

Vaccine policy feedback

Comment	Proposed response	SLT view
<p>I have no problem with the policy happy to divulge the fact I have had the first vaccine waiting the second one in June.</p> <p>Pippbrook is a crowded building when fully operational and some of the facilities, i.e. the toilets struggled to cope.</p> <p>In order to reduce numbers and risk of infection would staggered work patterns be introduced, part time in the office and part time working from home?</p>	<p>Whilst the advice remains to work at home where reasonably possible we do not expect full attendance at Pippbrook and will therefore operate a booking system until the threat of Covid has reached acceptable levels as informed by government/health policy.</p> <p>Once there is no need for restrictions in attendance we will be working on longer term policy (this could include hybrid working for some services but it will be job dependant).</p>	
<p>My only feedback on this would be, what would happen if staff did not make managers aware that they have or have not been vaccinated? How does this relate to the GDPR process in storing employees private/healthcare data, when it is a requirement rather than opting to provide this personal information.</p> <p>I hope the points above can be considered.</p>	<p>The Policy explicitly says that unless risk assessments determine that the tasks/activities and the environment within which they are undertaken are high risk, there is no basis upon which to inform managers of vaccine status. Vaccination is an additional protective measure, cannot be fully relied upon, and there must be no assumptions about other's vaccination status (or changes in behaviour even if you do happen to know).</p> <p>In order to comply with GDPR principles any data on vaccination status will be confined to the circumstances identified above – thus ensuring processing is fair and proportionate.</p>	

	<p>For the small number of activities that are identified as requiring knowledge of vaccination status.</p>	
<p>In relation to the draft vaccine policy, I see that under ‘further information’ there is a reference to ‘pregnant individuals’ with a link to a general page. There is a more specific link on the Gov.Uk website which states that pregnant women should not routinely be given the vaccine as they haven’t yet been tested in pregnancy:</p> <p>https://www.gov.uk/government/publications/safety-of-covid-19-vaccines-when-given-in-pregnancy/the-safety-of-covid-19-vaccines-when-given-in-pregnancy</p> <p>I understand that this can be a very sensitive subject for employees to discuss openly until at least 12 weeks of pregnancy has passed so would it be possible to add a little more detail around this in the policy to reassure anyone who is planning for a baby or who is in the early stages of pregnancy and hasn’t shared this with anyone yet. I have already had a conversation with a member of staff who is clinically vulnerable and has been offered the vaccine but doesn’t wish to have it for these reasons. She is now feeling very worried about not being allowed to return to the office if she hasn’t had the vaccine.</p>	<p>The advice on vaccination for pregnant females has recently changed:</p> <p>https://www.gov.uk/government/news/jcvi-issues-new-advice-on-covid-19-vaccination-for-pregnant-women</p> <p>If a woman who wishes to become pregnant, or is in the early stages of pregnancy, has concerns she is advised to discuss this with her GP.</p> <p>There will be a very small number of tasks or activities that are likely to be identified as sufficiently high risk to justify making the vaccination a job related requirement, however if there is an employee who fits this category, and she feels uncomfortable discussing her concerns about the vaccine with her manager, she should discuss directly with HR so that we can explore all available options and refer to occupational health if relevant. It must however be accepted that the relevant line manager will always need to be informed if she is not able to do tasks normally included in or covered by her role (in just the same way the line manager would be expected to risk assess a newly pregnant or breast-feeding mother’s activities).</p>	

