

Mandatory COVID 19 Vaccination Implementation Procedure

Contents

Purpose.....	2
Alerts (if applicable).....	2
Scope.....	3
Section 1 – Definitions.....	5
Section 2 – Responsibilities and Governance	Error! Bookmark not defined.
Section 3 – Getting information about COVID vaccination	7
Section 4 – Mandatory information required from Health Care Workers	7
Section 5 – Exemptions.....	9
Section 6 – Exemptions with adjustments required non-approved exemptions and non-compliant health workers	12
Section 7 – Steps	13
Section 8 – Employees absent from workplace.....	15
Section 9 – Key support and contact information	16
Evaluation	16
Related Policies, Procedures, Guidelines and Legislation	16
Search Terms.....	17
Attachments	17

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	1 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Purpose

The purpose of this procedure is to:

- provide clear direction and guidance on the implementation of the requirements of for mandated COVID-19 vaccination for **Workers** in CHS.

Alerts (if applicable)

All Workers must comply with Public Health Emergency Directions.

The Work Health and Safety Act 2011(WHS Act) requires a person who conducts a business or undertaking (PCBU) to protect the health and safety of their workers as far as reasonably practicable. Directorates must take reasonable action to eliminate the risk of exposure to, or transmission of, COVID-19 in the workplace. If elimination is not reasonably practicable, the requirement is to minimise those risks as far as is reasonably practicable.

To ensure work health and safety is maintained during the COVID-19 outbreak, CHS must regularly assess COVID-19 risks to ensure control measures are working and take action to prevent harm, promote health and wellbeing and provide support if illness or injury does occur. This procedure has been informed by a risk assessment.

Workers at CHS fall under a range of categories in relation to their level of risk of contracting or transmission of COVID-19;

The ACT Government extended the public emergency with the Public Health (Emergency) Declaration Further Extension 2022 (no1) 10th February, effective 11 February 2022 for a further 90 days.

The Public Health (Health Care and Support Workers COVID-19 Vaccination) Emergency Direction 2022 was updated from 4 April 2022, and is in effect until the Public Health Emergency Declaration expires, i.e. until 12 May 2022.

On 10 February 2022 the Australian Technical Advisory Group on Immunisation (ATAGI) issued clinical guidance on “up-to-date” vaccination status in respect of COVID-19 vaccines. ATAGI advised that the application of this advice across various settings is a matter for governments and/or private entities as appropriate taking into account factors such as risk, proportionality, as well as local variables and priorities.

The Chief Minister’s Treasury and Economic Development Directorate Workforce capability and Governance Group, has advised that it is open to Directorates whether or not they wish to mandate 3rd or subsequent doses of the vaccine (booster shots) for their Workers. The Chief Executive of CHS has taken the decision that, CHS Workers must produce evidence of

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	2 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

having had up to date vaccinations (as guided by the applicable ATAGI guidance), or else supply an approved exemption, before their vaccination status to be considered up to date.

Up to date vaccinations are defined by ATAGI and the requirements for CHS workers could change as advice changes.

Scope

CHS is providing the requirements for mandatory vaccination to address the ongoing risks associated with COVID-19 and the removal of the Public Health Directions requiring workers on CHS worksites to be vaccinated.

This procedure applies to all Workers as required by the transition plan risk matrix (attachment A); this includes employees, contractors and volunteers employed or engaged by the Canberra Health Services. This applies also to new Workers to Canberra Health Service as described in the transition plan risk matrix.

The risk assessment has identified two tiers of workers that require a mandatory vaccination to address the risk associated with the work. The procedure provides the direction to manage the mandatory vaccination requirement of workers who fall into Tiers 1 and 2.

High risk - Tier 1

Work where employees are required as part of their duties to interact with people with an increased risk of being infected with COVID-19. *Includes all frontline staff working in high-risk areas and / or with at-risk patients (e.g. ICU, ED, 14A/B).*

Medium-high risk – Tier 2

Work where employees are required to have close contact with people who are particularly vulnerable to the health impacts of COVID-19. *Includes all staff working in patient facing roles.*

Whilst up to date vaccination is recommend for all workers in CHS workplaces, CHS only requires staff meeting the criteria of Tier 1 and 2 to maintain mandatory up to date vaccination in accordance with health advice (ie currently a booster dose).

