



**MINISTRY OF SOCIAL
DEVELOPMENT**

TE MANATŪ WHAKAHIATO ORA

Vaccination Policy Consultation

Decision - 16 December 2021

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



Message from Debbie

Tēna koutou katoa

The COVID-19 pandemic has changed all of our lives to a greater or lesser degree and will continue to be with us for at least the foreseeable future.

We've had to make challenging decisions. Deciding if we should make vaccinations mandatory for all of our employees has at one level been straightforward because vaccination is the primary way we can protect people.

But it's also a hard decision. 90% of eligible New Zealanders are now double vaccinated, but we know there are some different opinions in the community and in our organisation.

Thank you to everyone who took the opportunity to participate in the consultation and engaged openly, constructively and respectfully in sharing your views. This is what we expect in our organisation.

We've made two changes to the proposed Policy as a result of your feedback to give people who are not yet fully vaccinated more time to consider. Please take the time to read the full decision document.

We'll proceed with making vaccination mandatory for all MSD people from 10 January 2022. For the vast majority, this will be a simple matter of having your My Vaccine Pass recorded. For people who are not yet fully vaccinated, choose not to disclose or who are not yet vaccinated, we'll work through an assessment process. Support will be available.

I know people will continue to talk about this in our workplaces. Although most of you will support the decision, we need to understand this will be difficult for some people. No matter what their view, we need to be respectful.

Me mahi tahi tātou mo te oranga o te katoa.

We should work together for the wellbeing of everyone.

Debbie

1. Introduction

New Zealand has now moved from an elimination strategy to a COVID-19 Protection Framework which seeks to minimise risk and protect people from exposure to the virus. The key protection in this approach is vaccination.

In line with other government agencies and businesses across New Zealand, MSD needs to consider how to keep our employees safe and healthy under the new framework.

We have an obligation to ensure the health and safety of our employees and others which means we have to eliminate risks so far as is reasonably practicable, and if that is not possible, minimise those risks so far as is reasonably practicable. We must also consider how disruption to our services as a result of COVID-19, can be minimised.

Following a health and safety risk assessment, the Leadership Team agreed in principle that all employees should have had their first COVID-19 vaccination by mid-January 2022 and must be fully vaccinated by early February 2022.

On Monday 29 November 2021 the proposed Vaccination Policy and consultation document were released to employees and you were asked to provide feedback.

4,936 out of 9,000 staff (54.8%) responded and we have now considered your feedback. This is an excellent response rate and shows this topic is important to all of us. We outline below your feedback, how we have considered it and how the decision has been reached. We also outlined what this means and how the Vaccination Policy will be implemented.

As we have worked through this consultation process we have been ensuring our proposal, our process and our approach to our people aligns with the Ministry's values.

Manaaki – we care about the wellbeing and success of people

Whanau – we are inclusive and build a sense of belonging and place

We care about the health and wellbeing of our people, our clients and our communities. We treat our colleagues as our wider whanau and we want them to return home healthy and safe from work. This is why we think making vaccinations mandatory in the workplace is the right thing to do protect you and others.

Mahi taki – we work together, making a difference for communities

As Debbie says, the COVID-19 pandemic has changed everyone's lives. We all continue to have a role to play to make a difference for our communities, no

matter which part of the Ministry we work in – one of the ways we can do this is to have a vaccinated workforce.

Tika me te pono – we do the right thing with integrity

It is our view that mandatory vaccination is the right thing to do and the best way we can keep you healthy while at work. This is why we asked you for your input. Thank you again to everyone who took the opportunity to participate in the consultation and engaged openly, constructively and respectfully in sharing your views. This is what we expect in our organisation. We have listened and have taken your views into account and have been transparent about that information.

We respect everyone's personal views and will continue to focus on everyone's wellbeing as we move through the phased approach to implement the COVID-19 Vaccination Policy.

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2. Summary of decisions

We have addressed feedback themes relating to the questions we asked. Below, we've summarised the decisions we have made after considering your feedback.

