



COVID-19

Downer New Zealand vaccination procedure - consultation outcome

6 December 2021





Monday 6 December 2021

To all Downer, Hawkins, and Spotless employees in New Zealand

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Kia ora

A huge thank you to everyone who took their time to provide feedback. It was important that we heard from as many people as possible as we are addressing a very serious issue in COVID-19 for us as a business, and for everyone who works with us.

We are very pleased to say that we received 1200 pieces of feedback which gives us confidence that people have had their opportunity to input into both the risk assessment and the Vaccination Procedure.

Summary of Feedback

Some of the feedback expressed very strong views from both those that are strongly in support and those that strongly don't support the proposed Vaccination Procedure.

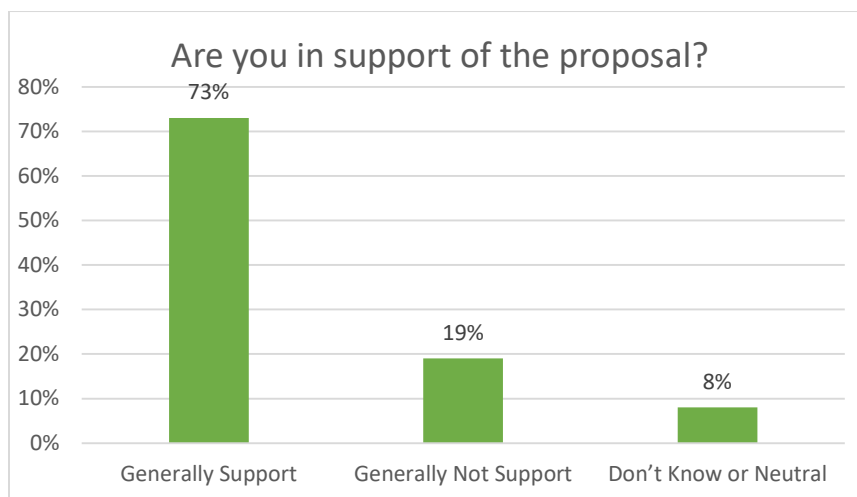
Those strongly in support were generally in support in order to feel safe at work and to protect their families and other vulnerable people they interact with. Some people stated they did not want to work with unvaccinated people and had various reasons for this.

Those strongly not in support generally stated concerns with the vaccine or thought it was important that people be able to make this choice themselves. They did not think that the Government direction was correct in relation to vaccination as the primary control of COVID-19 and did not support the use of mandates. Some felt that Downer should not take Government guidance in these matters.

There were shared concerns from both those that supported and those that don't, about the impact that this will have on some individuals, about resource shortages we are already facing, and the potential for this to divide us as a company (and a country). The caring and empathy that Downer people have for each other came through very clearly, and many acknowledged this was a unique situation, different from anything we have dealt with before.

It is rare to get such conflicting views and it is clear whatever is decided some people will think the decision is incorrect and question our approach as an employer. Avoiding difficult decisions is not an option, and we have had to make decisions that are in the best interests of both the people of Downer and the business.

Overall, most people who responded were in support of the Vaccination Procedure as you can see in the graph below:



Response to Feedback

You can read the detailed responses in the following attachment.

The Leadership team has reviewed the feedback and now confirm the following:

1. Risk Assessment

We have reviewed the risk assessment based on the specific feedback we received, particularly feedback that individual risk factors should be considered. The WorkSafe guidelines specifically state that individual risk can't be taken into account. We did consider all the specific roles that people indicated they thought were low risk. However, they all had factors that increased risk, including travelling in shared vehicles, working with different customers, sub-contractors and working groups, attending emergencies, and/or interacting with other groups that were themselves higher risk. We were questioned as to why we had grouped roles together in our risk assessment and this reflects the interactions that groups have together, increasing everyone's risk. We have learnt over the past few months that it is very difficult to maintain distancing protocols over the longer term particularly where there are shared facilities.

We confirm our risk assessment methodology and the outcomes as per the proposal, that all but Open Space Management and Excell, are high risk work activities for COVID-19.