The application of this procedure applies to those workers that meet the criteria for Tier 1 and 2 when the Public Health Emergency Direction is lifted.

This procedure remains in force until such time it is replaced or updated, based on ATAGI guidelines, or by order of the Chief Health Officer, or through changes to CHS OMU or other policy.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	3 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

This procedure will be reviewed in 12 months or earlier if required based on ATAGI advice or determined by risk assessment.

Section one - Definitions

Ad hoc volunteer means a person who provides goods or services at a **health care facility** in a voluntary or unpaid capacity, and does so on a non-systematic basis.

COVID-19 means the Coronavirus disease 2019, caused by the novel coronavirus SARS-CoV-2, or subsequent variants.

COVID-19 vaccination means the SARS-COV-2 (COVID-19) vaccine listed in the medicines and poisons standard (within the meaning of the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 15) schedule 4.

Direction - [Public Health \(Health Care and Support Workers COVID-19 Vaccination\) Emergency Direction 2022 | Notifiable instruments \(act.gov.au\)](#).

Evidence of vaccination status, for a **Worker**, means evidence from the Australian Immunisation Register kept under the *Australian Immunisation Register Act 2015* (Cth), or any other evidence in the form approved by the Chief Health Officer, that the **Worker** has had up to date doses of a **COVID-19 vaccine**. *Example*— An online immunisation history statement or **COVID-19** digital certificate from the Australian Immunisation Register.

Evidence of exemption means a copy of an exemption issued by the CHO or an authorised delegate.

Health Care Facility - a **hospital**, including a **day hospital**; or a hospice; or all health care facilities operated by Canberra Health Services.

OMU – Occupational Medicine Unit.

Worker, for a **health care facility**, means a person described in Column 1 of the table in Attachment A and excludes a **permitted person**.

Vaccination status – means one of three situations as follows: evidence of up to date vaccinations, evidence of approved exemption, or non-compliant.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	4 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Up to date vaccinations – means 'up-to-date' vaccination status, as defined by the Australian Technical Advisory Group on Immunisation (ATAGI) in their clinical guidance for the use of COVID-19 vaccines. The schedule can be found here: [ATAGI statement on defining 'up-to-date' status for COVID-19 vaccination | Australian Government Department of Health](#)

Section 2 – Responsibilities and Governance

Canberra Health Services

- is required to comply with Territory Work Health and Safety laws
- is required to comply with Public Health Emergency Directions.

Executive Director/ Group Manager

The Executive Director/Group Manager has overall responsibility for ensuring that:

- The privacy of personal information detailed under this guideline is maintained at all times and that appropriate systems are in place to ensure this privacy, in line with ACTPS privacy policies
- Ensuring workers who provide services as described under the procedure have demonstrated they are compliant with the procedure.

Managers

Managers are to ensure that they:

- Take all reasonable action to ensure that their employees and other Workers who are subject to the procedure remain compliant with the procedure by providing vaccination evidence or an approved exemption by the determined due dates.
- Records of vaccination or exemption are collected for all employees and provided to the People and Culture for recording.
- Respond to all directions provided by the Chief Health Officer (CHO).

CHS Employees

- Must provide evidence of their vaccination status from the Australian Immunisation Register (kept under the *Australian Immunisation Register Act 2015 (Cwlth)*) or their Medicare Immunisation Record to confirm they have received up to date doses of an ATAGI- approved COVID-19 vaccine, or provide an approved exemption.
- Must follow any directions as required in regard to their exemption requirements to keep them safe and advise their manager of any requirements for managing their safety as directed by CHS or the CHO.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	5 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

- Where employees have an approved exemption or who are non compliant with the vaccination requirement, they will be required to comply with relevant ACT Public Service and CHS procedures or guidelines e.g. participating in redeployment activities as directed by the Executive Group Manager People and Culture.

