

HR3.6 Mandatory Vaccination

Purpose

1. SAVVY provides high quality care and support services to those with a disability who are vulnerable in nature. SAVVY has a responsibility to ensure that it is always protecting the health and wellbeing of its participants and the health and safety of our workers.
2. The occurrence of communicable diseases, such as COVID19 and influenza, within the community is unpredictable and random in nature. Accordingly, health organisations hold themselves to the highest standards of preventive health measures.
3. Meeting all aspects of this policy is a condition of employment or serving as a volunteer/intern. Staff have a statutory duty to comply with all reasonable and lawful directions of an employer. Therefore, staff refusing to comply with this policy will be subject to disciplinary action, up to and including termination from employment.

Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management
2. Module 3: Provision of Supports

Legislative Alignment

1. National Disability Insurance Scheme Act 2013

Key Responsible Executive

Chief Executive Officer

For More Support

Your People Manager
People and Culture Team

Policy Statement

1. To safeguard staff, participants, and the public from increased risk of exposure to SARS-CoV-2, of severe COVID-19, all SAVVY Solutions staff members are required to provide evidence of having received a minimum of three doses of the COVID-19 vaccine. Such a vaccine must have been validly endorsed by the Australian Government Department of Health's Therapeutic Goods Administration.

2. To safeguard staff, participants, and the public from increased risk of exposure to Influenza strains, all SAVVY Solutions staff members are required to annually receive an Influenza vaccination and provide evidence of having received the vaccine. Such a vaccine must have been validly endorsed by the Australian Government Department of Health's Therapeutic Goods Administration. This annual vaccination is paid for by the company via distribution of vouchers to staff, or reimbursed by the company where the employee organises and pays for the vaccination.
3. This policy applies to ALL employees, volunteers, and students, collectively referred to as "staff". Employees that do not have participant-facing roles (i.e., visiting participants at their homes or have direct contact with participants) still interact with the participant-facing staff members. Therefore, all staff members of SAVVY Solutions are required to comply with this policy.
4. Where any staff are in breach of this policy, they may be stood down, required to take leave or subject to disciplinary action, up to and including termination, depending on the circumstances, role, health advice, ability to perform inherent requirements of the role and requirements under the relevant industrial instrument. Where shifts are removed from an individual, this would not require the relevant notice under the industrial instrument, as the vaccination of staff is an inherent requirement of the role, and failure to comply would deem the employee unable to perform their role.

Procedures

1. Current COVID19 Vaccination Requirements
 - a. Staff must provide evidence of having received three doses of the COVID19 vaccine to help protect co-workers, participants, and the public against potential infection from SARS-CoV-2 or of severe COVID-19.
2. Future COVID19 Vaccination Requirements
 - a. SAVVY Solutions will continue to follow health advice from organisations including the Department of Health, Australian Technical Advisory Group on Immunisation (ATAGI) and other government organisations with regard to the need for additional COVID19 vaccination doses and/or booster doses. Where an additional vaccination dose is recommended, SAVVY Solutions staff will be required to receive the additional vaccination dose to remain eligible to work.
 - b. In the event that a staff member is unable to receive an additional COVID19 vaccination dose due to a medical contraindication, the staff member may be eligible to apply for an exemption.
3. Current Influenza Vaccination Requirements
 - a. Staff must provide evidence of having received an annual dose of the Influenza vaccine to help protect co-workers, participants, and the public against potential infection from Influenza strains. New versions of the vaccine are developed twice a year, as the influenza virus rapidly changes, and the recommended variants of the vaccine, taken as a single dose, covers several strains of the flu virus. Annual influenza vaccine should occur anytime from April onwards to be protected for the peak flu season, which is generally June to September, with the highest level of protection occurring in the first 3 to 4 months following vaccination.

4. Future Influenza Vaccination Requirements
 - a. SAVVY Solutions will continue to follow health advice from organisations including the Department of Health, Australian Technical Advisory Group on Immunisation (ATAGI) and other government organisations with regard to the need for influenza vaccination doses, and review on the requirements surrounding vaccination will be undertaken annually.. Where annual vaccination dose is recommended, SAVVY Solutions staff will be required to receive the additional vaccination dose to remain eligible to work.
 - b. In the event that a staff member is unable to receive an additional Influenza vaccination dose due to a medical contraindication, the staff member may be eligible to apply for an exemption.

5. Exemption Requests
 - a. Where a staff member has a genuine medical contraindication, they may request an exemption from this policy by submitting a request form accompanied by a report from their medical doctor. Any other reasons are not considered sufficient justification for granting an exemption. A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. A vaccine should not be administered when a contraindication is present.
 - b. It is standard procedure for the Clinical Care Manager and SAVVY Solutions executive team, with the advice of suitably qualified clinicians, to review vaccination exemption requests on the basis of a medical contraindication.

6. COVID19 Vaccine and Influenza vaccine Exemption Request Procedures
 - a. Staff members (who are not participant-facing) requesting exemptions from required COVID19 vaccination or Influenza vaccination due to a medical contradiction / precaution must submit an exemption request form, accompanied by a report from a medical doctor detailing your medical contraindication or precaution to the immunisation, to the infection control nurse.
 - b. The Clinical Care Manager will provide advice to the Chief Executive Officer regarding approval of the request. The ability to approve and/or deny such a request rests solely with the Chief Executive Officer.
 - c. All staff members receiving exemption approval are responsible for understanding and accepting the consequences of the exemption, which may include required work restrictions (see “Work Restrictions for Staff with Approved Exemptions” below).

