

Welcome to the Vax Risk Assessment Webinar

The Webinar will start shortly.
Please note that your microphone will be muted
throughout. If you have any comments or questions
please use the chat function.

Vax Risk Assessment Webinar

Chair – Megan Nicholson, NCOSS
Presenter – Alison Plant, Ask-Insight
November 2021

Acknowledgement of Country

NCOSS acknowledges First Nations peoples as the sovereign custodians of Country, and pays respect to Elders of past, present and future generations. We acknowledge and value the distinct culture, customs and practices present in the many and diverse tribal nations across NSW.

NCOSS accepts the invitation of the Uluru Statement from the Heart and supports a First Nations Voice to Parliament enshrined in the Australian Constitution

This session

- What are DCJ's requirements?
- How to use the NCOSS Guide and Tool to think through risk and mandatory Vax
- FAQ
 - Savi Manii, Manager, Justice Connect
 - Michelle Dowd, Manager, Commissioning Policy, DCJ
- Resources and support
- Note that the webinar will be recorded



COVID-19 management and vaccination policy for DCJ service providers

This policy sets out the approach that all service providers must take to consider and manage COVID-19 risks to keep workers and the people they work with safe.

DCJ requirements



By 22 December

A documented **COVID-19 management plan** including

- **risk assessment** for each service setting
- plan to respond to each risk in day-to-day business
- business or service continuity plan

Processes and activities for

- supporting a Client with a confirmed/suspected case of COVID-19
- managing the risks associated with supporting a Client who is unvaccinated
- processes for recording visitors, (+ QR code)
- supporting testing, tracing and isolation of Workers /Clients exposed to COVID-19
- processes for recording, monitoring compliance and managing contraindications if vaccination is a requirement to control COVID-19 risk

DCJ Requirements - Policy 13 Oct 2021

Your management plan needs to be on file – DCJ will email to establish compliance.

DCJ (Rebbeck) providing guidance manual and workshops

Vax Risk Assessment Tool

Tool

[About](#) - [Membership](#) - [Policy & Advocacy](#) - [Sector Hub](#) - [News](#) - [Training & Events](#) - [Jobs](#)

NCOSS COVID-19 Vax Risk Assessment Toolkit

NCOSS COVID-19 Vax Risk Assessment Toolkit

NCOSS has developed a COVID-19 Vax Risk Assessment Toolkit.

To walk you through the toolkit and to answer your questions, an [online learning session](#) will be held on 18 November. It's free to attend, but RSVP is required.

You can also send questions and feedback by clicking [here](#).

The Toolkit comprises:

- [Guide to Vax Risk Assessment](#)
- [Vax Risk Assessment Worksheet](#)
- [Frequently Asked Questions](#)
- [Resources](#)

The Toolkit aims to help social sector service organisations navigate requirements and issues in deciding whether to mandate vaccination for their workers to keep their workplaces safe.

Why a vaccination toolkit?

Work Health and Safety (WHS) laws oblige all employers to eliminate health and safety risks in the workplace. This applies to workers, clients and any other people who come into contact with your service. If a risk can't be eliminated, then you must do everything reasonably practicable to minimise the risk.

In the context of COVID-19, the Department of Communities and Justice (DCJ) requires contracted service providers to undertake a risk assessment to determine, among other things, whether they should mandate the vaccination of their workers.

The NSW Public Health Order mandates vaccination for all workers of organisations that receive