2. Vaccination Procedure

We confirm that from 8 February 2022 all high-risk work based on our risk assessment will require those undertaking the work to be fully vaccinated against COVID-19. Employees whose work is covered by either a Government mandate or a Client mandate may require partial or full vaccination at an earlier date and will be advised of the dates that apply to them.

We have made some changes to the Procedure to reflect the feedback we received.

a. Review Period of the Procedure

We have further emphasised in the Procedure that both the Procedure and the Risk Assessment will be reviewed and updated to take account of any changes including, to the risks of COVID-19, to medical treatments that could change the consequences of COVID-19 infection, to the effectiveness of other controls, to the vaccination regimes. To further support

this, we have included a regular three-month review to ensure that our approach always remains relevant and appropriate from a Health & Safety perspective.

b. Working from Home

We consulted on the basis that working from home would not necessarily be an option. This was to ensure that people didn't assume that the Procedure wouldn't affect them and because we do hold concerns about long-term effects of exclusive working from home on performance, connectivity and wellbeing. Obviously working from home is not an option for everyone but we will consider this for as many people as we can. Suitability to work from home will consider the need to interact with others as part of the role, need to supervise work, degree of people management in the role, impact on other key stakeholders. We will trial working from home where we think roles can still be performed effectively, even if under normal circumstances the role would not be able to be undertaken from home.

c. Rapid Antigen Testing (RAT)

The RAT testing trial that we participated in has been completed and has resulted in the Government allowing RAT testing to take place in NZ. RAT testing provides an additional layer of protection but is not a substitute for vaccination. For example, we are going to use RAT testing for those that need to travel out of red traffic light zones, to provide added reassurance for those that they interact with in non-red zones. We are also trialling using it where we have had a positive COVID-19 case on site, for those that may have come into contact, to allow them to continue working and give the wider site that added protection.

d. Effective Dates

The Vaccination Procedure will come into effect on 7 December 2021. The Procedure will require all employees undertaking high risk work to be fully vaccinated by 8 February 2022 (unless they are covered by a Government or Client mandate that requires vaccination by an earlier date).

The Implementation timetable from here is as follows:

1. During December

Managers will work with their team members to understand if they are currently able to comply with the Vaccination Procedure. If employees advise they cannot comply, then Managers will work with them to understand what further assistance they may need, including time off to get vaccinated, time off to seek advice from their doctor or GP, financial assistance to get medical advice from their doctor or GP, or access to medical advice.

Employees will be asked to enter their vaccination status into VAXn8, our secure portal for collecting vaccination status. While it is not required that employees provide this information, we will have to assume that if we do not have the information that people are unvaccinated.

2. During January

Managers will work with any employees that have advised they will not be able to comply with the vaccination requirements. Alternative options will be considered, and if practicable, will have been agreed.

Downer is open to employees taking annual leave or leave without pay, if they require more time to be able to comply with the vaccination requirement, to be able to maintain their employment.

3. 8 February 2022

The requirement for vaccination will apply for all high-risk work and unvaccinated workers will not be able to undertake work or enter our workspaces.

If no alternative options have been agreed, then a minimum of four weeks paid notice of termination will be provided. If the person becomes vaccinated during this notice period, their employment will continue but they will need to take leave until they are able to return to work.

While I'm pleased that the Vaccination Procedure has the support of most Downer people, I am very aware that this necessary response to COVID-19 to keep people safe and healthy is likely to have negative consequences for some. I hope this is as few people as possible and we remain committed to helping where we can to give people the support they need to be able to comply with the vaccination requirement. We will continue to treat everyone with respect and while safety can't be compromised, we are open to alternative options.

As always, we will keep you informed of any changes that COVID-19 and the Government response may bring.



Nga mihi nui
Stay safe and healthy

Steve Killeen
CEO, Downer New Zealand

APPENDIX I – DETAILED FEEDBACK AND RESPONSES

Vaccine Issues

Much of the feedback that did not support the proposal related to issues with the Vaccine.