1. We have decided to implement a COVID-19 Vaccination Policy from 16 December 2021 and to review it by 30 June 2022 (or sooner if required).
2. We have considered your feedback on the health and safety risk assessment and our decision is that revisiting the way staff are grouped in a different way will not lead to a different outcome, and we have taken on board the necessity to ensure there is support in place for those employees whose mental and emotional health is impacted by this process.

We will continue to do further COVID-19 risk assessments when required as the situation changes.

3. We have extended the Assessment phase timeframes. We've extended the initial Assessment phase to run from 10 January through to 3 February 2022. A second Assessment phase can be done from 4 -17 February 2022, for those that have had one vaccination as of 3 February 2022 but are not fully vaccinated as of 4 February 2022.

These timeframes also extend the period for those where termination is the only option. The final decision date is now 18 February 2022 which means, after a notice period, the last day of work, if you remain unvaccinated, would be 18 March 2022 unless other arrangements have been determined.

4. We have made working from home a temporary option for those who are unable to work due to their vaccination status on MSD premises from 10 January through the assessment period.
5. We have refined the process for assessing and confirming work arrangements through the Assessment phase.
6. We have confirmed our position on working with provider, partners and co-located agencies. Contractors, cleaners, Tautiaki, partners and agency visitors are required to be vaccinated to come onto MSD premises. Co-location arrangements need further consideration before a decision is made.
7. We are looking further into whether vaccine passes should be required to be presented by clients in order to access MSD premises.

3. Consideration of your feedback

We asked you three main questions about the proposed COVID-19 Vaccination Policy and your responses to these. What we considered and what our decisions on each are outlined below.

4,936 representing 54.84% of MSD staff responded to the survey.

We asked you, “now you have seen the risk assessment process, do you think we need to consider anything else for assessing risk?”

Of those that responded:

- a. **3,072** (62.2%) of you did not think anything else needed to be considered for assessing risk

774 (15.7%) of you said something else needs to be considered for assessing risk

What you told us

Our response

There is concern that the risk assessment should include the mental and emotional health and the impact of this on a safe work environment, in particular the risk of division in the workplace including the potential increase of workplace disputes and disagreements as a consequence of the Policy needs to be considered.

The risk assessment was carried out to assess whether vaccination as a control to mitigate the spread of the COVID-19 virus was a reasonably practicable thing to do. MSD has invested heavily in resources to support the wellbeing of employees and will continue to explore other ways to do this. We are aware this is an emotive subject and have considered a range of ways we can support employees through the process.

Here is the link to doogle [Wellbeing resources](#)

The negative health impacts of the vaccine should be risk assessed including how those who suffer from pre-existing medical conditions and are unable to have the vaccine or

The risk assessment looked at whether vaccination was a reasonably practicable step to take to mitigate the spread of COVID-19 in the workplace.

What you told us

Our response

those people who may suffer from vaccine side effects, would be supported.

Some of you suggested a protective framework be developed for those suffering from pre-existing medical conditions who are unable to have the vaccine on advice from their doctor but who do not qualify for an MOH exemption.

Some respondents expressed hesitancy to have the vaccine as they feel there is contradicting information around potential negative side effects. Some felt the approval process for the vaccine was too rushed to assure them of its safety.

A risk assessment was not done on the Pfizer vaccine itself. What is the evidence that vaccination is the best protection?

A specific risk assessment of the safety of each approved vaccine was not part of this process as this has already been done by Medsafe, the appropriate medical expert.

Information, including potential side effects, on both vaccines is publicly available, and there has been an exemption process put in place by the Government for those people who cannot have the vaccine for medical reasons.

If staff experience side effects, leave provisions mean employees can recover without impacting sick or annual leave balances.

We encourage everyone to talk to their GP if they need more information or are concerned.

The assessment phase of the process is the right time for individual employees to discuss options if they are concerned about any pre-existing medical conditions that do not qualify for a medical exemption.

