



8 November 2023

[REDACTED]
[REDACTED]

Ref: OIA-2023/24-0233

Dear [REDACTED]

Official Information Act request relating to mandatory COVID-19 vaccination

Thank you for your Official Information Act 1982 (the Act) request received on 10 October 2023. You requested:

Please provide under the OIA information to show :

- 1) whether vaccination with the PfizerVax was mandatory for Ministers and/ or MPs between 3 February 2021 and present and any advice and/ or decisions showing what consideration was given to this, that factors considered and the health and safety, informed consent, NZBill of Rights and/ or other reasons for any such decision (- whether to require vaccination or not*
- 2) the same information in relation to senior managers, other employees and contractors of DPMC and Ministry of Health/ Health NZ/ each DHB.*
- 3) Any health and safety advice from or on behalf of DG of Health and/ or any relevant Minister on the pros and cons of NoJobNo Job/ mandatory vaccination for health related staff, for teachers and / or for any other mandates groups including how risks of myocarditis and/ or other serious vaccine injuries would be addressed . Please include all such advice prior to mandates and afterwards, including and changes to advice after the death of Rory Nairn and others from myocarditis““*

In relation to question one of your request, the Department of the Prime Minister and Cabinet (DPMC) is not responsible for the employment arrangements for Ministers and MPs. This part of your request will be addressed by the Prime Minister' Office to whom you also made this request.

In response to question two of your request, all DPMC staff, (including those in the National Emergency Management Agency), were strongly encouraged to receive all recommended COVID-19 vaccinations and boosters. This included all people who worked at DPMC, including permanent, fixed term, seconded, casual and agency temporary staff, self-employed.

The staff policy at DPMC, was in line with the COVID-19 mandates in operation in New Zealand at the time which means that our policy changed as the national settings changed. Copies of our policies dated December 2021 and May 2022 are enclosed with this response. Our policy was formed, based on the nature of the environment that DPMC staff were working in, and in line with the mandate guidance, that set out requirements for workplaces. In April 2022, over 99% of people who worked at DPMC in some capacity as identified above, were reported to be vaccinated.

In relation to question three of your request, this is more closely connected to the function of the Ministry of Health. We understand you have made the same request to the Ministry of Health; accordingly, we refer to their response.

You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

This response will be published on the Department of the Prime Minister and Cabinet's website during our regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely



Clare Ward
Executive Director
Strategy, Governance and Engagement



COVID-19 Vaccination Policy

i-Manage reference	4555776	i-Manage version	1
Contact	Executive Director, Strategy, Governance and Engagement Group		
Approved by	Chief Executive, DPMC	Name	Tony Lynch
		Signature	
Date amended version approved	30/05/2022	Date for review	2/05/2023

Objective

1. The purpose of this policy is to set out the Department of the Prime Minister and Cabinet's (DPMC) and National Emergency Management Agency (NEMA) approach to COVID-19 vaccinations in line with DPMC's Health and Safety Risk Assessment – Transmission of COVID-19 in the Workplace¹.
2. This assessment is based on the assumption of a highly transmissible variant, a highly vaccinated population and widespread community transmission.
3. Not only do we want to ensure our people are safe, DPMC is required to do all that it can to manage the risk of infection under the Health and Safety at Work Act 2015.

Principles

4. Our priority is that we keep our people safe and well.
5. A safe and effective COVID-19 vaccine is a vital part of how DPMC will protect the health and wellbeing of our people and other New Zealanders that we serve.
6. The goal of the New Zealand Government is to ensure that all those who can be vaccinated, are vaccinated. The final decision on vaccination rests with the individual.

¹ NEMA may have additional operational requirements to reflect the nature of their business. These will be set out in a document for NEMA staff.

Policy Statement

7. Proof of COVID-19 vaccination is not required as a condition of entry to our facilities.
8. We strongly encourage all DPMC staff to receive all recommended COVID-19 vaccinations and boosters.
9. The changing nature of the COVID-19 pandemic may lead to a future scenario where we will require a COVID-19 vaccination and associated boosters to enter our facilities.