	<p>Additional wording has been added to the policy to clarify that there is no link between vaccine status and attending the building – vaccination is an additional protective measure only; individuals are not expected to discuss vaccine status unless their activities are high risk. (Therefore no assumptions should be made about building occupants having been vaccinated).</p>	
<p>A few points I wish to raise on the Proposed Vaccine and Asymptomatic Testing Policy:</p> <ul style="list-style-type: none"> • If the Council considered that as an employer, they owe a duty of care to all staff, why does this policy only relate to the ongoing Covid-19 Coronavirus Pandemic and not for other viruses / bacteria, for example, MMR? If it is considered a policy is not required for other viruses / bacteria then why is it necessary to have a policy solely for the Covid-19 Coronavirus? • As this policy only relates to the ongoing Covid-19 Coronavirus Pandemic, then the policy should be time-limited and if so then there needs to be a date or data-point, e.g. % of staff vaccinated, after which the policy no longer applies. If the policy is not going to be time-limited i.e. permanent (at least until the Council decides to make changes) it would be odd to have a policy that only relates to Covid-19 Coronavirus and no other viruses / bacteria. 	<p>The disruption and death rate caused by Covid-19, and the very fact that it is a global pandemic causing millions to lose their lives puts it in an altogether different category to any other infection at the current time.</p> <p>The application of this policy will be regularly reviewed and at a point where the threat and disruption caused by Covid-19 are such that it is no longer determined necessary to implement protective measures such as those identified in this policy, it will cease to apply and any data held for the small number of staff who have provided information about their vaccination status will be deleted. The first such anticipated review period will be September 2021. As with any dynamic risk assessments, material changes may prompt review at any other relevant time.</p> <p>It will not be appropriate or possible to link this to %age of staff vaccinated – the</p>	

	<p>policy is that for the vast majority of cases we will not require our employees to tell us their vaccination status so we will not have that information.</p>	
<p>Dear HR, I understand the thinking behind this proposed policy but I am rather perplexed by the sudden need to have staff pass over this very personal and sensitive information. Employers have never asked staff to disclose whether they have had flu, diphtheria, MMR or TB vaccinations or are suffering from infectious diseases such as HIV. Additionally Employers do not ask for proof of vaccinations from staff that have visited countries known to have widespread infectious diseases such as Yellow fever, rabies and hepatitis. What about visitors?</p> <p>The problem is that the nature of COVID is still not fully understood and is likely to change quite regularly. Even now, there are COVID variants that will change the nature of control measures. Today, for example, I have heard about the possibility of a pill!</p> <p>There are also issues of personal freedoms and GDPR but I am certain others will have opinions about this.</p>	<p>There is no general need to provide information on vaccination status – only those jobs/activities identified as high risk. Wording has been added to make this clearer in the policy.</p> <p>See above re comments on the distinguishing nature of Covid-19 versus other infections. In particular, HIV is not passed on nearly as easily as Covid-19 and would be unlikely to be transmitted as a matter of course in a workplace.</p> <p>Regarding infections brought from other countries, it is always possible that people will pass on infection but the size and scale of Covid-19 and its status as a global pandemic causing millions to lose their lives means that the level of risk/scale of infection associated with passing it on is far more foreseeable. As an employer we are seeking to balance our duty of care towards everybody who works for us or uses our services with the issues of personal freedoms which we are highly aware of.</p> <p>As further Covid variants or treatments emerge we will continue to follow government/scientific advice and review any impact on this policy. This is an area</p>	

	<p>that will continue to be subject to change as both science and the virus evolve. We will consult again if any material changes are proposed.</p>	
<p>We discussed this further at Staff Hub last week. We thought it would be worthwhile feeding back that the changes the Government has recently made to make free testing available to everyone could be included in the Asymptomatic Testing section along with this link: https://www.nhs.uk/conditions/coronavirus-covid-19/testing/get-tested-for-coronavirus/</p>	<p>Thank you – this link was added to the Q&A's to reflect the change, but has now also been placed directly in the policy.</p> <p>Testing has moved on since the policy was first drafted so this section has been re-written.</p>	
<p>I would offer the following comments which are more in the way of queries:</p> <ol style="list-style-type: none"> 1. Is there a general aim to open up the office fully only when ALL staff have been vaccinated? 2. If you choose to work in the office, will you be required to carry out LFTs. If so, would this be dependent upon how many days per week you choose to work in the office? 3. Will you need to have had, say, at least the first dose before attending physical meetings inside MVDC premises (Government has not allowed the extension of virtual meeting formats, to which public are allowed access, beyond the end of May 2021) 	<p>In response to your questions:</p> <ol style="list-style-type: none"> 1. There will not be a link between opening up the office and vaccination because unless a member of staff is conducting a high risk activity there is no job related requirement to have the vaccine. As stated in the policy, the office is also a public building therefore it would be meaningless to require staff to have the vaccine for this reason alone if we cannot adopt a similar position with visitors, Councillors etc. and to do this would be unlawful. 2. Twice weekly lateral flow testing is strongly encouraged for everybody (and the policy has been updated to include the most recent government offering as stated above) but it does not make 	