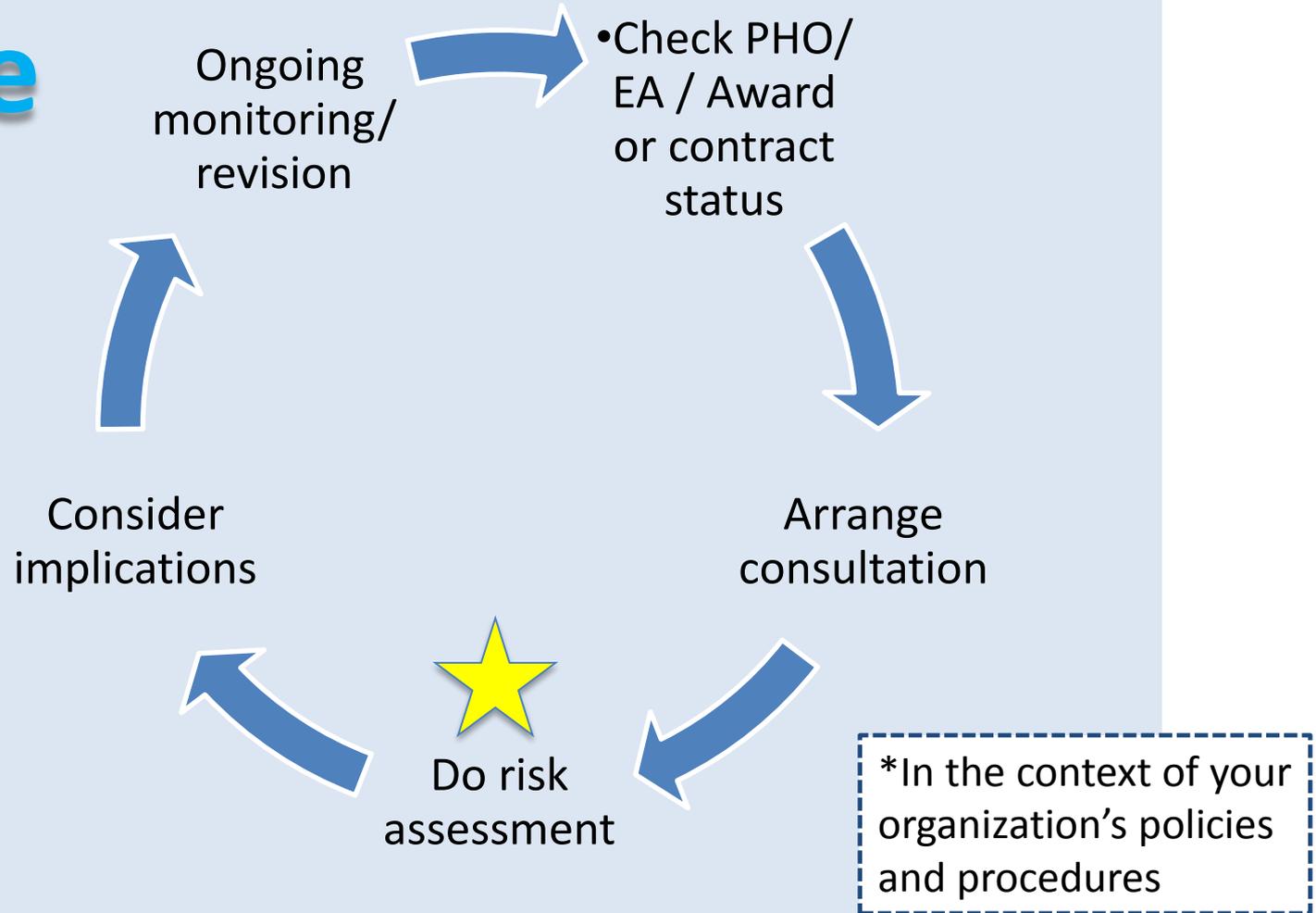
Guide to Risk Assessment: COVID-19 Management and Vaccination Policy

3 November 2021
Version 1.1

Activities	The hazards related to COVID-19 infection when those activities happen	Factors that increase risk of infection/transmission	Who is impacted (which groups of clients/ staff/ others)? Which Tiers of Work ?	What is the inherent risk rating (if you do nothing)? Low / medium/ high / critical	What reduces/ controls the risk and is it in place?	What is the risk rating with controls in place? Low / medium/ high / critical	Does risk remain impacted? Y/N
	Support '1B18	Support B39	Support '1B47	Support '1B157	Support '1J2, Support '1B77	Support '1B144	Support '1B1

<https://www.ncoss.org.au/ncoss-covid-19-vax-risk-assessment-toolkit/>

Cycle



Risk process

1. Who are your clients and what is your purpose as an organization?
2. What are your service settings?
3. Listing activities
4. The hazards related to COVID-19 infection when those activities happen
5. What increases the likelihood of transmission? Are these hazard factors inherent to your service model?.
6. Who is impacted?
7. What controls are in place? How effective are they?
8. Your assessment -> Does risk remain?
9. Other risks associated with managing COVID risk
10. Additional controls in support of policy
11. Implications

