## Purpose of report

1. This report:
  - a. updates you on work to embed expectations and encourage uptake of vaccinations for healthcare workers;
  - b. provides you with options for mandatory vaccination of healthcare workers.

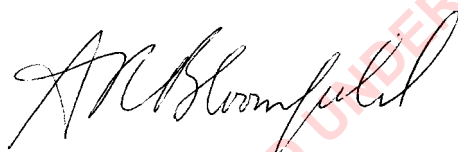
## Summary

2. To provide the highest standard of care in Aotearoa New Zealand with public confidence in it requires a resilient healthcare system and healthcare workforce. The Ministry is working to embed expectations and encourage uptake of vaccinations across the healthcare workforce to reduce their exposure to COVID-19 infections during community outbreaks and the transmission of the disease to their patients, colleagues and whānau.
3. A high level of vaccine uptake of healthcare workers will help ensure a resilient healthcare system can continue to perform and provide healthcare services, reduce the risk of COVID-19 transmission (including highly transmissible variants) to vulnerable patients at higher risk of poor health outcomes, to work colleagues and to whānau.
4. This paper will highlight measures the Ministry is currently taking to embed expectations and encourage vaccine uptake among healthcare workers. It also provides an overview of options for making the vaccine mandatory for **specific groups** of healthcare workers working:
  - a. in aged care facilities
  - b. within Home and Community Care Services (HCSS)
  - c. in primary health care
  - d. with vulnerable patients (i.e. ICU)
  - e. with patient contact (including receptionists and hospital staff)
  - f. in critical support services (medical laboratories, catering).
5. An option for making the vaccine mandatory for **all** healthcare workers is also included.
6. Subject to your indication, the Ministry will report back to you later in August with the detailed approach for mandating vaccines among healthcare workers.

## Recommendations

We recommend you:

- a) **Note** that healthcare workers are potentially at high risk of contracting COVID-19, particularly those who work in managed isolation and quarantine facilities
- b) **Note** that while the level of uptake of the COVID-19 vaccine in healthcare workers appears reasonably high, any transmission of COVID-19 in the healthcare sector could put vulnerable patients at risk, affect the delivery of critical health services, and undermine public confidence in our health system
- c) **Note** that the Ministry is already undertaking work in collaboration with healthcare providers and other stakeholders e.g. Regulatory Authorities to embed expectations and encourage vaccine uptake of healthcare workers
- d) **Note** that officials are working through the implications of mandated vaccination of healthcare workers
- e) **Indicate** whether you wish the Ministry to progress the options in this paper; namely:
- extending the regulatory requirements to vaccinate to certain groups of healthcare workers  Yes  No
  - vaccinate all patient or public facing healthcare workers  Yes  No
- f) **Note** that, should you wish to progress either option, the Ministry will undertake further consultation on the proposals in this paper before reporting back to you later in August with more detail.  Yes  No



Dr Ashley Bloomfield  
Te Tumu Whakarae mō te Hauora  
**Director-General of Health**  
Date:



Hon Chris Hipkins  
**Minister for COVID-19 Response**

Date: 5/8/2021

# COVID-19 Vaccination Uptake for Healthcare Workers

## Background

1. The success of New Zealand's COVID-19 Elimination Strategy relies on a high uptake of COVID-19 vaccines across the whole population. However, immunisation is particularly important for occupations that are at higher risk of being infected and/or where the spread of disease can cause a disproportionate impact on the health of vulnerable communities. For that reason, vaccination is currently required for workers in managed isolation and quarantine facilities and at the border.
2. Healthcare workers<sup>1</sup> are at a higher risk of COVID-19 infection during community outbreaks of the disease. Ensuring that healthcare workers have high vaccination rates protects the workers themselves including their whānau, preserves the resilience of healthcare services, and is also likely to reduce the risk of COVID-19 transmission to vulnerable patients.
3. Most health practitioners are required to be vaccinated against preventable diseases such as measles during their training before they begin working with patients.
4. This paper considers options to maximise COVID-19 vaccination uptake by healthcare workers.

## Healthcare workers and COVID-19

5. A key aim of the Elimination Strategy is to protect our health system and to ensure that it remains resilient should an outbreak of COVID-19 occur. An outbreak of COVID-19 would not only lead to staff and patients being infected, it would also impact on the ability of the healthcare system to deliver its services if healthcare workers in critical roles are unable to carry out their duties as a result of illness and/or isolation.
6. It is essential the New Zealand public continues to have confidence in accessing healthcare if they do require treatment or care for any condition. This confidence may be undermined if healthcare workers are unvaccinated or if a healthcare facility becomes a focal point for an outbreak of COVID-19.
7. Vaccination is an important tool to reduce the chances of a person catching COVID-19 and passing it on to others, in addition to personal protective equipment and other infection control measures. While none of these measures on their own are guarantees against disease, they work together to protect the individual healthcare worker, their patients, colleagues, whānau and the resilience of the whole healthcare system.
8. New Zealand has already taken steps to require vaccination for certain roles within the healthcare workforce. From 14 July 2021, healthcare and other workers at the border and MIQ facilities can only work in these roles if they have been vaccinated. This measure is

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<sup>1</sup> For the purposes of this briefing, "healthcare workers" include not only those who are actively involved in the care of patients in health care facilities, but also associated staff such as receptionists and orderlies.

justified by the heightened risk of exposure to COVID-19 in this setting, as well as the importance of stopping the introduction of the disease into New Zealand.

9. Maximising the uptake of healthcare workers and protecting the resilience of the healthcare system will require better understanding of who is and who is not currently vaccinated. This information would support strategies targeted at those who are at a higher risk of exposure to COVID-19 and an exploration of what measures are available, justifiable and practicable to use.
10. Other jurisdictions have required certain healthcare workers to be vaccinated in order to do their jobs, for example Australia will require vaccination for residential aged care workers from 17 September. Some healthcare employers in New Zealand (e.g., Ryman aged residential care) have introduced agreements for new employees requiring them to be vaccinated.