Applies to

10. This policy applies to everyone in DPMC, including permanent, fixed-term, secondee, casual and agency temporary staff, self-employed and independent contractors (together referred to in this policy as 'staff'), volunteers and visitors who come to our sites.
11. This policy also applies to NEMA and all references to DPMC in this policy should be read as a reference to NEMA.
12. This policy is subject to any specific NEMA policy for staff, volunteers and visitors working as part of any emergency response or recovery activity.
13. The requirements in this Policy are subject to any additional restrictions imposed by the building owner/operator for which DPMC premises are located or where our people go. Where there is an inconsistency between this Policy and any requirements of the building owner/operator, the more restrictive requirement will prevail.

Health and Safety Risk Assessment – Transmission of COVID-19 in the Workplace

14. DPMC has assessed the risk and impact of a COVID-19 infection for all of our people based on an assumption of a highly transmissible variant, a highly vaccinated population and spread through community transmission. Our current Health and Safety risk assessment is attached to this policy.
15. DPMC's risk assessment is dynamic and will be revised should any factors change and could alter if other controls become available. This Policy will be reviewed if there are substantive changes to the risk assessment.

Special Leave

16. Special Leave is available for you to get vaccinated or in the event you feel unwell after your vaccination to allow rest and recovery and continue to get paid.

New Employees, Secondees and Contracts for Services

17. Evidence of having received a COVID-19 vaccination can be required for roles that will be filled by a new employee, secondee or contractor (and made a condition of employment / engagement) if all of the following conditions are met:
- The hiring manager has conducted a risk assessment (in the format provided by DPMC from time to time) demonstrating why the role can only be performed by a person vaccinated against COVID-19 and / or the role works at a third party site where that third party requires that only vaccinated persons may access the site;
 - Human Resources endorses the risk assessment undertaken by the manager or confirms the third party's vaccination requirement; and
 - An ELT member agrees in writing that the role can only be performed by a person vaccinated against COVID-19.

Storage of Personal Medical Information

18. If required, we will use human resources systems to record proof of COVID-19 vaccination. This information will be stored securely and accessible only to a small number of staff who are managing the process.

Policy Review

19. This Policy will be reviewed in the event new COVID-19 vaccination protocols emerge that are recognised by the Ministry of Health. Review of the policy will also consider advances and availability of testing.

APPENDIX - Risk assessment – transmission of COVID-19 in the workplace April 2022

The purpose of this risk assessment is to describe how the COVID-19 risk environment has changed since the last assessment (December 2021) and to aid decision-making especially now that New Zealand appears to be passing through the 'Omicron wave'.

This includes (but is not limited to) determining whether all those entering the Department of the Prime Minister and Cabinet (DPMC) facilities (employees, contractors/consultants, visitors) should be required to provide evidence of vaccination against COVID-19.

In summary, we assess that the risks posed by removing our requirement for providing evidence of vaccination to enter our facilities are acceptable. This is due to several factors:

- We know that our people are over 99 percent vaccinated, even more so than the high rates in the community.
- Our other existing workplace controls, such as enhanced hygiene, mask use, support for vaccination, and maintaining access to records, collectively continue to support risk mitigation.
- The Government has decided to maintain the isolation requirements for positive cases and household contacts, which further lessens the likelihood of COVID-19 entering the workplace.
- Health data shows that cases of COVID-19 are declining.
- There is also much better knowledge and data about which environments are higher risk than others.

Based on this, we assess the risk of both transmitting and being infected with COVID-19 at work is HIGH, based on the potential for death to be a consequence of COVID-19. However, we assess that the risk of both transmitting and being infected at work is lower than in the community and the Ministry of Health and WorkSafe NZ have asked agencies to review their risk assessments and policy with this in mind.

This risk assessment is dynamic and will be refreshed as more information comes to light, such as new COVID-19 variants of concern, surges in case numbers, or unintended health consequences of opening the national borders. It also takes a precautionary approach because of the possibility of future variants and, more generally, the developing understanding of the impact of COVID-19, including particularly Long Covid. Any change in this situation, including public health advice, may necessitate a return to more stringent measures.

Assumption highly transmissible variant and community transmission

This risk assessment assumes community transmission within New Zealand. In comparison with the environment in which our earlier assessment was made (December 2021), the highly-transmissible Omicron variant is now the prevalent variant.

While Omicron is the focus of this updated assessment, it is acknowledged that Delta (lower likelihood of transmission/more severe consequences than Omicron) has not disappeared from New Zealand completely. That said, a number of the risk factors and mitigations relevant to the earlier risk assessment, which was based on risks posed by Delta, continue to apply.

The risk assessment is undertaken on two bases:

- The risk of a worker infected with COVID-19 transmitting COVID-19 while at work.
- The risk of a worker becoming infected with COVID-19 while at work.