Any Other Workers

- Must provide evidence of their vaccination status from the Australian Immunisation Register (kept under the *Australian Immunisation Register Act 2015 (Cwlth)* or their Medicare Immunisation Record to confirm they have received up to date doses of an ATAGI- approved COVID-19 vaccine, or provide an approved exemption.
- Must follow any directions as required regarding their exemption requirement to keep them safe and advise their CHS and direct manager of any requirements for managing their safety as directed by CHS or the CHO.

People and Culture

- Records of vaccination or exemption are collected for CHS employees and recorded for the purpose detailed under this procedure only.
- Will lead the process with managers for non-compliant employees through relevant management and redeployment processes.
- Ensure all recruitment advertisements clearly indicate that COVID-19 vaccination or approved exempt status is required to work at CHS.
- Will manage an exception register and store exemptions in personnel files in line with current records management procedures.

Procurement and Contract Managers

- Notify and liaise with all current and future contractors and suppliers on the requirements of this guideline.

Occupational Medicine Unit

- Manage the registering of vaccination status, evidence and monitor compliance.
- Provide reporting on vaccination status.
- Respond to requests for information from managers regarding vaccination status as required for safe management of an employee or consumer. i.e. such as rostering to COVID patients.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	6 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Section 3 – Getting information about COVID vaccination

Employees can gain more information about vaccination by:

- Consulting their primary care provider/specialist e.g. seek advice as necessary in relation to the individual's health status. This consultation can be reimbursed by CHS.
- Visiting CHS information [COVID-19 information \(sharepoint.com\)](https://sharepoint.com/COVID-19) or ACT Public Service information [COVID-19 vaccination \(sharepoint.com\)](https://sharepoint.com/COVID-19)
- Visiting the ACT Health COVID-19 website ([here](#)) or calling the National Coronavirus helpline on 1800 020 080.

Section 4 – Mandatory information required from Tier 1 and Tier 2 Health Care Workers

Health Care Workers who are required to have mandatory up to date vaccination must provide information by one of the following options:

1. Evidence of COVID Vaccination; OR
2. An approved Exemption; OR
3. A declaration stating that they have made the choice to not receive any COVID vaccination.

Collection

Evidence of vaccination status is from the following sources:

- The Australian Immunisation Register (AIR)
- Vaccination Information Management System (VIMS)
- Medicare COVID-19 Digital Certificate (PDF)
- Medicare Immunisation History Statement (PDF)
- An approved exemption
- A statement from the employee advising intention to not comply with the procedure.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	7 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

The evidence can be provided in several ways:

- Providing consent to CHS to access either the Vaccination Information Management System or the Australian Immunisation Register to confirm and validate vaccination status
- A PDF download from MyGov or Medicare emailed to CHS Vaccination Status: CHS.COVIDvaxstatus@act.gov.au

More information about sourcing and providing the correct evidence can be found [here](#).

New employees

Applicants who fall under the procedure and are tier 1 or tier 2 will be required to provide evidence of vaccination or an approved exemption as part of their application process. Failure to do so may delay or prevent an application from progressing. All relevant job advertisements will reflect this requirement. Applicants who are unable to meet the requirements will not be able to be offered employment at CHS for the duration of the procedure.

Existing employees or Workers

For employees where evidence is not already on the record – such employees will be required to provide evidence of vaccination or an approved exemption before the deadlines provided by CHS. These deadlines can be found here: [COVID-19 information \(sharepoint.com\)](#)

For Workers where evidence is not already on the record – such Workers will be required to provide evidence of vaccination or an approved exemption before the deadlines provided by CHS.

Contractors

Contractors, partners and other suppliers who are engaged to perform contract work at a CHS facility are required to provide evidence of vaccination status to their employer. They should also be prepared to provide evidence on request by their manager when working at CHS.

Labour-hire agencies will be notified of this guideline by the procurement team and labour-hire workers will be required to provide evidence of vaccination to their employer prior to commencing the engagement.

Health Practitioners Visiting CHS

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	8 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Health Practitioners visiting CHS including Visiting Medical Officers will be required to provide evidence (as detailed above) of vaccination status to

CHS.COVIDvaxstatus@act.gov.au.