### **Current levels of uptake for COVID-19 vaccine among healthcare workers**

11. Although the Ministry routinely collects general information on who is vaccinated, the data is not measured against a reliable denominator, which means we do not have a reliable measure of COVID-19 vaccination rates across all healthcare workers. The available information suggests the level of COVID-19 vaccine uptake by our healthcare workers is reasonably high. Ten of our DHBs recently reported they were not aware of the level of uptake of the COVID-19 vaccine among their healthcare workers, while the remaining DHBs all indicated, as of 1 July 2021, anywhere between 69 to 91 percent of their staff had been vaccinated against COVID-19.

### **Measures underway to promote uptake of COVID-19 vaccine in healthcare workers**

12. The Ministry is currently working to maximise COVID-19 vaccine uptake among healthcare workers by:
  - a. improving access to vaccination and removing barriers via service design
  - b. a phased communications strategy that targets specific groups of healthcare workers

#### *Improving access to vaccination via service design*

13. In May 2021, the Ministry approved funding to support COVID-19 vaccination for frontline and community support workers and disability supported living workers. Many healthcare workers have diverse working arrangements and can be located in remote parts of the country and at considerable distance from where vaccinations are being given. This funding enables:
  - a. paid work time for frontline home and community support workers and disability supported living workers to get the COVID-19 vaccine, who generally are only paid for direct time in supporting clients
  - b. cost reimbursement for travel to their vaccination appointment so they can attend between client visits.



### *Communication and guidance to wider health sector*

14. The Ministry has developed *Guidance on the Ministry of Health's position on COVID-19 vaccination of the health workforce* (attached as Appendix A) which sets out the Ministry's general expectations of agencies in the health sector. In addition, the Health Workforce Directorate is distributing targeted key messages through regular communication channels, primarily the sector newsletter, *Health Sector Workforce Update*.
15. The Ministry is taking steps to ensure its communications is culturally fit for purpose to ensure communication messages, channels and guidance is meaningful when targeting Māori and Pacific healthcare workforces. Communication strategies to engage early and meaningfully with Māori healthcare workforce collectives, leaders and networks will likely increase the uptake of vaccinations while growing long lasting relationships to safeguard the workforce of Māori healthcare workers, their patients, their whānau and hapori. This approach ensures obligations of the Ministry to uphold the principles of Te Tiriti o Waitangi as outlined in Pae ora are actively considered and applied.

### **Embedding the Ministry's expectations for vaccine uptake**

16. Officials are also planning to undertake work to embed the Ministry's expectations of vaccine uptake by:
  - a. setting expectations about vaccination reporting requirements and communicating the importance of the vaccine to all healthcare workers
  - b. working with DHBs, Persons Conducting a Business or Undertaking (PCBUs) who employ healthcare workers and Regulatory Authorities (RAs) to set expectations on reporting and targets.

### *Setting expectations*

17. The Ministry is undertaking work in collaboration with other healthcare providers to embed expectations and encourage healthcare workers to be vaccinated. Targeted communications, publications and guidance advocates the strong position of the Ministry to ensure healthcare workers must be vaccinated. We will also be assessing the measures other jurisdictions such as Australia, United Kingdom and Canada have used to communicate and embed expectations to encourage healthcare workers to be vaccinated in general and under mandatory circumstances.

### *Working with DHBs on reporting and vaccine targets*

18. The Ministry is working with DHBs to obtain more accurate information about the level of vaccine uptake among healthcare workers as well as issuing guidance to DHBs on reaching vaccination targets and broader expectations for vaccine uptake.
19. DHB occupational health specialists, in consultation with unions and the Ministry, released national guidance on 21 June stating that DHBs can require specific work to be performed only by a vaccinated worker. If staff are not vaccinated or are unwilling to provide details of their vaccination status, they can be redeployed, issued additional PPE requirements and/or be required to undertake regular COVID-19 testing.

### *Communications and advice to PCBUs and unions*

20. The Ministry is working with PCBUs and unions to carry out health and safety risk assessments of roles within their workplaces. Communications to PCBUs/employers

make it clear the Ministry expects PCBUs to use their specific tools to assess whether any roles need to be performed by a vaccinated person, in accordance with the rules set out in the Health and Safety at Work Act 2015.

#### *Engagement with Responsible Authorities (RAs)*

21. Responsible authorities under the Health Practitioners Competence Assurance Act 2003 such as the Dental Council and Medical Council of New Zealand have published *Guidance Statement: COVID-19 vaccine and your professional responsibility*. This states that healthcare workers can help to protect themselves, their patients and the wider community by getting their COVID-19 vaccination.
22. The Dental and Medical Councils also have an expectation that all dental and medical healthcare workers will take up the opportunity to be vaccinated – unless there are compelling medical reasons to the contrary. Although RAs cannot require their workers to be vaccinated, it is possible enforcement measures could be adopted, such as making the renewal of a practising certificate conditional on being vaccinated.
23. The Ministry will work with RAs on identifying additional opportunities to reinforce the benefits of vaccination to drive uptake.

#### **Options 1(a) to (f) Requirement that additional groups of high-risk health care workers receive the COVID-19 vaccine**

24. In addition to the work on promoting uptake and embedding expectations, there are other options that could be adopted to require healthcare workers to be vaccinated. The COVID-19 Public Health Response (Vaccinations) Amendment Order 2021 came into force on 14 July requiring all healthcare workers at the border or in MIQ to be vaccinated. The Ministry could consider making further Amendments to the Order to require other specific groups of healthcare workers to be vaccinated.
25. Several countries have taken steps to extend mandatory vaccination requirements beyond those who work in border and MIQ facilities. Both Australia and the United Kingdom have recently made COVID-19 vaccination compulsory for all healthcare workers in aged residential care facilities. In the Canadian province of Quebec, a specific outbreak also saw the vaccine being made compulsory in all oncology units. There has also been debate in most western jurisdictions about extending the mandatory requirements to other groups of healthcare workers.
26. In developing a set of mandatory options in the New Zealand context, we have considered that:
  - a. the healthcare workforce is diverse in terms of the wide number of roles, from healthcare assistants, medical laboratory scientists to paramedics. It also includes staff who are not registered health professionals and those who have contact with patients such as receptionists, and orderlies.
  - b. a wide range of employment situations exist among healthcare workers, from DHB employees, NGO employees through to those who are self-employed.
  - c. some roles may have limited patient contact but represent critical links in service delivery, for example radiologists or medical laboratory technicians.