We have identified work tasks that involve contact with others, the most credible worst -case scenario associated with the risk of infection with COVID-19, and the likelihood of transmitted infection occurring and it leading to that consequence.

We have used the latest New Zealand Ministry of Health information to assess inherent risk, residual risk with current controls, and how having staff vaccinated and would affect the risk rating.

Methods used in this risk assessment align with DPMC's existing risk management approach, as well as with guidance from the Public Service Commission².

Out of scope

- Risks to staff not working in DPMC facilities
- Risks posed to the community when interacting with DPMC staff in the course of duties
- Impact of staff illness on business continuity
- Individual staff that are immunocompromised or staff that have regular contact with someone who is immunocompromised, which should be managed on a case-by-case basis.

EXTERNAL CONTEXT

Degree of harm

The Ministry of Health notes³ that in comparison to Delta, data continues to indicate a lower risk for hospitalisation for individuals with Omicron infection. However, at a population level, the high volume of cases leads to high hospital demand.

Omicron can still cause severe illness and even death, especially in people who are at risk of severe outcomes, although such outcomes are possible for people of any age or health status. Ongoing effects – “Long COVID” – are also possible.

The Ministry of Health notes that vaccination is currently the only known method for reducing both the likelihood of infection and the individual consequences of a person being infected. A booster dose at three months after the end of the first course will improve protection against Omicron, particularly for protection against severe disease, such as hospitalisation⁴.

Transmission and effects

People are considered likely to be infectious from 48 hours before the onset of symptoms. To prevent the spread of the virus people who have tested positive are required to isolate for full

² [Public Service workforce guidance for the COVID-19 Protection Framework | Te Kawa Mataaho Public Service Commission](#)

³ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19/covid-19-about-omicron-variant>

⁴ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19/covid-19-about-omicron-variant>

seven days from symptom onset, or day test taken, whichever came first. Some people who have the virus may not have any symptoms and could still be infectious⁵. Cases cannot return to work until at least seven days after either their symptoms started or the date they were tested if they have no symptoms. As at 31 March 2022, the Government has maintained the rules around isolation for positive cases and their household contacts.

In some circumstances they may have some mild, longer-term symptoms such as a cough, tiredness, loss of smell, etc. As long as the case is confident that these symptoms are not new, or getting any worse, then they can return to work as they are unlikely to still be infectious⁶.

Current public health advice on COVID-19 and work-related risk

WorkSafe NZ has provided guidance for organisations reviewing their COVID-19 health and safety risk assessments⁷ to determine their level of risk and consider the extent to which controls other than vaccination requirements can manage that risk. This is due high vaccination rates within New Zealand and reduced risk of reinfection for those who have recently recovered, as well as better knowledge and data than previously about the risk of contracting and transmitting COVID-19 in different work environments.

This includes asking the following questions:

- Is there a greater risk of being exposed to new variants at work than in the community?
- Does the worker regularly, as part of their work, interact with people who are at a greater risk of severe illness should they contract COVID-19?
- Does the worker regularly interact with people who are less likely to be vaccinated?
- Does the worker work in a confined indoor space (of less than 100 m²) and involve close contact and sustained interaction with others (i.e. closer than 1m, for more than 15 minutes continuously)?

WorkSafe also recommends considering other controls, such as mask use, paid sick leave and alternative ways of working, before requiring vaccination.

DPMC SPECIFIC CONTEXT

Different types of work

We have considered the range of work that DPMC staff are involved with. Most of this work is office based with notable exceptions at Government House. Staff at NEMA may also be involved in a different working environment at times during an emergency response.

Staff at Government House can operate in what is equivalent to a hospitality environment. While this work is different than other work at DPMC, there is a key additional control in place during Government House events because staff wear masks when interacting with the public. We also note that vaccination is no longer required to work at or visit other hospitality venues under the Covid Protection Framework. As a result of these factors, we consider staff at Government House to have an equivalent level of risk to other staff at DPMC.

⁵ <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19#spreads>

⁶ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19/guidance-workplaces-have-case-covid-19>

⁷ <https://www.worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid/covid-19-controls-at-work/>

NEMA Staff involved in an emergency response activation working in the National Crisis Management Centre (NCCMC) may also have additional controls in place during the activation period based on a specific risk assessment for NCCMC operations. These controls may include but are not limited to operating in cohorts, the completion of daily COVID-19 health declarations prior to starting and a scheduled Rapid Allergen Tests (RATs) surveillance regime for critical roles, which may be amplified in response to increased public health risks or external risk events. As a result of these additional factors, we consider NEMA staff working in a NCCMC to have an equivalent level of risk to other staff at DPMC.