Feedback	Response
Has Downer completed a risk assessment on the vaccination?	No. It is the Government's role, through MedSafe, to determine whether a vaccine is approved for use. The Pfizer vaccine and the Astra Zeneca vaccine have been approved by the NZ Government.
Why is Downer making us take a vaccination that we don't trust?	Downer is not requiring anyone to take the vaccination. In supporting vaccination, Downer does this based on the Ministry of Health advice that vaccination is the best means for NZ to combat the impacts of COVID-19. However, no one is required to take the vaccination, this is a matter of personal choice.
The vaccine is not safe and hasn't been properly tested?	We follow the advice of the NZ Government, and the information on their Ministry of Health sites. The Pfizer vaccine being used in NZ has been held to the same high safety standards as any other medicine used in NZ.
I am fearful about the side-effects of the vaccine	All medications have potential side-effects even commonly taken household medications, most of these are mild and there are some rare more serious side-effects. We encourage those that have concerns about side-effects to talk to a qualified medical practitioner to determine the level of risk compared to the risk of contracting COVID-19, based on their personal medical history.
What happens if someone has an adverse reaction to the vaccine?	Anyone who thinks they have had an adverse reaction to the vaccine should seek medical help. If this results in people needing to be absent due to sickness, then this will be treated as sick leave as per normal.
Why is the vaccination an effective control when you can still get COVID-19 even when you fully vaccinated?	Ministry of Health advice is that as with any vaccine, the Pfizer vaccine (Comirnaty) may not fully protect everyone who gets it. However, it is highly effective if people have both doses. That means, if you do catch COVID-19, you're far less likely to fall seriously ill and less likely to transmit the virus to others.
If we need to get boosters does that mean the vaccine doesn't really work	Many vaccinations and medications need multiple doses or boosters. We will follow Government advice on what vaccination

	regime is required to give the level of immunity that protects people.
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Choice

There was substantial feedback around the concern that the proposal removed genuine choice from people. This feedback was predominantly received from those who do not support the proposal but was also a concern raised by some that did support the proposal. The key concern voiced was that this was not a decision that should be forced upon others. It was acknowledged that Downer was not forcing anyone to be vaccinated, but that having to have it in order to continue to do their role was an issue raised by many.

Feedback	Response
Why are you putting in a mandate, shouldn't this be everyone's personal choice?	Vaccination is a choice however we have developed a Procedure that will restrict people from working in high-risk work when they are not vaccinated. This has been put in place to meet the obligations of the Health & Safety In Work Act and in compliance with WorkSafe guidelines. Those guidelines required us to undertake a risk assessment as we would with any new risk in our workplaces. Once we had determined that the risk was high, we are required to mitigate that risk. Looking to advice from the Government vaccination was the most effective control.
This wasn't a requirement when I signed my employment agreement, and I don't think I should now have to be vaccinated to do my job	COVID-19 and its variants have changed our lives in many ways that we never anticipated. It is not entirely new for us to need to add requirements for roles whether it be specific qualifications or safety requirements when things change, but nothing has had the impact that COVID-19 has.
What are we doing to educate those that are vaccine hesitant?	We encourage everyone to look at the official COVID-19 information on the covid19.govt.nz website. Information about the vaccine can be found at https://covid19.govt.nz/covid-19-vaccines/get-the-facts-about-covid-19-vaccination/covid-19-vaccination-your-questions-answered/ We are also offering people time off to visit their doctor or GP to get advice specific to their own situation. If people don't have access to a GP or need financial assistance to get access, then they can talk to their manager to get this assistance.
If NZ is at 90% vaccinated why is this necessary?	The COVID-19 Protection Framework (Traffic Light System) was designed specifically for NZ once it got to 90% fully vaccinated. With the Delta variant even this