## Options for extending regulatory requirements

27. Options to extend the regulatory requirements are set out in the table below:

HC Workers option	Risk to Patients	Risk to Healthcare Resilience	Ability to enforce
(A) Aged care facilities	High. Residents in aged care facilities are at greater risk of contracting COVID-19 and dying from it.	Medium. Outbreak of COVID-19 in one of these facilities would not necessarily affect wider health system	Reasonably easy to enforce – those who both live and work in these aged care facilities are easy to determine.
(B) PLUS Home and Community Care Services (HCSS)	High. Patients needing care services are vulnerable and could be at greater risk of contraction COVID-19.	Medium. An outbreak among these staff would limit community care but not necessarily affect wider health system.	Could be enforced through provider contracts. A large proportion of this health workforce are self-employed or contractors.
(C) PLUS Primary Health Roles <sup>2</sup> e.g. GPs, pharmacists, community health nurses, midwives	High. These healthcare workers have contact with large numbers of patients but not necessarily the most vulnerable, who would be treated in hospital.	High. An outbreak among these workers, especially GPs and nurses, would limit access to primary care for large numbers of people.	Some enforcement difficulties, A large proportion of the primary health workforce are self-employed or contractors. Could be difficult to properly define "primary health roles".
(D) PLUS all healthcare workers in sites where vulnerable patients are treated, including ICU and paramedics	High – likely to include ICU, neonatal ward, older persons' services, cancer treatment facilities and other. However, PPE also likely to be used in these spaces	Medium – outbreak in these facilities could limit access to lifesaving treatment.	More complex to work out who is working in vulnerable sites – likely to affect parts of people's roles rather than their whole role.
(E) PLUS Patient	Medium. workers have regular contact with large	Medium. These workers do not have the same level	Some enforcement difficulties – easy to enforce in big

<sup>2</sup> This category does not include hospital staff maintaining essential secondary and tertiary health services. It does include osteopaths, podiatrists, and physiotherapists.

HC Workers option	Risk to Patients	Risk to Healthcare Resilience	Ability to enforce
Contact Roles <sup>3</sup> , Private Hospital Staff e.g. receptionists	numbers of patients but not necessarily the most vulnerable	of contact with patients as those who work in primary health roles.	employers such as DHBs; much harder to regulate independent providers.
(F) PLUS Critical Support Services (radiology, medical laboratories, catering)	Low direct risk – staff have limited contact with patients	High – reduction of these services as a result of an outbreak will make it difficult to deliver other health services.	Some enforcement difficulties – easy to enforce in big employers such as DHBs; may be difficult to define outside these large employers.

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- 28. There are potential enforcement issues with these options as it may be difficult to properly define the scope of individual groups of healthcare workers. There is also a degree of overlap between these individual groups in the table above.
- 29. It is also possible there could be opposition from unions about what could be seen as the mandatory vaccination of healthcare workers as well as potential legal complications under the Employment Relations Act 2000 and the New Zealand Bill of Rights Act 1990 if individual healthcare workers are concerned they are being "forced" to vaccinate
- 30. In considering these options, the Ministry is mindful a significant number of New Zealand's healthcare facilities are progressing their own campaigns to embed and encourage vaccine uptake by their healthcare workers. These campaigns include education and publicity programmes, guidance, and setting sector expectations to ensure their healthcare workers are vaccinated.

Engaging early with unions will be important.

**Option 2: Establish a requirement that all patient and public facing healthcare workers be vaccinated against COVID-19**

- 31. Section 11 of the COVID-19 Public Health Response Act 2020 currently allows for the Minister of Health or the Director-General to make orders to prevent the transmission or spread of COVID-19. The Government could make it mandatory for all healthcare workers in New Zealand to be vaccinated, irrespective of their risk of contracting COVID-19. This could be done in two ways:
  - a. Section 11 of the COVID-19 Public Health Response Act 2020 could be amended to require vaccination of healthcare workers; or
  - b. Another Amendment Order could be made to require that all healthcare workers vaccinate.

32. s 9(2)(h)

<sup>3</sup> Does not include radiologists, medical lab technicians.

s 9(2)(h)

33. In overseas jurisdictions with high COVID-19 transmission rates, it has been made mandatory for all healthcare workers to be vaccinated against COVID-19. Italy, France and Greece, for instance, are three countries who have enacted emergency legislation to introduce a mandatory requirement.
34. The major benefit of this option is a mandatory requirement to vaccinate will substantially reduce the risk of healthcare workers contracting and transmitting COVID-19. However, a mandatory requirement to vaccinate also carries the following risks:
- a. Unions support the vaccination of healthcare workers, s 9(2)(g)(i)
  - b. A requirement that all workers be immunised could also lead to a range of legal problems and litigation under section 11 of the BORA, the Employment Relations Act 2000, and active opposition from unions.
  - c. While border workers unwilling to be vaccinated could be redeployed or seek other employment, it would be far more difficult for many healthcare workers to step outside of the scope of the order and continue working in fields they have spent years training for.
35. Given further work is to be done in progressing initiatives to encourage all healthcare workers to vaccinate, it could be considered prudent to determine how effective these efforts have been before considering whether a mandatory requirement to vaccinate should be introduced.
36. Extending any mandatory requirements is likely to bring a degree of risk. If you do consider that either Options 1 or 2 are an appropriate way forward, we recommend the Ministry undertake further work and consultation on these options before presenting you with a more detailed set of options for your approval by the end of August 2021.
37. We are mindful that decisions about mandatory vaccination against COVID-19 will open up the issue of making vaccinations mandatory for a range of other diseases, such as measles and influenza. We will consider this issue as part of next steps.