7. Approved Exemption Requests – Worker Restrictions

Staff members, who receive an approved exemption from this policy must agree to abide by the following:

 - a. Use of Face Masks: Staff members with approved exemptions from the COVID19 vaccine or Influenza vaccine may be required to wear a mask while at work. Masks must be changed when they become moist; they should be used once and then disposed of appropriately; hands should be washed with soap and water or hand sanitizer. Names of persons required to wear masks will be provided to the worker’s supervisors.
 - b. Restriction of duties / interaction with participants: Staff members with approved exemption may be restricted from interaction with participants who are particularly vulnerable, such as those with respiratory complications and conditions. A note will be placed on Turnpoint which indicates where these restrictions for staff and participants exist, to assist in rostering of services. There is no exemption to this process.
 - c. Staff Illness: Staff members with approved exemptions from the COVID19 vaccine or Influenza vaccine who begin to experience flu-like symptoms (e.g. body aches, fever, cough, sore throat, headache, extreme fatigue, etc.) are required to alert their supervisors. Further, they must also get a COVID19 test, and self-isolate until they receive a negative COVID19 result and until they stop displaying symptoms. They must then share their result with their supervisor, prior to removing themselves from self-isolation.

- d. Required Leave: If the exempted staff member is required by Clinical Care Manager to be excluded from all work activities, the staff member will be required to take medical leave, vacation leave, personal leave, or leave without pay for all work absences due to the exemption.

References to other SAVVY policies and external sources

1. HR1.6 Ceasing Employment
2. HR4.2 Code of Conduct
3. HR4.5 Discipline and Termination

Summary of attachments

1. Exemption Form for COVID19 Vaccination
2. Exemption Form for Annual Influenza Vaccination

Version Control

1. 1 August 2023 - New Policy Creation



Exemption Form for COVID19 Vaccination

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|----------------------|--|
| Employee Name | |
| Position | |

Please carefully review and acknowledge your understanding by initialling each of the following:

| | |
|---|--|
| <ul style="list-style-type: none">I understand that SAVVY Solutions requires all participant-facing staff to receive three doses of COVID19 vaccination, and that receipt of a COVID19 vaccine that has been approved by the Australian Government Therapeutic Goods Administration is a term of my employment. | |
| <ul style="list-style-type: none">I understand that COVID19 vaccines are available free of charge from a NSW Health vaccination clinic and general practitioners. | |
| <ul style="list-style-type: none">I have read the information about the COVID19 vaccine, and I have had the opportunity to ask questions about the COVID19 disease and the vaccine. | |
| <ul style="list-style-type: none">I understand the risk that COVID19 poses to me and to my participants | |
| <ul style="list-style-type: none">I understand that I can receive the COVID19 vaccine at no charge to protect me | |
| <ul style="list-style-type: none">I understand that if I refuse the COVID19 vaccination, I may be excluded from work and/or assigned to alternative job duties. I further understand that I will be required to take vacation or personal leave or leave without pay for the duration of time that I am excluded from work. | |
| <ul style="list-style-type: none">I understand that if I become ill with COVID19, I will be excluded from work and will be required to take vacation, medical, or personal leave or leave without pay for the absence. | |

I hereby attest that (please provide relevant documentation and check all that apply):

| | |
|--|--|
| <ul style="list-style-type: none">My medical doctor has advised me against the COVID19 vaccine due to specific medical condition(s). | |
| <ul style="list-style-type: none">Attached is my medical doctor's report describing my medical condition(s). | |

| | | | |
|---------------------------|--|-------------|--|
| Employee Signature | | Date | |
| Witness Signature | | Date | |



Exemption Form for Annual Influenza Vaccination

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|----------------------|--|
| Employee Name | |
| Position | |

Please carefully review and acknowledge your understanding by initialling each of the following:

| | |
|---|--|
| <ul style="list-style-type: none">I understand that SAVVY Solutions requires all participant-facing staff to receive an annual Influenza vaccination, and that receipt of an endorsed Influenza vaccine that has been approved by the Australian Government Therapeutic Goods Administration is a term of my employment. | |
| <ul style="list-style-type: none">I understand that the company will cover the cost of my annual Influenza vaccine which is administered by an accredited practitioner, at an endorsed vaccination clinic, pharmacy, hospital or general practitioner office. | |
| <ul style="list-style-type: none">I understand the risk that Influenza poses to me and to my participants | |
| <ul style="list-style-type: none">I understand that if I refuse the Influenza vaccination, I may be excluded from work and/or assigned to alternative job duties. I further understand that I will be required to take vacation or personal leave or leave without pay for the duration of time that I am excluded from work. | |
| <ul style="list-style-type: none">I understand that if I become ill with Influenza, I will be excluded from work and will be required to take vacation, medical, or personal leave or leave without pay for the absence. | |

I hereby attest that (please provide relevant documentation and check all that apply):

| | |
|--|--|
| <ul style="list-style-type: none">My medical doctor has advised me against the Influenza vaccine due to specific medical condition(s). | |
| <ul style="list-style-type: none">Attached is my medical doctor's report describing my medical condition(s). | |

| | | | |
|---------------------------|--|-------------|--|
| Employee Signature | | Date | |
| Witness Signature | | Date | |