	high level of vaccination has not resulted in keeping COVID-19 under control, and we see other countries around the world with vaccination rates at this level still experiencing significant community transmission.
Why not wait for the Government to put in place a mandate?	The Government has been clear that at this point in time they are only going to put in mandates where vulnerable people are involved (health, education & corrections). They have created a framework and changed legislation to assist businesses in putting vaccination mandates in place where a risk assessment supports it.
This seems to blur the line on what is an employer's responsibility	Many in the construction & infrastructure industry encouraged the Government to stipulate how vaccination should be used in the industry but they declined to do so, instead leaving it to each business to manage themselves.
Is this really being for health & safety reasons or is this just a convenient excuse?	Health & safety is the driver for the Vaccination Procedure. Without the risks brought by the COVID-19 pandemic we would not have developed the Procedure
I am concerned we will need to become policemen on site	Part of the reason for the period before the Vaccination requirement comes into force is that we need to put in place the systems and processes to make enforcing the Procedure as easy as possible.
Why is this necessary when NZ has a high recovery rate and a low death rate?	From March 2020 up until August 2021 the Government ran an elimination strategy through the policies that were introduced. With the latest outbreak of the Delta variant the Government has shifted its focus from elimination to minimising the impact, primarily through getting as many New Zealanders as possible vaccinated. By having a high level of vaccination, the Government believes that they will restrict the spread of COVID-19 but more importantly reduce the severity of infection therefore reducing pressure on the hospital system.
If I become unwell as a result of the vax will it be considered a work-related accident and be covered by ACC?	Adverse reactions to the COVID-19 vaccine are not considered by ACC to be 'work-related' personal injuries. ACC can provide treatment and support for injuries caused by COVID-19 vaccination if it meets the criteria for a non-work treatment injury.

Procedure

Feedback	Response
<p>There should be a sunset or review clause in the Procedure. What is the expected duration of the Procedure?</p>	<p>The Vaccination Procedure clearly states that it will be reviewed regularly, as will the risk assessment, to take into account any changes. Those changes could be changes to COVID-19 variants, new alternative controls, medicines or change to the level of community transmission. To make that even clearer we have put in a three-monthly review period to ensure that we have the appropriate health & safety measures in place</p> <p>We all hope and expect there will be a time when this procedure is no longer necessary and becomes inactive, however the timing on this is very difficult to predict. Many of us thought that COVID-19 would not be an issue beyond 2020.</p>
<p>Does fully vaccinated include boosters?</p>	<p>Fully vaccinated means whatever the Government determines it to mean. Boosters have now been introduced; therefore, we expect at some stage a booster may be required for someone to be considered fully vaccinated. We understand this is why vaccination certificates have expiry dates.</p>
<p>Those with medical exemptions should be allowed to keep working</p>	<p>We will do what we can to support those with medical exemptions. However, maintaining safety will always come first. If medical exemptions are due to being immunocompromised then this will also need to be considered when determining if there are alternative ways for people to be kept safe.</p>
<p>Will Downer make changes to the Procedure if there are new medicines that better treat COVID-19 or new information about the vaccine?</p>	<p>We will keep the Vaccination Procedure and the associated risk assessment up to date with any new or changed information about risk factors as well as any other controls.</p>
<p>Are mandates legal? Terminating people as a result of this will be illegal</p>	<p>Mandates are legal and are in fact required where the risk is assessed to be high. The Government has introduced legislation that clarifies the process which businesses need to follow to terminate employment for those that do not comply with vaccination mandates.</p>
<p>If this is required for Downer employees, I want to know that it will apply to sub-contractors, Clients and labour hire.</p>	<p>If Downer sites require vaccination, then this will apply to everyone on that site including Clients, sub-contractors and labour hire. There will be protocols in place to manage supplier deliveries and other short interactions with sites, with the need</p>

	for vaccination determined by the risk and ability to put in place other controls.
What are the protocols going to be to ensure that only vaccinated people can get on-site?	We will put in place the systems and processes needed to enforce the Procedure. We will utilise the vaccination certificate for non-regular visitors to site and our vaccination records collected through VAXn8.
Is there a specified date when a single vaccination is required?	Our Procedure did not stipulate the date by which a first dose of vaccination is required. However, based on feedback we will make this clearer in the revised Procedure. In order to be fully vaccinated by 8 February 2022 people will need to get their first vaccination by 17 January 2022. People will be able to undertake work up until the 8 February 2022 however.
This policy should be implemented later on	We are trying to find the right balance to give people enough time to seek the advice and information they need to then get vaccinated if that is their decision but also recognising that we have people that are concerned about being required to work alongside people that are not vaccinated.
What is the process for a medical exemption going to be?	Since we released the draft Procedure the Government have released the process for a medical exemption. A medical practitioner or nurse practitioner needs to apply on the behalf of the individual and the application is submitted to a Ministry of Health panel for consideration. The Director General of Health notifies of the outcome of the application and issues the exemption (if granted).