## Equity

38. In evaluating the options in this paper, the Ministry is aware that Māori and Pasifika people are at greater risk of being infected with COVID-19 and having poorer health outcomes as a result. We will actively consider this as we carry out more detailed work on the options presented in this paper.
39. In encouraging levels of vaccine uptake, the Ministry intends to engage meaningfully with Māori healthcare workforce collectives, leaders and networks to safeguard Māori healthcare workers, their patients and their whānau. This approach ensures obligations of the Ministry to uphold the principles of Te Tiriti o Waitangi as outlined in Pae ora are actively considered and applied.

40. Potentially early engagement with Māori/Iwi interests may help to gain insights to determine the best options for the Māori healthcare workforce and allow for Māori retention of decision-making within the healthcare workforce. There could be potential for Māori to lead aspects of the options within this paper including potentially designing and implementing aspects of the approach. This may ensure a greater and more equitable achievement of outcomes.

### **Next steps**

41. The Ministry will continue with its work embedding expectations and encouraging COVID-19 vaccine of healthcare workers.
42. Following your decision, the Ministry will also undertake further work on options for mandatory vaccination, including consultation with affected parties.

**ENDS.**

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Appendix A

### Guidance on the Ministry of Health's position on COVID-19 vaccination of the health workforce

This guidance is to support health sector organisations and agencies who engage healthcare workers.

The COVID-19 vaccine helps to prevent people from getting infected and having COVID-19 symptoms or severe illness, and it's one way we can protect our communities from COVID-19.

For healthcare workers in roles in Managed Isolation and Quarantine (MIQ) facilities and high-risk border settings, vaccination is required. All other healthcare workers should be encouraged to take the opportunity to get vaccinated when their turn comes.

This document outlines the current approach to New Zealand's COVID-19 vaccination rollout. It focuses on how health sector organisations can encourage and support the rollout and vaccination of healthcare workers in Groups 2, 3, and 4.

This document is current as of its publication date. The guidance contained here will be updated as conditions change.

#### Key points

- Immunisation through vaccination protects people against harmful infections, which can cause serious complications, including death.
- Healthcare workforces sit across the four groups in New Zealand's COVID-19 vaccine rollout.
- The Government has prioritised high-risk frontline healthcare workforces. Frontline healthcare workers are considered to be in a high-risk working environment because of their potential to contract COVID-19 through exposure to cases and/or spread COVID-19 through their interaction with patients and clients.
- Border and MIQ workers in healthcare roles fall in Group 1. Currently, the Government requires mandatory vaccine for work in healthcare roles in MIQ facilities and high-risk border settings.
- The Government has not mandated the vaccine for frontline healthcare workers in Group 2.
- All health sector organisations engaging healthcare workers have obligations under the Health and Safety at Work Act 2015 to take all reasonable, practicable steps to eliminate, or otherwise control, the risk of COVID-19 transmission.
- Health sector organisations should have early conversations with their eligible healthcare workers about COVID-19 vaccination. Workers can be assured that any vaccine being delivered in New Zealand has been approved by [Medsafe](#).
- For workers who require more encouragement or additional information, please provide information as a priority. Helpful information is available on the Ministry of Health website at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines>
- Workers do not have to disclose their vaccination status or why they are unable or choose not to be vaccinated. If a health sector organisation is unable to confirm that a worker has been vaccinated, they will need to assume the worker is unvaccinated and treat them accordingly.
- Health sector organisations engaging frontline healthcare workers will need to carry out risk assessments to determine if particular work should be undertaken by a vaccinated worker.



## Current approach

New Zealand's elimination strategy aims to stop community transmission of COVID-19 in New Zealand. The success of the COVID-19 Vaccine and Immunisation Programme relies on high uptake of COVID-19 vaccines to ensure we keep as many people as safe and protected as possible.

High vaccine uptake in the health workforce will ensure the health and function of this vital workforce and may prevent and reduce the transmission of COVID-19.

## Vaccination for healthcare workers

Healthcare workforces sit across the four groups in the COVID-19 vaccine rollout and will be able to access their vaccinations at different times during the year. Information about who's in each group in the COVID-19 vaccine rollout plan can be found here:

- <https://www.health.govt.nz/system/files/documents/pages/covid-19-our-vaccine-rollout-plan.pdf>
- <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-getting-vaccine/covid-19-when-you-can-get-vaccine#group2>

Healthcare workers at the border and in MIQ facilities fall in **Group 1** and have already been offered the COVID-19 vaccine. The risk of contracting COVID-19 in New Zealand is currently highest amongst border and MIQ workers and the people they live with.

It is mandatory under the COVID-19 Public Health Response (Vaccinations) Order 2021 for some workers to be vaccinated. From 1 May 2021, work in MIQ facilities and some work at high-risk border settings (such as affected airports and ports) must be carried out by people who have been vaccinated against COVID-19. This includes healthcare workers.

The Government has expanded the requirements from 15 July 2021 to cover all high-risk work undertaken by the health workforce in MIQ facilities and at the border. This means that under the COVID-19 Public Health Response (Vaccinations) Order 2021:

- all wider government workers not already undertaking work now that requires vaccination must have their first dose of the vaccine by 26 August 2021
- all other workers including privately employed healthcare workers must have their first dose of the vaccine by 30 September 2021
- any new healthcare worker working at the border will need to have their first dose before starting work.