Employees are asked to engage constructively and in good faith if they want to discuss any reasons they may have for not being vaccinated. Note MOH have a process to obtain exemption where that is appropriate.

Clarity was sought on how staff were grouped together rather than look at each employee role individually and that there was a need to distinguish between different types of worker. This includes explaining the risk of

A number of health and safety risk assessments have been undertaken, this iterative process has been completed as the pandemic progressed and infectiousness increased with the Delta variant.

What you told us

Our response

exposure to and from the employee using advice from MoH.

This includes differentiating those workers who choose not to be vaccinated to those who cannot be vaccinated.

Workers should be grouped into three categories:

1. Workers who have a heightened risk exposure (those with MOH exemptions and those at greater risk of severe illness due to underlying health conditions)
2. Workers who are in regular contact with at-risk individuals and cannot mitigate that risk eg those caring for vulnerable whānau
3. Workers who could be vaccinated but choose not to be.

Further consideration will be given to other variants as they appear in New Zealand.

Employees were initially grouped several different ways. These groups included those who had/were:

- Contact with clients at Work and Income sites
- Contact with clients at another agency site
- Contact with the general public (eg employers) here many people congregate (eg employer expos) – large events indoors
- Contact with the general public (eg employers) where many people congregate (eg employer expos) – large events outdoors
- Visitors/contractors and other non-staff to client facing sites
- Employees working at co-located sites with other agencies (either MSD led or other agencies)
- Employees visiting clients offsite and in close personal contact
- Providers visiting clients/public offsite and in close personal contact
- Employees working at MOE sites (where agency vaccination is mandated)
- Employees working at MOH sites (where agency vaccination is mandated)
- Employees working with border workers (where agency vaccination is mandated)

What you told us

Our response

- Employees working at prisons/Corrections (where agency vaccination is mandated)
- Employees working with clients who have COVID and are isolating at home
- Providers delivering services on MSD's behalf to clients who have COVID and are isolating at home
- Non-client/public facing staff who have a high number of daily interactions with other workers including those with higher concentrations of people, or have potential cross over with people in other groups above.

The assessment started by looking at the nature of the exposure, the likelihood, the consequences, the inherent rating, the mitigations in place, then the residual rating, the additional planned mitigations and finally the impact of vaccinated vs non vaccinated workers.

During the discussion with workshop participants, the groups listed above were re-defined into five main groups as follows:

- Workers who interact with MSD clients both on and off-site (eg case managers and work brokers)
- Workers who interact with the public in the course of their work, excluding clients (eg workers at national office meeting with other agencies etc)

What you told us

Our response

- Workers who work in controlled environments without any interaction with the public (eg integrity intervention centre)
- MSD workers who work from non-MSD controlled premises, where vaccines are mandated for their workers (eg Corrections, NGOs)
- Contracted providers' workers – overlapping duties (eg housing providers)

The final risk assessment discussions led to these being further classed as those interacting with clients/public and non-client/public facing employee working extended hours with others in a closed space (sharing the same airspace) and becoming infected, and the risk of them then spreading the virus to their colleagues or members of the public. The risk of exposure for these roles is different but still significant if COVID-19 is present in the workplace.

The indirect health risks to the public if our ability to deliver services is impacted because of COVID-19 infection leading to staff becoming severely ill and unable to work for long periods was also a factor.

Some of you wanted to know who was involved in the risk assessments and how these people were selected.

Participants attended from:
Service Delivery; PSA; Māori, Communities and Partnerships; Risk and Assurance; People Group; Legal Services; Communications; Property and Facilities; Fraud Intervention Unit; Policy; Health, Safety and Security.

What you told us

Our response

We aimed to get representation at the risk workshops from a wide range of business units who understood the roles and nature of the work done across the organisation.

Decision

We have considered your feedback and our decision is that revisiting the groupings in a different way to that outlined above will not lead to a different outcome, and we have taken on board the necessity to ensure there is support in place for those employees whose mental and emotional health is impacted by this process.

