HAWKES BAY MULTIPLE SCLEROSIS SOCIETY

Covid-19 Vaccination Policy

DATE: January 2023   **POLICY NUMBER:**

REVIEWED: ongoing   **AUTHORISED BY:** _[signature]_
                                    President, HBMS

Purpose:

Hawke's Bay Multiple Sclerosis Society (HBMS) has an obligation to protect staff, volunteers (including Board Members) and members as part of the requirements for health and safety in the workplace, and in provision of services in the health and disability sector.

All interactions between staff and members, and all other interactions which are based on the representation of HBMS must comply with any Ministry of Health requirements and all will be expected to meet the requirements of the prevailing Covid-19 guidelines and any Orders.

All representatives of HBMS Society (including staff, volunteers, board members and contractors) are expected to have full vaccination against Covid-19 in order to protect themselves, and our members, health.

Vaccination and other mitigation strategies also protect the business continuity and viability of the organisation as well as enabling the organisation to continue to provide services to clients.

Employees involved:

Office Manager and MS Community Nurse.

Risk Assessment:

There are two at risk populations:
- Employees of the Society and those who represent the society in the course of their work may be more likely than the general public of being in contact with people who are not fully vaccinated.
- Members of the society who are immunocompromised or on medication or have conditions which put them at risk in being with people who are not fully vaccinated.

Under the Health and Safety at Work Act (2015) a risk assessment has been completed and has identified that the workplace is of moderate risk for the following reasons:
- Employees in the normal course of their work are in contact with people who may be immunocompromised, and/or not fully vaccinated for health reasons

- The transmission of Covid-19 is more prevalent in indoor settings, our MS Community Nurse work includes face to face home visits and small group settings indoors.
- Face to face groups may include members who may be at greater risk of infection.
- Employees engage regularly with office staff who are therefore placed at risk through close contact with potentially infected people.
- Employees and volunteers work with People with Multiple Sclerosis (PwMS) and engage in a broad range of community environments where transmission is possible but not more so than the general public in the same environment.

Principles:

This policy will be reviewed and amended, if necessary, when there is a change or any release of Orders or directives by the Ministry of Health.

This policy is to ensure the Society:
- Responds to the pandemic event effectively and safely.
- Minimises of the impacts of the pandemic on the health of individuals and the community through vaccination.
- Be guided by Ministry of Health guidelines for future protection including infection control and vaccination.
- Service delivery continues while being flexible and working within the Ministry of Health's Covid-19 guidelines or any other prevailing Orders.

Policy:

This organisation is committed to effectively meet the health needs of members, employees, visitors and the wider community in an appropriate and sustainable manner.

1. Staff
HBMS Society requires all staff including administration roles to be fully vaccinated.

Proof of vaccination status is required and a copy is to be given to the Office Manager to be kept on the staff members file.

Any new staff will be required to be fully vaccinated and will need proof of vaccination prior to appointment.

2. Provision of service by MS Community Nurse:
Provision of service to individual members by MS Community Nurse is defined below and may change in response to any further government directives and Orders. The primary consideration is within the policy purpose, regarding ensuring our obligations to staff and members for their health and safety.

Home visits will be provided on a case by case circumstance when the case numbers of Covid-19 are high in the Hawke's Bay region due to the increased

risk to our vulnerable communities. Home visits may resume to normal when it is considered safe to do so but will be reviewed in response to Ministry of Health frameworks and guidelines.

Service protocols:
When Covid-19 numbers in the community is deemed severe and infection rates are a high risk the MS Community Nurse will communicate and deliver services via phone/text/email/zoom to clients. Face to face services will only be delivered in extenuating situations and to be discussed with the President first.

Face to face contact with members will resume once a shift and/or decrease in numbers of cases with Covid-19 in the community has occurred. The MS Community Nurse will ensure all public health control measures are in place as per HBMS Society's Covid-19 Staff Procedure.

Clients who are not fully vaccinated will only be booked for a face to face consultation at the end of the MS Community Nurses working day or at any time if no other face to face consultations are booked on this day.

All staff are required to closely self-monitor their own health and notify the President and/or Office Manager of any change of condition which may indicate Covid-19 symptoms. Rapid Antigen Test (RAT) kits are available for staff and members. These RAT kits should be used if staff and/or member has cold/flu like symptoms.

Staff are required to follow the HBMS Covid-19 Staff Procedure.

3. **Members and clients of HBMS Society**
Vaccination status and unvaccinated members/clients of the Society
The society has an obligation to provide a service and protect all members and/or clients.