Alternative Options

Feedback	Response
Why is working from home long term not a viable alternative option? Many of us have been working from home during lockdown	Many of us have been working from home as a temporary measure while we haven't had any choice. Most, if not all, of our roles are less effective when undertaken permanently from home as this limits face-to-face interactions with others, knowledge sharing and relationship building. However, we will work with each individual to determine whether working from home can be done effectively and without too much impact on others. This may need to be on a trial basis, but we will do our best to support this, to allow those that can, maintain their employment.

Why did you indicate upfront that working from home may not be viable? This seems like a lack of good faith consultation.	We wanted to make sure that people had all the information in order to give feedback. We didn't want people to assume that working from home was an automatic option and therefore not provide relevant feedback.
Why do we still need to wear masks if everyone is fully vaccinated?	The use of face masks will be significantly reduced once we are fully vaccinated, particularly in the Orange level.
Could people offer to get regular testing instead of being vaccinated?	Testing is not a practical alternative to vaccination on a long-term basis. The frequency of testing that would be required, delays in getting the results and the procedures and costs associated with it mean that it is more suitable for short-term or one-off situations.
How are we going to manage those that are medically exempt if they are allowed to continue to work on site?	Medical exemptions will be evaluated to determine if there are alternative ways to mitigate the risk.
Is Rapid Antigen Testing an option that could replace vaccination.	Rapid Antigen Testing is not reliable enough on its own to be relied upon as a primary control. It will be used in specific situations such as our team that is traveling to the Chatham Islands. They are required to be vaccinated and we will use Rapid Antigen Testing to test them periodically to provide an extra layer of protection to ensure our people do not inadvertently expose the Chatham Islanders to COVID-19.

Risk Assessment

Feedback	Response
OSM shouldn't be exempt as they come to the depots as part of their roles. It would be safer for all roles were covered by the mandate.	Safe work procedures will be developed for OSM to operate safely. This will include applying the appropriate COVID-19 protection protocols for unvaccinated work groups.
Shouldn't the risk assessment be done on personal consequence of contracting the virus. Our team is young and fit and works most of the time outdoors	Worksafe guidance specifically states that the risk assessment must be done on the work being done rather than the individual performing the role.
An unvaccinated person is no more likely to transmit the virus than a vaccinated person	Ministry of Health advice is that if you do catch COVID-19, you're far less likely to fall seriously ill and less likely to transmit the virus to others.
Most roles have been classified as high risk. This blanket approach lacks nuance; surely a risk assessment of this nature should be done on an individual basis.	Worksafe guidance specifically states that the risk assessment must be done on the work being done rather than the individual performing the role.
Is COVID-19 really a work hazard or just a community hazard?	Section 36 of the Safety at Work Act 2015 requires Downer NZ, as a PCBU, to ensure the health and safety of our workers