Risk process

COVID VACCINATION RISK ASSESSMENT Cover sheet

ORGANISATION	
OUR PURPOSE/MISSION	
OUR CLIENTS	
DATE	
AIM	This document records the vaccination risk assessment undertaken by <organisation name> in consultation with the senior team/WHS committee/staff reps/Union/ staff and volunteers <add in accordance with your workplace health and safety arrangements>
CONSULTATION ACTIVITIES SUMMARY	
CONFIRMED	Date finalised / ratified by Board?
REVIEW	Date of review (review date may be brought forward in response to a PHO or other change in circumstance)

Example

1. Who are your clients and what is your purpose as an organization?

- *What do you know about them/ any particular factors that increase vulnerability to infection and/or the effects of COVID-19 such as typical age?*
- Community youth support service, focus on couch surfers and at risk youth
- Some likely to be unvaxxed as have problems navigating 'paperwork', don't have Medicare cards etc, or not want to share vax status
- Erratic lifestyles, move a lot between suburbs/locations, some are itinerant workers
- Overcrowding in shared accommodation common

Example continued

2. What are your service settings?

- *How much control do you have of the workplaces? Sharing space? Outreach activities?*
- Outreach model – go to where young people congregate
- Drop in Centre provides showers/hot meals/information/ recreation activities
- Office administration in same space

Activities	The hazards related to COVID-19 infection when those activities happen	Factors that increase risk of infection/ transmission	Who is impacted (which groups of clients/ staff/ others)? Which Tiers of Work ?	What is the inherent risk rating (if you do nothing)? Low / medium/ high / critical	What reduces/ controls the risk and is it in place?	What is the risk rating with controls in place? Low / medium/ high / critical	Does risk remain for the people impacted? Y/N	Is vaccination identified as an additional, practical and necessary way of controlling / reducing the risk? *Y/N
	Support 'IB18	Support B39	Support 'IB47	Support 'IB157	Support 'IJ2 Support 'IB77	Support 'IB144	Support 'IB157	

Example continued

3. Listing activities

- Activities include interviews, case work and referral
- Laundry/shower/cafe drop in facilities + community building (chats/ info/ snacks)
- Office/IT/Admin work etc in same space

4. The hazards related to COVID-19 infection when those activities happen

- Group members may not maintain physical distancing or wear masks
- Used masks etc on site
- Outreach into other settings

5. What increases the likelihood of transmission? Are these hazard factors inherent to your service model?

- Clients may not be vaccinated, or be in households with unvaccinated children
- Clients could undertake risky behaviours in community/ not isolate if ill
- Phone supports tested but not as effective as face to face outreach but face to face work increases risk
- Public access to café, indoor setting
- Current rates of infection in LGA

Example continued

6. Who is impacted?

- All staff doing outreach and face to face work
- Average age of staff is 28, 2 volunteers in kitchen over 60.
- Client/client infection possible

What is the inherent risk rating? Low/Medium/High/Critical

7. What controls are in place? How effective are they?

- Physical distancing
- Windows opened/ meet clients outdoors where possible
- Masks and sanitizer provided, special bins for PPE etc
- Tables/chairs spaced in café, QR codes etc
- Health promotion, education and awareness ongoing for staff and clients

What is the risk rating with controls in place? Low/Medium/High/Critical

Example continued – Risk Matrix

		SEVERITY				
		Insignificant No first aid required or no impact on wellbeing.	Minor First Aid required or slight impact on wellbeing.	Moderate Medical treatment required, time off work or moderate impact on wellbeing.	Major Hospital admission required, significant time off work or substantial impact on wellbeing.	Extreme Fatality, life threatening injury / illness or permanent disability to one or more persons.
LIKELIHOOD	Almost Certain Expected to occur in most circumstances	Low	Medium	High	Critical	Critical
	Likely Will probably occur in most circumstances	Low	Medium	High	High	Critical
	Possible Might occur occasionally	Low	Medium	Medium	High	High
	Unlikely Could happen at some time	Low	Low	Medium	Medium	High
	Rare May happen only in exceptional circumstances	Low	Low	Low	Medium	High

Risk Level	Required Action
Critical	Act now using the hierarchy of controls.
High	Act today using the hierarchy of controls.
Medium	Act this week using the hierarchy of controls.
Low	Act this month using the hierarchy of controls.