Vaccination requirements for workers in border settings is here: <https://covid19.govt.nz/covid-19-vaccines/how-to-get-a-covid-19-vaccination/vaccinations-and-work/border-and-miq-worker-vaccinations/>

Healthcare workers in **Group 2** includes:

- a) frontline (non-border) healthcare workers potentially exposed to COVID-19 (either cases or samples) while providing care
- b) frontline healthcare workers who may expose more vulnerable people to COVID-19.

Group 2 also includes staff who are not registered health professionals but have contact with patients, for example, receptionists and security staff.

The Government does not require mandatory vaccine for healthcare workers in Group 2.

Vaccination is a medical treatment. It is acknowledged that healthcare workers have the right of refusal of treatment in accordance with section 11 of the New Zealand Bill of Rights Act 1990. However, restrictions upon workers as part of their employment may be appropriate where they pose a public health risk to patients and others.



## The vaccination rollout

Managing the COVID-19 vaccine supply chain and the distribution of the vaccination is complex and very different to the annual influenza vaccination rollout.

The COVID-19 vaccine is being rolled out in stages over four groups of people aged 16 and over.

Rollout to staff in [Groups 1 and 2](#) is mostly complete. Different options will be offered to staff in [Groups 3 and 4](#) to make getting the vaccine as easy as possible, including through Māori and Pacific providers, general practices, pop-up centres, pharmacies, medical and hauora centres, and community clinics.

High-risk frontline healthcare workers in Group 2 and those with underlying health conditions in Group 3 can get a COVID-19 vaccine now. Information about when people can get a vaccine is here:

<https://covid19.govt.nz/health-and-wellbeing/covid-19-vaccines/getting-a-covid-19-vaccine/find-out-when-you-can-get-a-vaccine/>

## What health sector organisations/agencies can do

All health sector organisations/agencies can support the vaccination programme by being well prepared for the COVID-19 vaccine rollout.

Health sector organisations/agencies should engage early with staff and unions in the planning and use the most up-to-date information from the Ministry of Health.

## Health and safety obligations for health sector organisations/agencies

There are various working arrangements in the health sector. This includes employment relationships with terms and conditions in employment agreements (e.g., Multi-Employer Collective Agreement (MECA), Single Employer Collective Agreement (SECA) and individual employment agreement (IEA)), contractual arrangements, self-employed healthcare workers operating their own business and others.

All health sector organisations/agencies who engage healthcare workers have health and safety obligations under the Health and Safety at Work Act 2015. Specific terms and conditions of an employment agreement or contract for services may also be relevant.

The Health and Safety at Work Act 2015 uses the broad concept of a *Person Conducting a Business or Undertaking* (PCBU) to describe the various modern working arrangements (commonly known as businesses). All PCBUs have obligations under the Health and Safety at Work Act 2015 regardless of the nature of the working relationship (e.g., employment, contractual or other).

For example, DHBs have health and safety obligations as employers of healthcare workers. Publicly funded community-based agencies and companies that employ home and community health support workers will also have health and safety obligations to their workers.

All PCBUs have the primary responsibility for the health and safety of their workers; any other workers they influence or direct (e.g., in the situation of working arrangements on a shared worksite); and for people put at risk by their business, such as patients and visitors.

The PCBU must, so far as is reasonably practical, provide and maintain a work environment without health and safety risks. Providing COVID-19 vaccinations to workers is one way of doing all that is reasonably practicable alongside other COVID-19 control measures to minimise the risk of exposure to COVID-19 in the workplace.

Being vaccinated does not remove the need for PPE, regular testing and continuing with other precautions. Healthcare workers should be reminded to continue good hygiene practices and take other precautions to prevent the virus spreading.

Workers must also take reasonable care for their own health and safety and make sure that their actions don't adversely affect the health and safety of others. They must also follow reasonable health and safety

instructions given to them by the business and cooperate with reasonable business policies or procedures relating to health and safety in the workplace. For more information, visit <https://www.worksafe.govt.nz/laws-and-regulations/acts/hswa/>

## Encouraging and supporting healthcare workers to get vaccinated

All healthcare workers should be encouraged to take up the opportunity to get vaccinated when it is their turn.

Health sector organisations can support workers by:

- providing workers with relevant and timely information from the Ministry of Health about vaccination and its benefits
- facilitating on-site vaccinations
- giving staff adequate time to complete the vaccination process and include travel time if vaccination is off-site
- allowing workers to get vaccinated during work hours without loss of pay
- supporting staff choice of vaccination provider if the vaccine is offered in the workplace; for example, some staff may choose to be vaccinated at their usual general practice.

To achieve equity in uptake and access for Māori, Pacific peoples and other population groups, health sector organisations could use different approaches to reach healthcare workers in these different groups.

- Use tailored and culturally appropriate communications to actively promote equitable uptake among Māori, Pacific peoples and other population groups.
- Use service design to remove barriers and improve access to vaccination for all, with a particular focus on Māori, Pacific peoples and other population groups.
- Engage and partner with key stakeholders to deliver the programme and communicate with target groups (e.g., partner with Māori and Pacific service providers).

Organisations should engage early and constructively with workers and unions and assure them that all personal information gathered to support the vaccine rollout will be treated as confidential and only accessed by appropriate personnel.

Provide information about the safety and effectiveness of the COVID-19 vaccine.

### Pfizer vaccine safety and effectiveness

The Pfizer vaccine has been thoroughly assessed for safety by our own Medsafe experts. Medsafe only grants consent for using a vaccine in Aotearoa, once they're satisfied it has met strict standards for safety, efficacy and quality. This is the same process used to assess other medicines, like the flu vaccine. There have been no shortcuts taken in granting approval.

The Pfizer vaccine has been used successfully by millions worldwide. It continues to be monitored for safety and is highly effective if people have both doses. Studies show that about 95 percent of people who have received both doses of the vaccine, are protected against getting symptomatic COVID-19. That means once you are fully vaccinated you are far less likely to fall seriously ill. It's the best way to protect you, your whānau and your community.