1. Members/clients may choose not to get fully vaccinated. Members do not have to disclose their vaccination status to HBMS Society unless they choose to.
2. A member/client will be asked of their vaccination status during a face to face consultation.
3. Vaccination status will be kept in the individual's confidential file.
4. A member/client who declines to disclose their vaccination status when asked by HBMS Society's staff will be regarded as not fully vaccinated.
5. Sharing vaccination status information of individuals without permission is a breach of privacy, and members/clients have the right to keep their vaccination status private.
6. If a staff member is concerned for their own welfare, and/or have no knowledge of the vaccination status of a member/client, the staff member may request the required protocols are implemented to protect their own safety.
7. Staff will engage with a member who has medical exemption from vaccination in the same way as if they were not fully vaccinated.
8. Face to Face contact (support groups, seminars, events) where other members are present will require:
   a. Masks can be worn if member/client wishes too

a. Masks can be worn if member/client wishes too
b. Physical distancing if indoor
c. Safe handling of food and drink to be adhered to
d. No physical contact, including standard greetings such as handshakes
e. Hand sanitiser used at the beginning and end of the meeting
f. If a member discloses that they are not fully vaccinated to the group of members they interact with, the group may agree further protocols to keep themselves safe. The staff member will inform the unvaccinated member of requirements from the group which have been decided and recorded in writing for the group members, to the President and the unvaccinated person
g. If a support group decision is that the group will not permit members who are not fully vaccinated to attend despite protocols, that decision is supported.

A member/client may also request or practice any interventions to protect themselves from transmission of Covid-19 for personal use.

A member/client has the right to decline services if their safety is a concern for them.

4. **Support Groups**
- MS Monday Group meetings attendance will require members to have proof of vaccination.
- Support groups will only be organised and approved my HBMS Society when Covid-19 community case numbers are safe to do so according to Ministry of Health directives.
- Support group members need to agree on any protocols to remain safe.
- The support group convener is obliged to ensure that protocols are enforced.
- The support group convener has the right to refuse entry to individuals whose vaccination status is known as not fully vaccinated or is unknown.

5. **Volunteers (including Board Members)**
- A volunteer will be unable to attend in any HBMS Society support groups, events, AGM or Board meetings unless fully vaccinated for which proof will be required.
- If any volunteer chooses not to be fully vaccinated and discloses this to HBMS Society the first consideration will be to maintain the relationship with the person and provide ways for that person can be accommodated to continue their role. For example, a Board member may still provide input through non-contact meetings, where their vaccination status does not put them or anyone else at risk.
- If a volunteer who is not fully vaccinated is in a role or function that does not require any face to face contact with members, clients or staff in any circumstances (e.g. telemarketer, home-office support) the President will have final decision on whether the vaccination requirement can be waived for the role.
- Any new volunteers will be required to be fully vaccinated and will need to provide proof of vaccination prior to appointment.

6. Contractors

- Contractors may choose not to get fully vaccinated. Contractors whose contract means they must enter the HBMS Society office and/or have face to face contact with either HBMS Society members, clients or staff need to disclose their vaccination status to the Office Manager or MS Community Nurse.
- Sharing vaccination status information of individuals without permission is a breach of privacy, only the Office Manager and MS Community Nurse will have access to this information on individuals.
- Vaccination status may affect contractors' ability to undertake their role with HBMS Society.
- A contractor has the right to choose not to provide in-person support to a person who is not fully vaccinated if required protocols are not able to be implemented.
- If a contractor who is engaged in face to face interaction with members, clients or staff is not fully vaccinated, the President and/or Office Manger may terminate the contract after consideration of other options, for example virtual or non-contact services, with the contractor to mitigate the frustration of the contract.
- All new contracts will require full vaccination with proof required before appointment.

Definitions:

'Fully vaccinated' means according to the requirements of Ministry of Health. Currently (Dec 21) this requires 2 doses with a booster shot 6 months post 2nd dose but may include further booster shots in the future.

'Proof of vaccination' can be provided through My Covid Record and printing or emailing that record, which is kept in a confidential file or a Vaccination Certificate.