Example continued

8. Your **assessment**? *Does risk remain?*

Is mandatory vaccination identified as an additional, practical and necessary way of controlling / reducing the risk to health? Yes

9. Other risks associated with managing COVID risk

- Cost of larger venues
- Staff concerns re vax/ working with unvaxxed youth

10. Additional controls in support of policy

- Record keeping and monitoring procedures
- Rapid Antigen Testing?

11. Implications and actions

- Policies and procedures, e.g. ensure new staff and agency staff vaxxed

FAQ



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NSW Council of Social Service

Your questions

Clients and service delivery

- How far can orgs go asking clients about their vax status? Can we ask e.g. regarding the home base/proximity to hotspots/health-symptoms ?
- What are orgs responsibilities to staff in outreach roles and settings beyond their control e.g. going to regional areas, community centres, courts, expos?
- Re: the interpretation of the policy: *'NSW Public Health Order rules requiring businesses to limit access to fully vaccinated people do not apply where a service is assisting vulnerable members of the public'* . What if staff and other clients have an issue with 'unvaccinated' clients entering premises?
- Can COVID testing (eg Rapid Antigen Testing) be used, as part of the risk assessment, to be able to provide 'unvaccinated' staff and clients access to offices?

Your questions

Implementation

- Our Management Committee policy mandates double vax but we have staff and volunteers that are unwilling – what can we do?
- We have employees /volunteers who are vulnerable rather than clients (e.g. over 70/ill health) - does this mean a risk assessment indicates mandatory vax?
- Which employees are included in the DCJ policy? I.E is it only staff who actually deliver the DCJ funded services or does the policy apply to others such as finance officers, accountants, operations managers and executive officers who work across a number of funded services within the organisation?

Records

- What are an employer's obligations regarding record keeping - what if staff don't want to disclose vax status? Does that mean more controls of other types are required (if they don't tell do you assume unvaxxed?)
- If writing policy and procedures what can we say regarding sighting vax certificates?



Resources and support



Sources of support

DCJ
Rebeck.com
Guidance Manual,
Training and
Templates

Session 1:	Friday 19 November 2021 from 2.30pm to 4.00pm	Early intervention: TEI, ACFCs, Family Connect & Support and other early intervention services Register Here
Session 2:	Monday 22 November 2021 from 10.30am to 12.00pm	Domestic and family violence services (all services except residential services) Register Here
Session 3:	Monday 22 November 2021 from 12.30pm to 2.00pm	Homelessness services: specialist homeless, domestic and family violence residential services, youth and other homeless services Register Here
Session 4:	Tuesday 23 November 2021 from 9.30am to 11.00am	Child & Family: Out of home care residential settings Register Here
Session 5:	Tuesday 23 November 2021 from 2.30pm to 4.00pm	Child & Family: Permanency support and family preservation services Register Here
Session 6:	Wednesday 24 November 2021 from 12.30pm to 2.00pm	Community housing providers (CHPs) Register Here
Session 7:	Wednesday 24 November 2021 from 2.00pm to 3.30pm	General session Register Here

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Sources of support - resources

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The aim is to expand this list as more resources become available and feedback indicates what is most useful. Please send comments and suggestions to COVID-VAX@ncoss.org.au.

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NCOSS thanks Justice Connect for this material. Source:

<https://www.nflaw.org.au/managing-vaccines-workplace> (Accessed 26 October 2021)

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Sources of support - FAQ

Sources of support

Justice Connect	Webinars and legal briefing
ACWA	Legal advice clearing house and training
HNSW	Community of Practice, Funding (Members), Library, SHS Guidelines
ASU	Guide to risk assessment process and guidance on employers' obligations, Factsheets
Fair Work	Guidance on consultation, tiered approach to risk, managing conflict
Safe Work	Guidance on consultation, employer obligations
LCSA	Policy templates, links on website
AbSec	Webinars (starting w/c 22 November)
Centre for Volunteering	Guidance and seminars