They should also be prepared to provide evidence of vaccination or approved exemption on request from the supervisor when working at CHS.

Students

Students who are engaged to undertake placements on a CHS facility are required to provide evidence of vaccination status to their educational institution prior to commencing at CHS.

They should also be prepared to provide evidence of vaccination or approved exemption to their supervisor on request when working at CHS.

Section 5 – Exemptions

Exemptions due to medical contraindication

Some Workers may be unable, due to a medical contraindication, to receive a COVID-19 vaccination. In these instances, CHS may exempt a person (in writing) from mandatory vaccination who:

- a. is unable, due to a medical contraindication, to receive any COVID-19 vaccination;
- b. or for whom any COVID-19 vaccination is not reasonably available.

Exemptions will not be considered for health care workers who hold a conscientious objection to the COVID-19 vaccination, and who refuse to get vaccinated on these grounds.

The exemption application must fall under one of the two exemption provisions above.

Workers must complete a Vaccination Exemption form. If the exemption is required for a medical contraindication, the worker must ensure Sections A and B of the Vaccination Exemption form are completed by an approved health professional.

For medical contraindications, Sections A and B of the Vaccination Exemption form can only be completed by the following:

- General practice registrars on an approved 3GA training placement
- Paediatricians

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	9 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

- Public health physicians
- Infectious disease physicians
- Clinical immunologists
- GPs who meet certain criteria:
 - i. Vocationally registered; OR
 - ii. A fellow of the Royal Australian College of General Practitioners (RACGP); OR
 - iii. A fellow of the Australian College of Rural and Remote Medicine (ACRRM).
- Unless supported by a health professional, the following types of scenarios are not valid reasons for exemption:
 - pre-existing conditions of any kind, including auto-immune disorders and hypertension, diabetes, asthma, pulmonary, liver and kidney disease, as well as chronic infections that are stable and controlled.
 - needle phobia
 - transport problems
 - family care requirements
 - mild illness without fever—meaning temperature is below 38.5°C
 - any family history of adverse events following immunisation
 - history of convulsions
 - treatment with antibiotics
 - treatment with locally acting steroids, inhaled or low dose topical
 - replacement corticosteroids
 - asthma, eczema, atopy, hay fever or sniffles
 - neurological conditions
 - pregnancy
 - breastfeeding
 - recent or planned surgery.
- Exemptions can be considered if a medical professional suggests a person has:
 - a compromised immune system
 - are severely frail
 - has a past confirmed infection with COVID-19 (noting that it is not a contraindication to vaccination, and ATAGI guidelines should be followed).
 - Has received a vaccination from an international jurisdictions which has not been approved by the TGA, and as a result are unable to produce evidence from the Australian Immunisation Register.
- Or has otherwise suggested a delay due to the following medical contraindications*:
 - having a history of confirmed mastocytosis with recurrent anaphylaxis that requires treatment
 - having ever been diagnosed with capillary leak syndrome

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	10 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

- having a history of heparin induced thrombocytopenia (HIT), central venous sinus thrombosis (CVST), blood clots in the abdominal veins (splanchnic veins) or antiphospholipid syndrome associated with blood clots
- have had myocarditis and/or pericarditis
- currently have or recently had acute rheumatic fever or endocarditis
- having congenital heart disease
- having dilated cardiomyopathy (for people under 30 years of age)
- having severe heart failure
- being a recipient of a heart transplant
- have a bleeding disorder or are receiving anticoagulant therapy (a blood thinner)
- have had COVID-19 in the past, or have ongoing illness from COVID-19
- have received any vaccine in the last 7 day

* [COVID-19 vaccination – Preparing for COVID-19 vaccination \(health.gov.au\)](https://www.health.gov.au)

- Exemptions can also be considered if the applicant is unable to attend a COVID-19 Vaccine Appointment before commencing work due to being:
 - unwell with fever, cough, runny nose or other symptoms that could be from COVID-19
 - are awaiting COVID-19 test results
 - have tested positive with COVID-19 and are in isolation
 - are in quarantine
 - are a close contact of someone with COVID-19

In the above scenarios, the exemption will be provided for a limited time period, noting that the person should not be attending work at this time either.
- If exemption requests are approved, they will be provided for a six month validity only unless there are substantial medical contraindications.
- Exemption approvals may include additional testing requirements until the applicant is able to be up to date.