## Keep healthcare workers informed

It is important that healthcare workers have an understanding of the COVID-19 vaccine and know where to direct people to get accurate information. Accurate and trusted information can be accessed at <https://covid19.govt.nz/health-and-wellbeing/covid-19-vaccines/#our-covid-19-vaccine-strategy>

Other ways to support healthcare workers include:

- providing the most up-to-date information available from the Ministry of Health on the benefits of the vaccination to individuals and the community
- updating staff on the vaccination rollout and timeframes as new information becomes available
- using tailored and culturally appropriate communications to actively promote equitable uptake among Māori, Pacific peoples and other population groups. Māori are slightly more likely to take the vaccine if they can talk to someone about it
- encouraging staff to ask questions that enable them to make an informed decision on being vaccinated
- acknowledging and supporting staff who may require more information and time to make an informed decision on receiving the vaccine
- setting up information meetings to update staff when important messaging is required
- using managers, union delegates, health and safety representatives and other key staff to lead the vaccination conversation.

## Special requirements for employers of staff

All discussions between employers, workers and unions about COVID-19 vaccination must be done in [good faith](#).

The Ministry of Health encourages employers to offer paid work time for employees to get vaccinated.

## What workers need to tell the health sector organisation/agency

Workers do not have to tell the health sector organisation/agency (usually the healthcare worker's employer) if they have been vaccinated or why they are unable or choose not to be vaccinated.

The health sector organisation/agency can ask workers if they have been vaccinated. If workers do not disclose their vaccination status, the health sector organisation/agency may assume the workers are unvaccinated, but should first inform workers of this assumption.

A healthcare worker's vaccination status is personal information which must be protected and cannot be shared (including with other workers) without the worker's consent.

For Group 1 workers who have consented, the Ministry of Health can inform employers whether Group 1 workers have been vaccinated.

## Healthcare workers who object to vaccination for religious or health reasons

The health sector organisation/agency cannot discriminate against healthcare workers on grounds of their religious beliefs, their health status or any other prohibited grounds under the Human Rights Act 1993.

Ideological beliefs about vaccination (e.g., a dislike of vaccination in itself) are unlikely to be protected grounds under the Human Rights Act 1993.

## Roles which must be performed by a vaccinated healthcare worker

A health sector organisation/agency (usually the worker's employer) can require a specific role to be performed by a vaccinated person, provided they have first completed a health and safety risk assessment in collaboration with workers, unions and other representatives (where applicable).

For more information about assessing whether a specific role needs to be performed by a vaccinated worker, visit <https://www.worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid/assessing-whether-a-specific-role-needs-to-be-performed-by-a-vaccinated-worker>

The specific terms of a contract for services will apply to a healthcare worker who is an independent contractor.

## Reducing the risks of COVID-19 in the workplace

During the outbreak of the COVID-19 pandemic, health sector organisations/agencies used risk assessment and risk management processes. Similar processes apply to assess work risks posed by unvaccinated workers and to make decisions about managing those risks. This includes the following steps.

1. Undertake a risk assessment for the business/undertaking.
2. Consider the available control measures such as COVID-19 vaccination and how the measures will help to manage the risks of infection/transmission of COVID-19 (taking into account available evidence).
3. Consult with workers, unions and health and safety representatives about the COVID-19 pandemic, COVID-19 vaccines and other relevant control measures.
4. Determine what control measures are reasonably practicable to implement in the workplace.

WorkSafe has information about identifying and how to manage work-related health and safety risks at <https://www.worksafe.govt.nz/managing-health-and-safety/managing-risks/how-to-manage-work-risks/>

## Vaccinations as a condition of employment

Employers and employees can negotiate variations to existing conditions of employment to require vaccination. However, in the health sector such a change to an existing employment agreement may need to be negotiated through MECA and SECA negotiations with agreement by the relevant union.

Employers can also require vaccination as a condition for new employees, but this must be reasonable for the role and the requirements of the work. MECA and SECA negotiations with agreement by the relevant unions may also be required.

Employers must follow good faith processes under existing employment agreements (individual or collective) to make any changes to them.

## Useful links

- Relevant information is provided on the [Ministry of Health](#) , [Ministry of Business, Innovation & Employment](#), and [COVID-19](#) websites.
- COVID-19 vaccine resources on the Ministry of Health website: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-resources>
- Public health guidelines for businesses and services: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/guidelines-businesses-and-services#guidelines>
- MBIE has published information on COVID-19 vaccination and employment, which applies to all working relationships, including those between a firm and an independent contractor: <https://www.employment.govt.nz/leave-and-holidays/other-types-of-leave/coronavirus-workplace/covid-19-vaccination-and-employment/>
- The Immunisation Advisory Centre: <https://www.immune.org.nz/covid-19-vaccination-general-info-faq>
- WorkSafe website: [How to manage work risks: https://www.worksafe.govt.nz/managing-health-and-safety/managing-risks/how-to-manage-work-risks/](https://www.worksafe.govt.nz/managing-health-and-safety/managing-risks/how-to-manage-work-risks/)

# Memorandum

**Scope of amendment to the COVID-19 Public Health Response (Vaccination Order) 2021 to require certain healthcare roles to be undertaken by vaccinated individuals**

**Date due to MO:** 15 Māhuru 2021      **Action required by:** 17 Māhuru 2021

**Security level:** IN CONFIDENCE      **Health Report number:** HR 20212012

**To:** Vaccine Ministers

## Contact for telephone discussion

Name	Position	Telephone
Maree Roberts	Deputy Director-General, System Strategy and Policy	s 9(2)(a)
Wendy Illingworth	General Manager, Public Health System Policy, System Strategy and Policy	s 9(2)(a)

## Action for Private Secretaries

N/A

**Date dispatched to MO:**

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# Scope of amendment to the COVID-19 Public Health Response (Vaccination Order) 2021 to require certain healthcare roles to be undertaken by vaccinated individuals

## Purpose

1. This memo seeks Vaccine Ministers direction on the policy settings:
  - a. to require specified work in the health and disability care sector to be undertaken by vaccinated individuals and
  - b. to amend the COVID-19 Public Health Response (Vaccination Order) 2021 (the Order).
2. Following your direction, officials will formally consult with key stakeholders, including the unions, to refine advice to Ministers on the scope and timing for amending the Order.