	including contractors and labour hire employees.
Is the policy to protect me or to protect my co-workers? If it's for me then that should be up to me. If it's for others, then there is no evidence that vaccination reduces transmission	The Policy is to both minimise the likelihood of our people being exposed to the virus while at work and from minimising the consequences of contacting the virus should that occur.
Why do I need to get vaccinated when I don't have much exposure to the public?	We have experienced several exposure events in the workplace recently. These have occurred by our people encountering a worker who has tested positive for COVID-19 or being close contacts of someone outside the workplace who has COVID-19. These events have highlighted the risk of exposure even when the public is not involved.
How much is the workplace risk improved by excluding the unvaccinated from it?	Ministry of Health advice is that the vaccine is highly effective if people have both doses. That means, if you do catch COVID-19, you're far less likely to fall seriously ill and less likely to transmit the virus to others.
Why are Excell exempt even though they operate out of our depot?	Safe work procedures will be developed for Excell to operate safely. This will include applying the appropriate COVID-19 protection protocols for unvaccinated work groups.
In the Risk Assessment framework, category D How work is done, in our office it is possible to always maintain at least a metre and most of the time 2 metres. This would impact the scoring matrix to below 10. Is it possible to review this on an office-by-office basis?	The risk assessment identifies offices as having an elevated risk because of both the risk posed by "super spreaders" (those staff that visit multiple sites) and the lack of ventilation which has been identified by Worksafe as a risk in the spread of COVID-19. In addition, we have found it difficult to continue to enforce distancing over time.
I understand the company's position that working from home is not going to be considered on a permanent basis. Is it possible to request to work from home for an additional period of time once the Government Covid Framework is in place, to allow me further time to assess impacts of the vaccine or alternative vaccinations?	We are committed to working with people to consider options that allow us to keep them safe and allow them to effectively perform their jobs. If there is a specific time period required until someone can be vaccinated then options, such as working from home or a period of leave, will be considered.
The risk assessment needs to be more role focused than department focused as required on the WorkSafe website	Our work requires the interaction of many roles therefore we have looked at each site or work area.
I consider my role to be low risk - Milford Road Alliance we have a very small crew, travel in separate vehicles and don't have public interaction - Road-marking, as we work at night and rarely come into contact with other people - Mill Operator - Inspector	The risks for each of these groups are different but all have higher risk component. In addition, working in close proximity to others and sharing workspaces such as depots, vehicles and toilet/lunch facilities are key risk factors for exposure to COVID-19.

<p>- Outside work - Remote work with customer equipment</p>	<p>Other relevant factors are that we undertake emergency response work when our people can be in close contact with others unexpectedly. Some of these roles frequently travel to complete their work and interface with other organisations, other than Downer.</p>
<p>I feel that a precedence has already been set that the vaccine is not required in my role given that I am classed as essential worker and have worked throughout all alert levels autonomously and within the covid safety system without a requirement for vaccination, I believe that approximately 266 days after the vaccine was first released in NZ, it is somewhat negligent that only now a new risk assessment has been carried out.</p>	<p>Previously NZ was following the elimination strategy and used lockdowns to reduce spread as well as several other control measures for those that needed to work. With the Delta strain and the abandonment of the elimination strategy we are expecting to see far greater community transmission than previously in NZ. This changes the risk assessment and is why the NZ government has now introduced the COVID-19 Protection framework and vaccination mandates.</p>
<p>I don't agree with broad brush approach to determining project risk</p>	<p>Our work requires the interaction of many roles therefore we have looked at each site or work area.</p>
<p>I'm in Taranaki and there aren't any cases so how can I be high risk?</p>	<p>Under the elimination strategy NZ cases have been kept low. Since August the Auckland region has been in level 4 and 3 lockdowns, with a controlled border, to stop spread to the rest of the country. Those controls are being lifted in December and as a result case numbers will rise across the country. We have done the risk assessment based on the risks in this new context, where community transmission will be considerably higher than now.</p>
<p>Death from COVID isn't really that likely and its mostly old people</p>	<p>New Zealand has been very successful through a strict elimination approach at minimising death. In the UK COVID-19 has resulted in 144,000 deaths. Even Australia that has followed a similar approach to NZ has had 1,978 deaths (as at 25/11/21) and 186 of these were people under 60. While this is smaller proportion, we need to do whatever we can to reduce the risk of death and serious illness.</p>
<p>I don't agree with the risk assessment used to determine whether vaccines are required. Some gave feedback that the assessment of risk should have been higher and others that it was overstated – such as this - the risk matrix hasn't been used properly by comparing the likelihood of COVID-19 onsite against consequence. It should assess the hazard identified against the</p>	<p>A qualitative risk assessment will always be subjective – so differing opinions are expected. This risk assessment was done based on the best information available at the time, from Government and other reliable sources, in order to make a decision about the best way to protect our people, and their families. It also aligns with direction from WorkSafe NZ.</p>