How to get an exemption

Exemptions are managed OMU and CHS Injury Management team. Approved exemptions should be sent to chs.injurymanagement@act.gov.au

Records of exemptions

Records of exempt status will be recorded on RiskMan. The information will only be used for the purpose of determining compliance and managing safety and risk for the health worker in the workplace.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	11 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Approved exemptions

Workers with approved exemptions must comply with any risk management controls provided by the by CHS. This may include increased or longer-term use of PPE.

CHS will consider all reasonable adjustments available to exempt employees. If reasonable adjustments are not able to be made employees will be managed as medical redeployments under ACTPS Policy and Procedures.

Section 6 – Managing CHS employees with exemptions or non-compliance with procedure

CHS employees who have an approved medical exemption and require reasonable adjustments or who are non-compliant with the procedure will be managed by People and Culture.

CHS employees who are medically unable, or choose not to be, vaccinated must be provided with suitable work in accordance with ACTPS employment policies and the redeployment hierarchy, in escalating order of:

Stage 1 – modifying the employee's usual role to reduce the risk;

Stage 2 – modifying the employee's duties to reduce the risk;

Stage 3 – implementing reasonable adjustments ([ACTPS Reasonable adjustment policy](#));

Stage 4 – redeployment within the Directorate under section 122(2) of the Public Sector Management Act 1994 (**PSM Act**); and

Stage 5 – redeployment within the ACTPS under section 122(3) of the PSM Act.

Redeployment within the ACTPS

The following leave arrangements will apply for employees who, due to the application of a COVID-19 vaccination requirement, are unable to perform their role:

- I. for employees who are unable to be vaccinated for medical reasons – COVID-19 Leave may be provided until suitable work can be allocated (medical evidence may be requested);
- II. for employees who are unwilling to be vaccinated – the employee will be paid as if they were undertaking their normal duties until they reach Stage 5 above (refer to

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	12 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

the redeployment hierarchy). Once accepted for redeployment within the ACTPS (section 122(3) of the PSM Act), the employee will be required to access their own leave entitlements until such time as suitable work is provided.

Redeployment will be temporary and limited to the term of the mandatory vaccination requirement or the Direction.

The redeployment process should only commence once an employee has had a reasonable opportunity to access vaccination appointments.

CHS will take reasonable steps to find the employee an alternative suitable role in the Directorate, taking into consideration the employee's transferrable skills, work experience and medical capacity to perform the role. A suitable vacant role will include any role that the employee is able to perform at the same or equivalent classification, or any role at a lower classification. If the role is at a lower classification the employee should continue to be paid at their substantive level.

At any time, an employee may be temporarily transferred to a suitable vacant position in consultation with the employee, at the same classification level under sections 92, 100, 108 or 109 of the PSM Act. The employee must accept an offer of an alternative suitable position unless there are extenuating circumstances.

If CHS is unable to identify a suitable vacant role for the employee within CHS, the employee will be referred for redeployment to the Head of Service for a whole of service search. An expedited Head of Service referral will be appropriate if the employee has limited transferrable skills relevant to the available work in the Directorate or there is significantly limited work available in the Directorate suitable for the employee. Allowances and penalties may not necessarily be applied during this period

The employee will not be retired under section 123 of the PSM Act if redeployment is unsuccessful.

The employee should be actively engaged in the redeployment process.

Section 7 – Steps

The Worker is confirmed as compliant with evidence of vaccination.

The Worker can proceed to work as usual.