Controls for work tasks and situations

DPMC's current controls can be broken down into several categories.

Keeping COVID-19 out of the workplace:

- Over 99 percent levels of vaccination amongst staff
- Flexible working tools and practices, including ability to connect and collaborate virtually
- Sick leave and dependant leave
- Regular and consistent messaging around staying home when unwell with any illness
- Regular and consistent support and encouragement for staff to get vaccinated and boosted.

Preventing transmission of COVID-19 in the workplace:

- Over 99 percent levels of vaccination amongst staff
- Hygiene practices in line with current health advice, including easy access to cleaning products.
- Cleaning practices in line with current health advice
- Encouraging mask use whenever staff are not at their desk
- Requiring mask use for staff during events at Government House
- Testing measures employed by NEMA staff when involved in an emergency response
- Encouraging physical distancing measures appropriate
- Decisions at the business unit level to spread team members across spaces or rosters
- Actively supporting staff to get vaccinated (and boosted) and to support family and whanau to do the same.

Rapid Allergen Tests are currently being used at individual discretion, and in some specialised practice amongst business units. DPMC is not currently considering requiring staff to use RATs but this could be considered in the future as an additional control.

Effect of vaccination (double) + boosters aka "fully vaccinated"

The safety of our people remains DPMC's priority as we navigate through the challenges that COVID-19 continues to bring. Vaccination, including getting boosted as mentioned below, is a key tool in NZ's approach under the COVID-19 Protection Framework 'traffic light system'.

We know that over 99 percent our staff have received at least their first two doses. Ministry of Health data as of 29 March 2022⁸ indicates that almost 73% of New Zealand's eligible population (age 18+) has received their booster, with the DHBs where most of our staff are registered recording higher numbers (Capital and Coast: 81.2%; Hutt Valley: 77.0%;

⁸ <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data>

Wairarapa: 74.9%). We can therefore assume with a good level of confidence that most of our staff are fully vaccinated and boosted.

Further to this, children aged 5-11 have been eligible for vaccination since our last risk assessment, with 53.9% of all children in this age group being at least partially vaccinated by the end of March (higher in Capital and Coast and Hutt Valley). This is important for lowering the risk of spread within households.

Inherent risk

We have assessed the inherent risk of a **DPMC worker positive for COVID-19 passing this infection onto others while at work** to be High.

This is based on the assumption that the DPMC worker has received at least their primary vaccination but no other controls in place for the work tasks and likely transmission situations identified. This risk is further reduced if the worker is also up-to-date with boosters. It is based on the likelihood of transmission being assessed as POSSIBLE and the consequence (worst-case scenario, including death) to be MAJOR.

We have assessed the inherent risk of a **DPMC worker being infected by COVID-19 at work** to be High.

This is based on the assumption that the DPMC worker has received at least their primary vaccination but no other controls in place for the work tasks and likely transmission situations identified. This risk is reduced further if the worker is also up-to-date with boosters.

It is based on the likelihood of being infected being assessed as POSSIBLE and the consequence (worst-case scenario, which includes death) to be MAJOR.

Residual risk assessment

When all the controls described in the DPMC Specific Context are in place and functioning as intended, we have assessed the residual risk of a **DPMC worker being infected by COVID-19 at work** to be: High, based on a decreased likelihood of UNLIKELY but the possibility of death means the consequence remains at MAJOR.

Importantly, this also takes into consideration the greater likelihood that staff will be exposed to new and existing variants when in the community, in comparison to when at work.

When all the controls described are in place and functioning as intended, we have assessed the residual risk of a **DPMC worker transmitting COVID-19** at work to be: High, based on a decreased likelihood of UNLIKELY but the possibility of death means the consequence remains at MAJOR.