We asked you, “Do you agree with the proposal for all employees, contractors, consultants and volunteers to be fully vaccinated?”

Of those who responded:

- a. **3,173** (64% of respondents to the survey) of you agreed with the proposal
1,055 (21.4%) of you did not agree with the proposal
708 (14.3%) of you were undecided/preferred not to answer or replied “other” about the proposal¹

What you told us

Our response

Other options besides vaccination can be considered.

Some suggested smaller measures before introducing a vaccine requirement such as regular testing, compulsory masks, higher standards of hygiene, staying home when sick.

The number and type of controls to mitigate the spread of COVID-19 and its variants is reviewed on an ongoing basis, most recently we have assessed:

- Perspex screens – these have been tested and are being installed at a small number of desks in client facing sites. These can cause other

¹ Of the 462 respondents who provided comments in ‘other’, around two-thirds of the responses did not support the PVP. Around 60% of these responses were sampled for a qualitative analysis and these comments have been included in the thematic analysis.

What you told us

Our response

issues which undermine their effectiveness. We are considering whether more screens are required.

- N95 masks – these are not recommended and are a limited resource which should be used in a medical setting.
- Face shields – these will not be provided as their primary function is to stop the transfer of the virus from hand to eye in medical settings. Masks must be worn with face shields.

The three controls above were considered and factored on advice from the Ministry of Health on their efficacy and use in our work environment.

Rapid Antigen Testing – future use of this has not been ruled out as an addition to our range of controls. However this is not an alternative to vaccination which decreases the likelihood of someone being infected which testing cannot do.

A large portion of responders who were otherwise in support of the mandate commented on the need for further clarification of mandatory booster-shots. These responders queried the classification of 'full vaccination status' and if that classification would change should they fail to get booster shots in the future.

In the Policy document we define 'fully vaccinated' as: has received two of an approved vaccination and any subsequent booster or vaccination recommended by the Ministry of Health.

To remain fully vaccinated for the purposes of this Policy, all required boosters or additional dosage of vaccines as recommended must be received and within the required timeframes. The situation around booster shots is still evolving.

What you told us

Our response

Respondents also commented on the fact that frontline staff are at high risk of contracting COVID-19 due to regular interactions with members of the public. As such, a mandate which is already in place in other front-line roles such as educators and health care workers should be necessary to protect these employees.

This is a decision that is made by Cabinet, and while MSD has provided information to support consideration for this, our front-line workers have not been included in any Government vaccine mandates unless they are covered by another sector mandate.

Respondents, both in favour and not in favour of the Proposed COVID-19 Vaccination Policy, shared themes including seeking alternative measures such as unvaccinated staff working from home, and the increased pressure felt by staff if fellow colleagues faced employment termination, and impact on workloads.

Permanently working from home (WFH) is not the primary option. Our preference is to keep employees in the workplace because we work and engage better that way.

WFH is a great flexible working option that a significant number of our employees use on a regular basis. Some use it when they need to; some use it in a set pattern, but it was never envisaged as an option for employees to permanently be away from the workplace.

During lockdowns, we have been forced to work this way. It was always a temporary solution to a temporary need. If we were to agree to employees permanently WFH as an option for those that are unvaccinated, we would have a group that could never (under the Policy) come onto MSD premises. They couldn't physically interact with their teams, go to team meetings, attend face-to-face training or attend MSD events. We think that would isolate people and we don't want to work that way. We want everyone to