Appendix:

- HBMS Risk assessment
- Covid-19 Staff Procedure
- Covid-19 Protection Framework - https://covid19.govt.nz/current-phase-of-our-covid-19-response/
- https://www.tewhatuora.govt.nz/assets/COVID-19-/covid-19-care_in-the-community-framework-25aug22.pdf
- https://www.worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid/covid-19-controls-at-work/
- https://www.employment.govt.nz/workplace-policies/coronavirus-workplace/covid-19-vaccination-and-employment/
- https://www.worksafe.govt.nz/managing-health-and-safety/managing-risks/how-to-manage-work-risks/

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Hawke's Bay

Authorised by: Jeff Silvester
Reviewed: ongoing

Dated: January 2023

TRANSMISSION OF AIRBORNE INFECTIOUS DISEASES IN THE WORKPLACE RISK ASSESSMENT TOOL

*Under health and safety legislation you must ensure the health and safety of your workers, employees and others at the workplace, as far as is reasonably practicable. This includes ensuring workers, employees and others at the workplace are not at risk of contracting airborne infectious diseases, **including COVID-19.***

This self-risk assessment tool is designed to assist you in determining whether you can reasonably require an employee/worker to be vaccinated or immunised as part of the management of risks associated with airborne infectious diseases in the workplace.

Once the self-assessment tool is completed and if there are no airborne infectious diseases identified in your workplace or the risk level is 'low', you should review and revise undertaking the risk management process periodically to ensure you are managing the risks effectively, in particular when any changes affect work activities.

Please note that the risk assessment tool is not designed to replace any direction or advice from Government or health authorities. Such direction or advice may change from time to time. Therefore, nothing in the document, either stated or implied, is designed to compromise any directions or advice from Government agencies.

*As such, you must also continue to seek the latest information relating to airborne infectious diseases, **including COVID-19** from health authorities or the Government.*

> Copy and place this tick in the corresponding Yes or No column

Step 1 Identify the hazards	Yes	No	Comments / Notes
Identify airborne infectious diseases that can transmit or spread in the workplace			
Have you consulted with your employees/workers about any near misses or incidents relating to the spread of infection that have not been reported (including when working from home)?		❯	All staff to advise any near misses or incidences
List the identified airborne infectious diseases in the workplace		❯	
• *e.g. influenza, COVID-19, measles, rubella, Q fever*			

Use the risk rank matrix to determine the current risk rating or level of risk for the workplace

Level   ○ Low   ○ Medium   ○ High

RISK RANK MATRIX	CONSEQUENCES				
LIKELIHOOD	Marginal	Minor	Moderate	Major	Severe
Almost Certain	Medium	Medium	High	High	High
Likely	Low	Medium	Medium	High	High
Possible	Low	Low	Medium	Medium	High
Unlikely	Low	Low	Low	Medium	Medium
Rare	Low	Low	Low	Low	Medium

■ **HIGH Risk**

Immediate attention, response and treatment required to eliminate or control the risk prior to commencement or continuation of work. Do not recommence until effective controls are implemented and workers demonstrate competencies in new control measures

▨ **MEDIUM Risk**

Only proceed with great care and only if essential. Current controls must be reviewed, revised and documented as necessary to reduce the risk level before work recommences and workers have demonstrated competency in new control measures

▦ **LOW Risk**

Manage by routine procedures and/or existing controls. Controls require a regular monitor and review process to ensure continued effectiveness. Further control measures should be implemented to reduce the risk to as low as reasonably practicable. Ensure all workers are effectively trained to undertake their job safely

	Consequences
Marginal	No injury or minor first aid treatment only
Minor	First aid treatment or precautionary medical attention only, and person likely to immediately resume normal duties
Moderate	Multiple injuries, and person unable to resume normal duties in the short-medium term
Major	Hospitalisation with potential to result in permanent impairment
Severe	Fatality or permanent injury or illness

	Likelihood
Almost Certain	Expected to occur in most circumstances
Likely	Has occurred before and will probably occur in most circumstances
Possible	Might occur occasionally and could happen
Unlikely	Could possibly occur at some time
Rare	Is practically impossible but may occur in exceptional circumstances

Risk factors present	Yes	No	Risk (H,M,L)	Comments / Notes
Is there a likelihood of infection spreading in the workplace (consider conditions such as air quality, temperature, food, high touch points, population density etc)?	✓		M	
Are employees/workers in close contact with vulnerable people in the workplace (e.g. elderly, children, pregnant people etc)?	✓		L	
Are any employees/workers at increased risk of serious illness if exposed to infectious diseases?	✓		L	
Are there any employees/workers who have not been vaccinated or immunised to specific vaccine-preventable diseases/infections? *Indicate the percentage that have not received the vaccine and/or provided evidence of vaccination/immunisation, e.g. 50% of the workforce.*		✓	L	100% of Employees are fully vaccinated
Are there insufficient cleaning and disinfecting procedures in the workplace? *This can identify that poor cleaning and disinfecting procedures could lead to potential outbreak of infectious diseases, person-to-person transmissibility and likelihood of starting a new transmission cycle.*	✓		M	
Is there a risk to the organisation, continuity of business and service provision should staff contract an infection? *Are operations able to continue if staff are on leave. What will the impact be on clients and the organisation?*	✓		M	

Risks by Role Definition

In assessing the risk for each contact type, the comparison is in consideration of the risk of COVID-19 infection and transmission in the work environment when compared to the risk outside of work.