		Consequence				
		Insignificant	Minor	Moderate	Major	Severe
Likelihood	Almost certain	Medium	High	High	Extreme	Extreme
	Likely	Medium	Medium	High	High	Extreme
	Possible	Low	Medium	Medium	High	High
	Unlikely	Low	Low	Medium	High	High
	Rare	Low	Low	Medium	Medium	High

Inherent risk

Residual risk

Released under the Official Information Act 1982

Risk matrix


		Consequence				
		Insignificant	Minor	Moderate	Major	Severe
Likelihood	Almost certain	Medium	High	High	Extreme	Extreme
	Likely	Medium	Medium	High	High	Extreme
	Possible	Low	Medium	Medium	High	High
	Unlikely	Low	Low	Medium	High	High
	Rare	Low	Low	Medium	Medium	High

Likelihood	Criteria
Almost certain	<ul style="list-style-type: none"> Expected to occur multiple times within the next 12 months >90% chance of occurring
Likely	<ul style="list-style-type: none"> Could occur within the next twelve months 61-89% chance of occurring
Possible	<ul style="list-style-type: none"> Expected to occur in the next two years 31-60% chance of occurring
Unlikely	<ul style="list-style-type: none"> Expected to occur once in the next two to five years 5-30% chance of occurring
Rare	<ul style="list-style-type: none"> Expected to occur in five years or more <5% chance of occurring

Term	Definition
Severe	Actual or potential for work-related event causing fatalities or life-changing/threatening injuries, illnesses or exposures to MORE THAN ONE person; OR multiple people requiring crisis or ongoing mental health care for significant exposure, e.g. PTSD. May be notifiable to WorkSafe/regulator.
Major	Actual or potential for a work-related event affecting ONE person, including fatality, injury, illness or exposure that causes a life-changing/threatening event; OR severe irreversible incapacity or health effects, or disabling illness; OR a person receiving hospital-based crisis mental health treatment or ongoing mental health care for significant exposure, e.g. PTSD. May be notifiable to WorkSafe/regulator.
Moderate	Actual or potential for work-related injury, illness or exposure (mental or physical) requiring in-patient medical treatment with reversible impairment; OR lost time injury; OR multiple medical treatment cases; OR a person receiving work-related crisis mental health treatment/counselling (not admitted to hospital). May be notifiable to WorkSafe/regulator.
Minor	Actual or potential for reversible work-related injuries, illnesses or exposures (mental or physical) requiring first aid or outpatient medical treatment, no long-term effects, may require restricted duties.
Insignificant	Actual or potential for reversible work-related injuries or illnesses (mental or physical) requiring first aid at most, no long-term effects.



COVID-19 Vaccination Policy

i-Manage reference	4469508	i-Manage version	1
Contact	Executive Director, Strategy, Governance and Engagement Group		
Approved by	Chief Executive, DPMC	Name	Brook Barrington
		Signature	
Date amended version approved	Click here to enter a date.	Date for review	31/03/2022

Objective

1. The purpose of this policy is to set out the Department of the Prime Minister and Cabinet's (DPMC) and National Emergency Management Agency (NEMA) approach to COVID-19 vaccinations in line with DPMC's Health and Safety Risk Assessment – Transmission of COVID-19 in the Workplace¹.
2. This assessment is based on the assumption of a highly transmissible variant and spread of community transmission. New variants of COVID-19 and increasing spread of community transmission in New Zealand means that the risk to our people, and those we interact with in the course of our work, of being infected with COVID-19 has increased.
3. Not only do we want to ensure our people are safe, DPMC is required to do all that it can to manage the risk of infection under the Health and Safety at Work Act 2015.

Principles

4. Our priority is that we keep our people safe and well.
5. A safe and effective COVID-19 vaccine is a vital part of how DPMC will protect the health and wellbeing of our people and other New Zealanders that we serve.
6. The goal of the New Zealand Government is to ensure that all those who can be vaccinated, are vaccinated. The final decision on vaccination rests with the individual.

¹ NEMA may have additional operational requirements to reflect the nature of their business. These will be set out in a document for NEMA staff.

Policy Statement

7. From 6pm 24 December 2021 all those who come to DPMC sites must have a Covid-19 Vaccination Certificate, otherwise known as a My Vaccine Pass (CVC), unless they are under 12 years and 3 months of age. This includes DPMC staff and visitors

Applies to

8. This policy applies to everyone in DPMC, including permanent, fixed-term, secondee, casual and agency temporary staff, self-employed and independent contractors (together referred to in this policy as 'staff'), volunteers and visitors who come to our sites.
9. This policy also applies to NEMA and all references to DPMC in this policy should be read as a reference to NEMA.
10. This policy does not apply to a person who works remotely for DPMC where there is no expectation that the person will come to a DPMC site at any time.
11. This policy is subject to any specific NEMA policy for staff, volunteers and visitors working as part of any emergency response or recovery activity.
12. The requirements in this Policy are subject to any additional restrictions imposed by the building owner/operator for which DPMC premises are located. Where there is an inconsistency between this Policy and any requirements of the building owner/operator, the more restrictive requirement will prevail.