The Worker is confirmed as compliant with evidence of a CHS approved exemption.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	13 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

For employees of CHS the People and Culture team will:

- Record the status of “exempt” into RiskMan
- Review the exemption for any risk mitigation controls provided by the CHS and will manage assessment of the ability for the controls to be reasonably accommodated. People and Culture will also review if CHS should consider any risk management controls. This step will consider the *ACTPS Medical Redeployment Policy*.
 - If controls can be reasonably accommodated, the Worker will proceed to suitable work as directed and ensure they comply with the controls.
 - If controls can’t be reasonably accommodated, People and Culture will initiate management of the health care Worker for redeployment.
- Review dates when provided for delayed vaccinations and follow up as necessary.

For Visiting Medical Officers (VMO) the People and Culture team will:

- Record the status of “exempt” into RiskMan
- Review the exemption for any risk mitigation controls provided by the CHS and will manage assessment of the ability for the controls to be reasonably accommodated. People and Culture will also review if CHS should consider any risk management controls.
 - If controls can be reasonably accommodated, the VMO will proceed to suitable work as directed and ensure they comply with the controls.
 - If controls can’t be reasonably accommodated, the VMO will be advised of next steps which may include not being able to provide services for the duration of the procedure.
- Review dates when provided for delayed vaccinations and follow up as necessary.

All other Workers will ensure they are compliant with the directions of CHS and any risk mitigation recommendations provided by CHS. If the risk controls required are not reasonable to be managed by CHS or the employer, they will be referred to their employer for management.

The Worker doesn’t provide evidence of status by the due date or provides statement of non-compliance.

For employees of CHS the People and Culture team will:

- Manage the employee under ACTPS Loss of Eligible Person Status Policy
- Before the due dates for vaccination: Advise the employee before the date they may be at risk of becoming an ineligible person for their position and that compliance is

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	14 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

required, advising them of the impacts of loss of eligibility, and directing them to become eligible by the required date.

- Immediately before the due dates for vaccination: Advise managers of employees who have not provided evidence, so they are removed from rosters effective from the compliance date in the Direction.
- After the due dates for vaccination: Once the employee has become noncompliant, write to employee advising:
 - why it is believed they are no longer an eligible person for their position,
 - asking the employee to provide evidence - providing 7 days to comply and suspending the employee with pay during this period,
 - advising the consequences of becoming an ineligible person;
 - advising the consequences of providing false or misleading evidence.
- If the employee fails to comply after 7 days, they will be referred to the CHS redeployment team for assessment for internal redeployment.
- Employees may then be referred for skills assessment in readiness for internal redeployment (if possible) and potential referral to the Chief Minister for redeployment, should internal redeployment not be possible. Employees will be suspended with pay during this process. Allowances and penalties may not necessarily be applied during this period
- At the time of acceptance of referral to the Head of Service, the employee will be suspended without pay whilst the employee is managed in line with the ACTPS Loss of Eligible Person Status Policy. Employees will be able to request to use their own leave entitlements (annual and long service leave).

For non-employees of CHS (i.e. Workers under this guideline) including VMOs, they will ensure they are compliant with the directions of the CHO. If they are unable to meet the requirements of the Direction, they will not be able to attend CHS, for work purposes.

Section 8 – Employees absent from workplace

Employees who are on any form of approved leave at the time of the booster due date (required in order to be up to date) coming into effect, will be required to comply with the procedure on their return to work.

If employees become compliant during their leave period, they must advise People and Culture, which will update the records and withdraw ineligible status.

Employees on secondment are not required to comply with the procedure until their return to CHS.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	15 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Section 9 – Key support and contact information

Key Support and Contact information

People and Culture

Phone: 5124 9610

Email: CHS.WR@act.gov.au

Evaluation

Outcome

- Staff are compliant with the mandatory vaccination requirements

Measures

- Staff vaccination status is recorded
- Staff exemption status is recorded

Related Policies, Procedures, Guidelines and Legislation

- Enterprise agreements
- *Public Sector Management Act 1994 (ACT);*
- *Public Sector Management Standards 2016 (ACT);*
- *Fair Work Act 2009 (Cwlth);*
- *Safety, Rehabilitation and Compensation Act 1988 (Cwlth);*
- Anti-discrimination laws;
- *Human Rights Act 2004 (ACT);*
- *Work Health and Safety Act 2011 (ACT);*
- *Privacy Act 1988 (Cwlth);*
- *Information Privacy Act 2014 (ACT);* and
- ACT Public Health Directions