If the risk in a normal interaction is the same or similar to the risk exposure to an HBMS Society contact, then the risk is not greater.

For example, the GM in the role has no more risk exposure because of the role than a normal member of public would have to potential for contact which could lead to transmission of infection.

Level   O Low   O Medium   O High

	Office Manager	MS Community Nurse	Volunteers Board	Support Volunteers	Group Members/clients	Other contractors
How many people in contact in role	L	M	L	L	L	L
Contact traceability risk	L	L	L	L	L	L
Potential for contact with unvaccinated people	M	M	L	L	L	L
Situations indoor where proximity controls cannot be guaranteed	M	M	L	M	M	M
Work situation where interaction greater than 15min	M	M	L	M	M	L
Regular interaction with people at higher risk of serious of severe illness	M	M	L	M	M	L
Support groups or exercise class where someone is unvaccinated	M	M	L	M	M	L
Interaction with people not known	L	L	L	L	L	L

Use the risk rank matrix to determine the residual risk rating or level of risk for the workplace after the control measures have been implemented

Level ○ Low ○ Medium ○ High

Step 3 Control the risks (use the risk rank matrix to determine the risk rating or risk level after each control measure is implemented)

What control measures are currently in place	Yes	No	Risk (H,M,L)	Comments / Notes
Is there a process in place for employees/workers to notify management when they are unwell or have flu-like symptoms and they need to stay home?	＞		L	
Is there a process in place for employees/workers to provide a medical clearance prior to returning to the workplace?	＞		L	
Have unnecessary interactions with other employees/workers or vulnerable people been eliminated or minimised (e.g. use videoconferencing rather than face to face meetings, working from home where possible)?	＞		L	
Are there processes in place to ensure evidence of vaccination is provided? If evidence has been provided, is the vaccination/immunisation status kept up to date?	＞		L	
Are there processes in place that protect employees/workers from exposure to vaccine preventable-diseases and infections? *For example, an infection prevention and control program that includes access to vaccination and training for the workforce on when, and how, to use standard and transmission-based precautions to reduce the risk of disease transmission within the workplace. The program can encourage employees/workers to get vaccinated, but to seek medical advice first.*	＞		L	

Question	Rating	Notes
Have engineering controls been implemented (e.g. install barriers and screens/panels to create space at counters and between workstations, or open windows to improve air flow/ventilation)?		N/A
Have safe workplace practices and signage, including hand and respiratory hygiene, cough etiquette and physical distancing measures been implemented?	L	
Have comprehensive workplace cleaning, disinfecting and sanitation measures been implemented?	M	See Covid-19 Staff Procedure
Is a process in place for the correct management of all waste generated, including how it is handled, stored and removed from the workplace (e.g. disposing of sharps, Personal Protective Equipment (PPE))?	L	
Are there testing measures in place to identify the level of exposure in the event a person is exposed to an infectious disease (e.g. temperature check, QR code or other contact tracing methods)?	L	
In the event of an incidence of an infectious disease, is there a clear emergency response plan in place to manage?	L	
Are employees/workers trained and competent in understanding and managing the risks related to infectious diseases in the workplace?	L	
Has work roles been assessed to identify appropriate Personal Protective Equipment (such as masks, gloves, face shields, medical gowns) and is such PPE being provided and used correctly?		N/A
Are there any other control measures implemented in the workplace to eliminate or minimise the risk of infectious diseases and their spread in the workplace?		N/A
Is a Business Continuity Plan in place should staff contract an infection to continue to provide support to clients?	L	

If the residual risk is 'Medium' or 'High', you must complete **Step 4: Further controls to reduce risk**, using the hierarchy of controls. In consultation with employees/workers, start by considering whether any of the controls outlined above which you have answered 'no' to can be implemented, and then whether any other measures can be introduced to control the risk of disease transmission in the workplace.

Step 4 Further controls to reduce risk

What additional controls could be put in place to reduce the risk	Responsible person	By when	Date completed

Most effective

Elimination

Minimisation

Substitution (wholly or partly) and/or

Isolation/Preventing contact and/or

Engineering control measures

IF RISK REMAINS

Administrative control measures

IF RISK STILL REMAINS

Personal protective equipment (PPE)

Least effective