What you told us

Our response

	<p>engage in the workplace and keep WFH as an option for those that need flexibility.</p> <p>If you are unable to be in the office because you do not meet the Policy, then you can talk to your manager about options to WFH, but there are criteria that would need to be met, such as actually being able to do your full role.</p> <p>We make this adjustment to our proposal so it can extend the timeframes for you to consider whether you want to comply with the Policy. But this has to have a definitive timeframe and we think one month is sufficient. If you are able to temporarily WFH and, at the end of that month, you do not comply with the Policy, and there are no other options, we would need to start a termination process.</p>
<p>Some respondents supported the vaccine requirement but were currently unvaccinated due to underlying health conditions which meant a higher risk of side effects from the Pfizer vaccine and are awaiting the release of alternative vaccines.</p>	<p>The purpose of the assessment phase is to understand individual circumstances and consider appropriate options, however decisions by the government around whether other vaccines will become available in the future and the timeframes for this, mean waiting for this is not a suitable option.</p>
<p>How will MSD respond to any adverse effects staff suffer as a result of having to have the vaccination?</p> <p>A small number of staff are concerned for older people or those with underlying health conditions who have/may have heart conditions or die/have died around</p>	<p>MSD provides paid discretionary leave for employees who experience any adverse side effects from the COVID-19 vaccination.</p> <p>In the eventuality of an extreme consequence, MSD has accident and illness insurance which applies to all staff. The insurance provider has indicated the personal accident cover</p>

What you told us

Our response

the time of their vaccination.

provides payment for bodily injuries which are unexpected and accidental and not arising out of a pre-existing condition. ACC may also cover some adverse events.

Decision

We have considered your responses in relation to implementing a COVID-19 Vaccination Policy. Our decision is to proceed with implementing a COVID-19 Vaccination Policy that requires all employees, contractors, consultants and volunteers to be vaccinated.

We have considered your feedback about working from home options. Working from home may be utilised as a temporary measure to allow further time to engage with us constructively on how the COVID_19 Vaccination Policy might affect you and what options may be available. If your role can be done from home, we will consider this for up to one month. If your role can't be done from home and there are no other options we will consider paid discretionary leave for up to one month.

We asked you "Thinking about the proposed phased approach in the Vaccination Policy, do you agree the rollout looks fair and reasonable?"

Of those who responded:

- a. **3,068** (62.2%) of you agreed it looked fair and reasonable
893 (18.1%) of you said it did not look fair and reasonable

What you told us

Our response

The timeframe is too short to provide adequate feedback and for that feedback to be reviewed properly – can the consultation period be extended and the decision timeframe delayed to enable robust consideration of feedback.

We received 4,936 individual responses as well as emails, lengthy letters and submissions from a number of employees outlining their concerns in detail. We provided seven working days for feedback (not counting 29 November because it was released late in the day). And we were

What you told us

Our response

collating and analysing feedback as it came in. The survey and other written feedback have been analysed by MSD Insights using a mixture of traditional qualitative insight gathering, quantitative analysis and Natural Language Processing to perform thematic analysis and grouping into prevalent themes.

Free text comments were analysed using thematic analysis. Following the use of Natural Language Processing, a deep-dive analysis was completed on a large portion of comments in the 'other' option and prominent themes and sub-themes were identified and incorporated.

We then had from 9 to 15 December to consider themes expressed in the feedback and emails so that we could prepare this Decision Document. We believe that the timeframe for consultation was sufficient and that we have completed a robust analysis and consideration of the feedback.

The timeframe to get vaccinations is unrealistic given some staff may need to see a specialist – Christmas may exacerbate wait times, and if an exemption is required, more time is needed to go through the MOH exemption process.

We have ensured that the dates outlined for first and second vaccinations are reasonable. However, based on what we've heard from you, we've extended the timeframes in the Assessment phase to allow more time to consider properly the individual circumstances of employees who do not meet the Policy. This also gives you more time to consider your personal circumstances.

We proposed the Assessment period to be from 10-17 January 2022 but

What you told us

Our response

we're going to extend this through to 3 February 2021 recognising that managers need to conduct assessments and forward recommendations through to the Leadership Team to moderate for consistency.

If you are unvaccinated on 10 January 2022, where it is practicable, we'll ask you to temporarily work from home until Thursday 3 February 2021. During that time, your people leader will work with you to assess your circumstances. In effect, this extends the Assessment phase.