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	16 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

This guideline should be read together with other ACT Public Sector policies, procedures and guidance:

- ACTPS Implementing a mandatory COVID-19 vaccination policy
- ACTPS COVID -19 Vaccination Exemption Policy
- COVID-19 Work health, safety and wellbeing information for the ACTPS
- COVID advice for ACTPS employees
- ACTPS WHS response to COVID guide
- COVID WHOG WHS Risk assessment
- ACTPS Medical Redeployment Policy
- ACTPS Loss of Eligible Person Status Policy
- [Emergency-Response-Inability-or-refusal-to-comply-with-public-health-direction.pdf \(act.gov.au\)](#)

Search Terms

Vaccination; mandatory; Public Health Direction

Attachments

Attachment A – Risk matrix

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	17 of 20

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



Attachment A – Tiers of workers required to be up to date with vaccinations

COVID-19 transmission risk in the workplace Risk to CHS staff	Low risk – Tier 4	Medium risk – Tier 3	Medium-high risk – Tier 2	High risk - Tier 1
	<p>Work where employees have minimal face to face interaction as part of their normal employment duties.</p> <p><i>Includes administration staff in non-clinical areas, staff working from home or in hybrid arrangements.</i></p>	<p>Work where there is interaction or likely interaction between employees and other people such as patients, other employees or the public in the normal course of employment.</p> <p><i>Includes staff, volunteers, contractors, permitted persons* and others working in clinical areas for short durations only.</i></p>	<p>Work where employees are required to have close contact with people who are particularly vulnerable to the health impacts of COVID-19.</p> <p><i>Includes all staff working in patient facing roles.</i></p>	<p>Work where employees are required as part of their duties to interact with people with an increased risk of being infected with COVID-19.</p> <p><i>Includes all frontline staff working in high-risk areas and / or with at-risk patients (e.g. ICU, ED, 14A/B).</i></p>
Contact with patients and others in CHS workplaces	<p>Transient, less than 5 mins, less than 1.5m OR Less than 2 hours distanced contact greater than 1.5m in a non-enclosed space or large room (e.g. meeting or conference room)</p>	<p>Non-transient contact greater than 5mins and less than 15 minutes, face-to-face contact within 1.5m. OR More than 2 hours but less than 4 hours and distanced contact greater than 1.5m in a non-enclosed space or large room (e.g. meeting or conference room)</p>	<p>Face-to-face patient contact within 1.5m and between 15 minutes and 60 minutes e.g. direct patient care, meeting in small office or tearoom OR More than 4 hours and distanced contact (greater than 1.5m) in a non-enclosed space or large room (e.g. meeting or conference room)</p>	<p>Prolonged fact-to-face contact with patients within 1.5m and greater than 60 minutes per shift (cumulatively) OR Aerosol generating procedures or symptoms/behaviours e.g. persistent coughing OR Prolonged clinical procedures OR</p>

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	18 of 20

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				Contact with multiple COVID-19 cases / suspected cases / probable cases
Mandatory up to date COVID-19 vaccination required	No	No	Yes Ability to comply with any requirement to work in health or aged care sectors, including having received a current course of an approved COVID-19 vaccine or holding an approved exemption (where applicable).	Yes Ability to comply with any requirement to work in health or aged care sectors, including having received a current course of an approved COVID-19 vaccine or holding an approved exemption (where applicable).
Up to date COVID-19 vaccination recommended	Yes	Yes	Yes	Yes

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Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	19 of 20

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Policy Team ONLY to complete the following:

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>
	<i>New Document</i>	<i>Chief Operational Office</i>	<i>COVID Executive Leadership Group</i>

This document supersedes the following:

<i>Document Number</i>	<i>Document Name</i>

Doc Number	Version	Issued	Review Date	Area Responsible	Page
COVID/36	1	11/11/2021	01/12/2022	COO	20 of 20

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