## Background and Context

3. On 4 August 2021, officials provided advice to Ministers on options to extend regulatory requirements to be vaccinated against COVID-19 to certain groups of healthcare workers. Officials were requested to undertake further work on the options presented including further consultation on the proposals [HR20211564 refers].
4. Over the last six months, the Ministry has continued to embed expectations and encourage uptake of vaccinations across the health and disability workforce. Vaccination helps reduce their exposure to COVID-19 and variant infections during community outbreaks and the transmission of the disease to their patients, colleagues and whānau.
5. The Ministry continues to seek ways to ensure the highest standards of care in Aotearoa New Zealand can be delivered. This supports public confidence and trust in the health and disability, system, including the workforce.
6. One way to increase the rates of vaccination within the health and disability sector is to amend the Order. Requiring certain roles to be undertaken by vaccinated individuals helps to reduce the risk of COVID-19 infection and transmission in New Zealand.
7. The Ministry has informally consulted on the proposal to extend the scope of the Order to all roles undertaken in the health and disability system.
8. District Health Boards (DHBs) have indicated their initial support for regulatory requirements to be introduced. The Immunisation Implementation Advisory Group (IIAG) has also noted their general support.
9. Amending the Order is likely to be supported by people accessing the health system from a patient's rights perspective. There is likely to be a reasonable expectation held by

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members of the public that the workforce they are engaging with have taken all reasonable precautions to prevent the spread of disease, including vaccination.

10. More consultation is required, particularly with health sector unions, to firm up the scope of how the Order could be implemented effectively.

### **Internationally the COVID-19 pandemic remains a huge challenge and other countries have responded by requiring healthcare workers to be vaccinated**

11. This has been particularly evident in the recent outbreaks and community transmission in Australia and the spread of the Delta variant across the world. In addition, there is international evidence that healthcare workers have contributed to the spread of COVID-19 in hospital settings because of the nature of their work. Healthcare workers have contracted COVID-19 from patients and in some cases spread the virus to other patients.
12. Many other countries have required healthcare workers to be vaccinated. These include Australia, Singapore, Canada, UK, France, Italy, Greece and Fiji. Internationally, the reasons for having healthcare workers vaccinated are:
  - a. **Scientific** – reducing the risk and spread of COVID-19 or variants can protect more of the population if healthcare workers are vaccinated
  - b. **Practical** – the healthcare system is able to operate and function and remain resilient when outbreaks of COVID-19 or variants strain the healthcare system when the healthcare workforce are vaccinated

## **Advice**

### **The Government has taken a proportionate response to requiring specific work to be performed by vaccinated people**

13. Everyone in New Zealand is strongly encouraged to receive the COVID-19 vaccine to protect themselves, their whānau and the wider community. The programme is focused on an educational approach to build trust and confidence in the COVID-19 vaccine through the sharing of regular, credible, and accessible information so individuals can make an informed decision.
14. Employers have specific obligations under the Health and Safety at Work Act 2011 to ensure a safe workplace and this may, in limited circumstances, require certain work to only be performed by those who have received appropriate vaccination(s) (including, but not limited to the COVID-19 vaccine).
15. Some workplaces are considering the health and safety risks of whether a specific role needs to be performed by a vaccinated person due to the nature of the work and the risk of exposure to a disease.

### **The proportionate response includes legislation to provide that some specified work can only be undertaken by workers if they have been vaccinated against COVID-19**

16. There is a legislative vehicle to require vaccinations in other groups – Orders under the COVID-19 Public Health Response Act 2020 (the “COVID-19 Act”). The Act currently allows mandatory measures to be used to support the public health response against COVID-19.



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17. The COVID-19 Public Health (Vaccinations) Order 2021 (the Order) came into force on 1 May 2021. It requires that certain work at border or MIQ facility only be performed by vaccinated people.
18. This was due to the very high risk of exposure to COVID-19 by these workers who play a critical role in the implementation of our COVID-19 Elimination Strategy. At that stage, the border was the primary source of COVID-19 infection in New Zealand.

**Any further legislative measures need to be carefully considered against the right to refuse medical treatments and be demonstrably and proportionally justified**

19. Before making an Order, the COVID-19 Act requires that the Minister for COVID-19 Response must be satisfied that the proposed Orders do not limit (or are a justified limit) on the rights and freedoms under the New Zealand Bill of Rights Act 1990 (BORA).

s 9(2)(h)

**There is strong public health rationale to require certain healthcare roles to be undertaken by vaccinated people in response to the current pandemic**

21. There is a risk that many healthcare workers may be exposed to, and infected by, COVID-19 during their employment and may transmit the disease to others. Several international studies have shown that vaccination leads to a significant reduction in the rate of transmission of COVID-19.
22. Many healthcare workers are providing care in close proximity to many patients, some of whom may be presenting because they have COVID-19 symptoms. If these healthcare workers become infected, there is a high risk of transmission of COVID-19 to patients and healthcare workers and the community. If infection becomes widespread in this group, it could impact on the functioning of the healthcare system.
23. Vaccines offer a high degree of protection for individuals who are vaccinated, alongside a range of other public health measures. A healthcare worker who has been vaccinated will have a very high likelihood that they will be protected from serious illness or death and are more likely to be asymptomatic if infected.
24. Vaccination has a clinically relevant impact on reducing the risk of transmission. The risk of COVID-19 infection in New Zealand needs to be considered in light of the presence of the increasingly transmissible Delta variant in the community.

**Determining the scope of the amendment to the Order is important**

- 25.

s 9(2)(h)

It is also important to ensure workers and employers understand who is included and excluded from these regulatory requirements.