By 4 February, to remain employed you will need to be fully vaccinated. If you are not, we may extend your ability to work from home until 18 February 2022.

If, by Friday 18 February 2022, you remain unvaccinated, and we have not been able to agree an acceptable alternative, you will be given notice of termination. We'll work with you around options for you during your notice period.

Concern that a genuine attempt to retain employment will not be made given the process for relocation for non-vaccinated workers under the current proposal is non-existent. External options appear to also be limited as other agencies are also taking a similar approach to MSD.

MSD should consider the individual circumstances of each worker,

Our process is clear that individual discussions will occur with each employee to fully understand their circumstances.

Where it is reasonably practicable, we will look for available redeployment opportunities. It needs to be recognised however, that these opportunities will be limited as a large number of the Public Service agencies are doing the same thing we are. So,

What you told us

Our response

including their preferences, when applying this Policy.

Some of you suggested those who are at greater risk of severe illness and who cannot be vaccinated should be given higher priority for any redeployment options than those who choose not to get vaccinated.

if you have to be vaccinated on our premises, it's highly likely you will have to be vaccinated on theirs.

We will consider every option on a case-by-case basis.

MSD should consider how leave entitlements could be applied including retirement or resignation leave for those who are non-vaccinated to ensure they are not financially disadvantaged by this process.

Employees who are eligible to retire are able to choose this at any point if that is their preference.

Decision

We have considered your responses and our decision is to extend the timeframe in the Assessment phase to allow more time to consider any individual proposals and/or circumstances raised to be considered. The initial assessment period will therefore commence from 10 January with the end date now extended from 17 January 2022 to 3 February 2022. You are reminded to engage constructively and raise any such issues ASAP.

During the Assessment phase, if you are unvaccinated, where practicable, you will be asked to work from home temporarily until 3 February 2022. If you are unable to work from home or perform any other role from home, your manager will work through options with you. If, after 3 February, you are unvaccinated, we may ask you to work from home for a further two weeks. If, by 18 February 2022, you are unvaccinated, you will be given notice of termination. During the notice period, if you decide to become vaccinated, your notice of termination will be withdrawn but you would not be able to come back onto an MSD Premise until you are fully vaccinated.

We asked you if you had any further comments on the proposed COVID-19 Vaccination Policy

A total of **2,809** free text responses were received to this question.

a. We have considered your responses which included:

What you told us	Our response
<p>Some respondents commented that a person's fundamental right to autonomy over their body exceeds the need for a mandate. While vaccination remains a choice, many respondents commented that termination of employment is an extreme outcome for those who do not choose to take the vaccine. Many respondents stated that employment termination is an act of discrimination against those who choose not to be vaccinated.</p> <p>Some stated that a vaccine mandate is an infringement of the New Zealand Bill of Rights Act 1990 and the Universal Declaration of Human Rights. Respondents also expressed concern that employers have access to their medical history and that the mandate is a breach of their medical confidentiality.</p>	<p>No one is compelled to be vaccinated; that remains your choice. Employees are able to refuse to be vaccinated, however, if people make that decision then they may not be able to remain in their role or employment with MSD, we have determined that for the work we do, having all employees vaccinated is required.</p> <p>The Public Service has received advice that vaccination will be a justified limitation on a person's right if it materially contributes to protecting the health and safety of others. This will include colleagues of the person required to be vaccinated and members of the public they interact with in the course of their duties, including people who have no option but to interact with Government agencies, which include particularly vulnerable groups.</p>
<p>A theme regarding a sense of collective responsibility emerged where respondents that supported the Proposed COVID-19 Vaccination Policy felt it was their responsibility as employees of a government agency to support a vaccine mandate.</p>	<p>We feel this sentiment aligns with the Public Service workforce guidance for the COVID-19 Protection Framework as follows:</p> <p>"New Zealand's Public Service has a critical role to play in leading the Government's COVID-19 response and recovery effort."</p>

What you told us

Our response

Respondents commented on the Ministry's intention to protect vulnerable communities. Respondents also commented on the importance of a vaccine mandate to protect immunocompromised staff and family members.