	<p>sense to specify that the test must be done on a particular day as we have no way of knowing what else staff are doing to increase risk of the virus directly after taking the test. It would be likely to be unworkable (and also potentially unlawful) to mandate it. We are very much hoping our employees take a common sense approach.</p> <p>3. We will not be mandating employees to have the vaccine before attending physical meetings – the vaccine is an additional control measure but cannot be relied upon by itself and it would be inappropriate and disproportionate to require it for physical meetings in the absence of any factors which increase risk. Other protective measures will be applied (e.g. social distancing, ventilation, hygiene, Perspex screens, face coverings while moving around etc).</p>	
<p>This email is regarding feedback on the proposed vaccine and asymptomatic testing policy.</p> <p>Having reviewed the draft policy I think we need a record that equalities implications have been taken into account during the development and approval of this policy. I would suggest that this is done by way of an equality impact assessment (EIA). <i>(Link is to Molly page where template and guidance notes can be found.)</i></p>	<p>We fully accept and understand there may be disproportionate impact on different protected groups. For this reason we are taking a very controlled and specific approach requiring only those staff who are conducting high risk activities, for which the full range of protective measures must be applied (including both doses of the vaccine) to even discuss their vaccination status.</p>	

I have listed below the protected groups that may be impacted (positively or negatively) by the introduction of this policy. I have briefly explained my thoughts and would be happy to discuss further with the appropriate officer in HR if helpful.

- **Age** – possible positive impact for those in priority groups or age groups who have already received the vaccine. Possible negative impact for those age groups that have not yet been offered the vaccine, particularly if the vaccine is required in order for them to carry out certain tasks or their role at MVDC.
- **Disability** – could positively impact those who are in priority groups due to their illness or disability and have received the vaccine already. Possible negative impact for any persons who may be advised against having the vaccine due to their illness or disability.
- **Race (this includes ethnic or national origins, colour or nationality)** – the hesitancy to take the vaccine within some communities may lead to indirect discrimination and has the potential to negatively impact people on the basis of race.
- **Religion and belief** – similarly above re vaccine hesitancy in some communities.

I would also suggest that the possible impacts on protected groups are recorded if the decision is made to extend the vaccine policy to cover recruitment to certain roles.

I had originally also included pregnancy and maternity in the above list, however it looks as though the PHE guidance has recently changed and I think, in light of the change, there is now no impact on that group in relation to this policy.

Once a job/task has been identified as high risk, the manager will need to understand the member of staff's position on vaccination and if other protective measures are not considered sufficient, and he/she is unwilling to have it – a full, thorough and sensitive discussion will be held which will explore impact, grounds etc., assisted by HR or occupational health as appropriate.

This policy will only apply to a very small number of people, who, once identified, will have equalities implications very much considered as a part of the discussion; the outcome of an equalities impact assessment would in all likelihood be that only those jobs/activities for which there is a need to determine the full range of potential protective measures will lead to discussions about vaccination status and that this approach is a proportionate means of achieving a legitimate aim (the legitimate aim being to protect our workers and vulnerable people we come into contact with through our jobs).

<p>As mentioned above I would be happy to discuss this in more detail or provide support in the completion of an EIA if needed – just let me know.</p>		
<p>I would like to register my concern regarding the request to inform the Council of vaccination status. I understand there are certain very specific roles within the Councils operations which may warrant requesting this information, but these are very specific scenarios. I do not feel this is relevant to my role and I therefore feel this is an infringement of my right to medical confidentiality.</p>	<p>Agreed. We will only be requiring those very specific roles to discuss vaccine status and this has been made clearer in the policy.</p> <p>As to whether this applies to your role, your manager will need to assess your activities and the environment within which you operate to determine if it is relevant to you. We therefore encourage you to raise this with your manager. The vast majority of people will be able to keep their vaccination status to themselves though we strongly encourage all our employees to take up their opportunity to be vaccinated if medically advised to do so. This will keep you and everyone around you safer.</p>	