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26. In August 2021, COVID-19 Ministers were provided with an overview of options for making the vaccine a requirement for specific groups of healthcare workers [H202111564] in the following roles and settings:
- in aged residential care facilities (ARC),
  - in Home and Community Care Services (HCSS),
  - in primary health care,
  - in settings with vulnerable patients (i.e. ICU),
  - with patient contact (including receptionists and hospital staff), and
  - in critical support services (medical laboratories, catering).
27. The Minister for COVID-19 Response indicated a preference for the scope of the Order to cover all healthcare roles outlined in **a – f** above.
28. In assessing the parameters to describe the scope of the policy settings for an Order the following considerations were used:
- ensuring employers and employees within the health and disability care workforce could interpret how a proposed Order would apply to them
  - balancing the support for a strong public health rationale to require certain healthcare roles to be undertaken by vaccinated people while carefully considering people's right to refuse medical treatment
  - how practical it would be to monitor and enforce an extension to the scope of the current vaccination order to include additional healthcare workers across many roles and settings.

We recommend a broad s 9(2)(g)(i) approach based on well understood definitions in existing legislation and practice

29. The Ministry does not have an agreed and consistently applied definition of the health and disability workforce nor a record of all health and disability workers. It is important to determine a definition to assist in providing clarity for the scope of the policy settings for an Order to go as broadly as to include all healthcare workers.
30. The definition of health care services under the Health Practitioners Competence Assurance Act 2003 is the preferred definition as it is wide and states that health care services means services provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals.
31. More work is needed to consider how best to broaden the scope of the policy settings to all healthcare workers. A set of parameters have been the basis of these considered namely:
- to whom the obligation to be vaccinated is applied, i.e. to ensure employees and employers are able to determine if they are included or excluded under the obligation
  - the definition of health care services as defined by the Health Practitioners Competence Assurance Act 2003
  - whether the role is patient or public facing

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- whether the setting is patient or public facing
- the risk of exposure to COVID-19 (variant) is high risk to be transmissible
- the risk of exposure to COVID-19 (variant) is high risk to be fatal.

32. DHBs have developed COVID-19 pathways<sup>1</sup> to support all those working within the pathways to be vaccinated. This approach has been recently developed as part of the response to ensuring an operational and functioning healthcare system is able to deliver essential health care services while at the same time protecting their workforce.

s 9(2)(g)(i)

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## Exemptions

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<sup>1</sup> COVID-19 pathways are where the DHBs have determined the pathway for a high-risk patient with COVID-19 alongside any identified roles to ensure all those working within this pathway are vaccinated. This approach has been recently developed as part of their response to ensuring an operational and functioning healthcare system is able to deliver essential health care services

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37. Since August 2021, applications for an exemption from the COVID-19 Public Health Response (Vaccination) Order (clause 12A) can be approved where a border worker who is not vaccinated and where removing the worker from that role would result in significant disruption to essential supply chains.
38. These exemptions are decided and granted by the Minister for COVID-19 Response. Applications can be applied on behalf of the worker (with agreement) by the Person Conducting a Business or Undertaking (PCBU) if the criteria for exemption is met.
39. Work is required to determine the details in this context but an exemption process is necessary for natural justice reasons. We would continue to recommend that exemptions are decided and granted by the Minister for COVID-19 Response. The reasons for seeking an exemption are likely to be very limited and relate to having a significant impact on the effective and continued functioning of the healthcare system.

## Equity

40. If workers, subject to the Order, are not vaccinated, their employers may choose to redeploy them; or (following appropriate HR processes) may choose to terminate their employment. This may impact on a number of Māori and Pacific Peoples in certain healthcare roles.
41. Māori have traditionally lower vaccination rates than non-Māori. This may mean that Māori are more likely to be negatively impacted by the Order.
42. We also know from historical examples that Māori and Pacific peoples are likely to be disproportionately affected by a widespread epidemic. This means that there is an equity imperative to do everything possible, within the requirement that the Minister must be satisfied that there are no limitations on rights, or that any limitation on rights is justified, to minimise the potential risk to the community from COVID-19.
43. Disabled people who directly employ carers may also be disadvantaged as the requirement for vaccination through an employer may place additional responsibilities on them.

## Next steps

44. Unions representing health workers are largely very supportive of voluntary workforce vaccination. <sup>s 9(2)(g)(i)</sup> [REDACTED]
45. Consultation with Unions, Office for Disabilities Issues, Privacy Commissioner and Māori representatives on the scope of an Order is expected to be completed by the end of September. Home and Community Care Services and private sector healthcare employers, which may involve disabled consumers who are also employers of healthcare workers, <sup>s 9(2)(g)(i)</sup> [REDACTED]
46. There will be significant operational, technological and communication and engagement activity required to support the implementation of the Order. This includes monitoring and reporting, standards of proof of vaccination and clear guidance to ensure good faith employment and health and safety practices continue.
47. Officials will report back to you in October with an update following consultation and seeking final decisions on the amendments to the Order. This will include a detailed

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implementation and communications plan. That advice will also set out the process and timing for drafting, consulting, and making the amendment to the Vaccination Order.

### Recommendations

It is recommended that you:

1.	<b>note</b>	there is a strong public health rationale to require certain roles to be undertaken in the health system to be undertaken by vaccinated individuals	
2.	<b>agree</b>	s 9(2)(g)(i) [REDACTED]	<b>Yes/No</b>
3.	<b>note</b>	the Ministry will continue to consult, particularly with health sector Unions, to support advice on how and when to implement the change to the COVID-19 Public Health Response (Vaccination Order) 2021	
4.	<b>note</b>	officials will report back to you in early October following consultation to seek final decisions on amending the COVID-19 Public Health Response (Vaccination Order) 2021	

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Please note, Appendix 1 is withheld in full under section 9(2)(g)(i) of the Act.