"In this environment, high vaccination rates are the best way to protect the community from COVID-19 and the Public Service must play its part. Our Workforce Vaccination Guidance published in March 2021 set an expectation that all public servants who can be vaccinated are vaccinated. We now need to set a stronger expectation that reflects the change in our operating context brought about by the shift to a minimisation and protection strategy."

One strong sentiment was that the vaccination does not reduce transmission, so a mandate is not necessary for MSD employees. Adding to this, respondents queried the effectiveness of a vaccine requirement without having one for clients, or interactions with unvaccinated people outside of the workplace.

A large number of respondents commented on the possibility of clients receiving a vaccination requirement. Comments were largely split into three groups: staff wanting clients to be vaccinated, not wanting clients to be vaccinated, or wanting more clarity on what the policy meant for clients.

This topic is clearly of keen interest to respondents who seek further clarification around the direction the Ministry will take around a potential mandate for clients.

The requirement to request that clients provide a My Vaccination Pass to come into our Service centres/MSD premises is currently being considered separately.

There are a number of considerations including ensuring access to assistance for all clients, but in particular those most vulnerable and those needing urgent assistance.

What you told us

Our response

A theme emerged around the morality of the vaccine requirement in the context of MSD values, principles and Te Pae Tata. There was concern that this requirement misaligns with the core purpose of the Ministry, which is to find employment and support New Zealanders and that it would push employees into the demographic MSD seeks to serve

The survey response demonstrates that the majority of staff support the requirement for staff to be vaccinated. Keeping staff safe is our priority and the Policy aligns strongly with the direction set by Te Kawa Mataaho (Public Service Commission).

Vaccination is also globally recognised as the best control to help prevent the spread and severity of COVID-19, particularly when used alongside other measures like distancing, face masks and increased hygiene. As an employer, this is the best thing we can do help keep you safe and well at work. This aligns well with MSD's core purpose of supporting New Zealanders.

Decision

No decision is required for this. MSD Insights collated, analysed and themed responses and our responses, above, are based on these themes.

We also asked you some secondary questions and your responses have been included below:

We asked where you were situated and what your vaccination status was

Of those that responded:

- a. **85.9%** of you said you were fully vaccinated
- 3.3%** of you said you were partially vaccinated
- 8.5%** of you said you were not vaccinated
- 2.4%** of you did not disclose your vaccination status

We also asked you for your views about how we will work with providers partners and co-located agencies?"

a. Your responses about this included:

What you told us	Our response
Sharing office spaces with other agencies not under a mandate; respondents questioned how to maintain positive interactions in shared workplaces. Comments also query how to maintain positive interactions in personal spaces.	MSD has overlapping duties with others we work with that we need to comply with under the Health and Safety at Work Act 2015. This means we need to consult, co-operate and co-ordinate with others we work with on health and safety matters. Our expectation is that these interactions are positive and respectful at any time.

b. We told you that we intended to include certain commercial contractors (Tautiaki and cleaners) in our COVID-19 Vaccination Policy. We have considered this further and our decision is set out below.

c. Commercial contractors are categorised in five main groups:

1. Tautiaki – through a contracted provider
2. Cleaners – through a number of contracted providers
3. Contractors who are treated as staff and have MSD key card access – individuals who complete work for MSD and have a similar profile to MSD staff, such as consultants, project work or IST contractors
4. Other commercial contractors for ad-hoc services – contractors who provide ad-hoc services, such as training, repair and maintenance and only come on MSD premises if, and when required
5. Suppliers – deliveries and courier type services

d. On the basis of our risk assessment and ongoing consultation with these groups, Tautiaki and cleaners with key card access will be required to be fully vaccinated to work at MSD premises.

e. Similarly, contractors with key card access working as employees are included in the COVID-19 Vaccination Policy and will be required to be vaccinated

f. Other commercial contractors, suppliers and landlords will complete their own risk assessment and implement their own policies, however our expectation is that wherever practicable, contractors or suppliers coming

onto MSD premises should be vaccinated and either confirm they or their workers are vaccinated through our commercial systems or show their My Vaccine Pass before entering. Where a contractor or supplier is not vaccinated or is not able to provide a vaccinated person to carry out the work, a joint risk assessment will be carried out with the manager of the site and other controls will be agreed in addition to the existing COVID-19 protocols already in place. This could include doing the work after hours or in a contactless way.