Health and Safety Risk Assessment – Transmission of COVID-19 in the Workplace

13. DPMC has assessed the risk and impact of a COVID-19 infection for all of our people based on an assumption of a highly transmissible variant and spread of community transmission. You can see our current [Health and Safety risk assessment](#).
14. We have identified work tasks that involve contact with others, the most credible worst-case scenario associated with the risk of infection with COVID-19, and the likelihood of transmitted infection occurring and it leading to that consequence. We have assessed inherent risk, residual risk with current controls (e.g., masks, handwashing, distancing), and what having all DPMC staff vaccinated who work in that area would do to the risk rating.
15. DPMC's risk assessment shows that vaccination is the highest level of control, reducing both likelihood and consequence (severity) of infection. Vaccination is the only control that reduces the residual risk to a medium risk. Requiring CVC compliance (which includes some people who cannot be vaccinated for medical reasons and have an exemption from the Director-General of Health) is likely to effectively reduce the risk.
16. DPMC's risk assessment is dynamic and will be revised should any factors change and could alter if other controls become available, for example, widespread rapid antigen testing. This Policy will be reviewed if there are substantive changes to the risk assessment.

Visitors to a DPMC site

17. Visitors will be required to provide a CVC prior to entry effective from 6pm 24 December 2021. If a visitor cannot produce a CVC, we ask that they do not come on site and an online meeting is arranged instead.
18. We ask that you exercise caution when considering bringing anyone under the age of 12 years and three months on to our sites.

Unvaccinated staff

19. As a staff member, if you choose not to be vaccinated or choose not to disclose your vaccination status we will work with you individually to understand your situation.
20. Depending on your role and the nature of the work undertaken, we will consider the way you work, the ability for you to undertake your work from an alternative location, and the availability of alternative work. In good faith, we will ensure that you have opportunities to respond to any proposed changes to your employment and take into consideration your feedback. You will have the chance to meet with your manager and be supported by a support person of your choice. DPMC's priority is to retain our people and accommodate individual's choices where we can. If we are unable to find a solution with you, we may need to consider the termination of your employment. This, however, would be the last resort, after a consultation process with you.

New Employees, Secondees and Contracts for Services

New employees, secondments and contracts for services

21. Paragraphs 22 -23 apply to all offers of:
 - a) employment (including permanent, fixed-term, casual and agency temporary employment) and secondment to DPMC;
 - b) contractors and consultants on a contracts for services who will be required to access a DPMC site (contractor)
22. With effect from 9 December 2021, all offers to the persons listed in paragraph 21 will be conditional on the person being CVC compliant and producing their CVC before they begin work at DPMC, and on full continued compliance with this Policy. On request, we may help arrange vaccinations.
23. If an employee, secondee or contractor is not CVC compliant before they are due to begin work, their employment, secondment or contract may be terminated on the basis that they have failed to meet a fundamental condition of their offer of employment, secondment or contract.
24. Paragraphs 22-23 do not apply if the work is to be done remotely, where there is no expectation that the person will come to a DPMC site.

Special Leave

25. Special Leave is available for you to get vaccinated or in the event you feel unwell after your vaccination to allow rest and recovery and continue to get paid.

Gaining and Storage of Personal Medical Information

26. We will use human resources systems to record that you have a valid CVC.
27. Your answers will need to be confirmed by your manager who will be in touch with you to sight your CVC. They will certify they have seen your CVC.
28. This information will be accessible only to a small number of staff who are managing the process and who will be involved with a manager in any follow up, such as potential options.
29. If you choose not to provide or do not have a CVC, your manager will note that they have not sighted your record and you will be treated as if you do not have a CVC.
30. Once DPMC has a record of your CVC, you are will not be required to produce further evidence of your CVC until your CVC expires. You will be prompted to update your CVC record prior to expiry.

Policy Review

31. This Policy will be reviewed on or before 31 March 2022 and will be altered to accommodate any other vaccination options that are recognised by the Ministry of Health. Review of the policy will also consider advances and availability of rapid antigen testing.