- g. Visitors (**excluding clients/client support people**) entering MSD premises will be required to provide a vaccine pass for entry. This would be a condition of entry. As visitors can choose to use alternative means to work with us (online, other channels) this shouldn't impact on their interaction with us. This would likely be most relevant to other government agencies and businesses. It may also impact third party providers who visit us at our premises for meetings etc (but are not co-located or working with us at MSD premises).
- h. Further work is required to inform a decision on co-locations and social service providers and their work premises that overlap with MSDs, as there are a wide range of different arrangements and we need to understand fully what the impact will be.
- i. We will look at whether we require vaccination passes for clients separately and need to give this further consideration. In the meantime our mitigation will be not to relax any of the existing controls in our premises until that decision is made and continue to assess other controls as they arise.

Additional to your feedback, we considered the Assessment phase process

We want to ensure fairness and consistency in the process. We know that employees may have different circumstances. When we consider your circumstances, we also need to make sure we are acting consistently across MSD. To ensure that, we have refined the process for assessing and confirming work arrangements through the Assessment phase.

Should you be unvaccinated, your manager will work with you to understand your situation and consider alternative working arrangements. The manager will make a recommendation to the relevant decision maker (Regional Commissioner, Regional Director, Group General Manager, General Manager) who will endorse (or not) the recommendation. All recommendations will be collated by People Group for the applicable Deputy Chief Executive to present to the MSD Leadership Team. The MSD Leadership team will moderate

recommendations to ensure fairness and consistency across the organisation against the COVID-19 Vaccination Policy. If the recommendation is agreed with, the decision maker will confirm the outcome, and this will be communicated to the employee by the manager.

If the MSD Leadership Team do not endorse the recommendation, the decision maker will reconsider the decision. If the decision maker disagrees with the MSD Leadership Team moderation, they will commence the Assessment phase with the employee from the start.

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4. Conclusion

Based on the consideration of your feedback and the decisions outlined above, the final COVID-19 Vaccination Policy is attached.

The implementation of the Policy will commence from 16 December 2021 and will involve the steps and revised timelines outlined below.

Date	Milestone
16 Dec 2021	Policy implementation
10 Jan 2022	Requirement to have at least first vaccination
10 Jan – 3 Feb (19 working days excluding anniversary holidays)	Assessment begins If no doses, Working From Home or discretionary leave during assessment If one dose – work from an MSD premise
4 Feb – 17 Feb (10 working days)	LT moderation and assessment period for those who are not fully vaccinated - continue to Working From Home or discretionary leave
18 Feb	Final decision from LT moderation communicated to those not fully vaccinated Notice period begins for those who will be terminated Working From Home through notice period.
18 Mar	End of notice period – termination effective.

5. Next Steps

The Policy will be implemented from 16 December 2021.

Resources to support the implementation of this Policy include:

- a myHR solution to record vaccination status
- manager resources to assist them to have conversations with employees,
- a template for assessment phase and recommendations
- templates letters for employees to confirm status of employment
- wellbeing support

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6. EAP and Support

We know this is an emotive and important topic for many of you, and many of you have expressed this in your comments or submissions.

We have resources to support managers in their engagement with you. We acknowledge this will not be easy for some of our people and managers themselves have a wide range of views about this COVID-19 Vaccination Policy.

We have also updated our [Frequently Asked Questions](#) on our doogle and this will continue to be updated as required.

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

Call: 0800 360 364 or

Email: counsellingsupportnz@benestar.com

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