<p>likelihood of that consequence which would reduce the risk to Cs.</p>	<p>Our approach involved first considering which roles are most likely to result in our people being exposed to COVID-19 after we move to the Protection Framework (when the virus is expected to be present in the community more than under the current elimination strategy). In the Downer NZ risk matrix, “Almost Certain” does not necessarily mean “>80%”, it can also mean “Likely to occur multiple times throughout a project” (<i>and similarly for other likelihood levels – refer to DG-RM-ST001, Annex D</i>). We believe that this is reasonable.</p> <p>We then considered that for our workforce, the highest credible consequence for an unvaccinated person is a medium-long term illness/ hospitalisation (a “4” in the risk matrix). We could have used a higher consequence level and lower likelihoods – but the risk ratings would have been the same. We don’t believe that it is reasonable to use a lower consequence level based upon current medical and hospitalisation information.</p> <p>Multiple studies have shown that fully vaccinated people are much less likely (between 15 and 20 times) to have severe symptoms – regardless of their age or other health issues. They are also less likely to infect others. We have reflected this in the risk assessment as a reduction in the consequences of infection.</p> <p>With new strains of the virus emerging, but also new treatments and vaccines, we will be regularly reviewing the risk assessment</p>
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Other Concerns

Feedback	Response
<p>This proposal has the potential to be divisive, making the unvaccinated to be bad people. How is Downer going to address this?</p>	<p>The potential for this response to COVID-19 to create division between people is a concern we share. We value and respect all our people and will do our best to support everyone through this unprecedented situation. We have to pay heed to the majority of our people that are asking us to keep them and their families as safe as possible. We will actively address any inappropriate behaviour that treats any of our people in an unacceptable way.</p>

<p>This is going to result in Downer losing good people when we are already finding it really difficult to find the people we need?</p>	<p>It is certainly very difficult to find ourselves in a situation that a decision we have had to take to keep our people safe is going to potentially result in us losing some of them. If we didn't think we need to do this we certainly would not, as it is really difficult to find good people currently.</p>
<p>Will a Booster Bus be provided?</p>	<p>We are certainly happy to look at any ways we can make it easier to get a booster vaccine, if required.</p>
<p>Can I take time off during the day to get my shots and would it be possible for someone to come and support me in that?</p>	<p>You can take time off during work time to get a vaccination. We are sure that if you asked your manager for some support to do this that they would help you find someone willing to provide that support.</p>
<p>Why did you consult again with those in Corrections and Justice?</p>	<p>We realise that Government mandates came in earlier and that we have already consulted with impacted employees on these. However, we wanted our consultation to cover everyone so that if there are future Government mandates or people change roles within the organisation, they had been able to have their say.</p>
<p>What's the point of this consultation as you have already made up your mind? Subbies have received an email saying that to work for Downer you need to be vaxed</p>	<p>Consultation is an important part of the process hence we have given 14 days to provide feedback. In addition, we have consulted directly with the relevant Unions. We have also written to our subcontractors and suppliers advising them that we are undertaking consultation. This was to give them time to give us feedback and to start consultation with their own people if they thought it necessary.</p>
<p>Our manager told us if we have been to a location of interest we don't need to be tested unless we aren't feeling well as this could result in us having to isolate for 10 days</p>	<p>At all times we will follow the advice of the Ministry of Health on such matters as close contact isolation requirements. This advice has changed with the increase in vaccinated people and the impending introduction of the COVID-19 Protection Framework. We understand that tracking locations of interest may not continue under the COVID-19 Protection Framework.</p>
<p>I'd like to see more detail on how we are going to manage sub-contractors. Will the pre-qualification process be updated to reflect vaccination requirements?</p>	<p>We have written to all our subcontractors. We already have some contracts covered by Public Health Orders or customer-imposed vaccination mandates. The subcontractors involved in this work have been asked to provide us with a declaration. This is being recorded in our subcontractor database.</p>
<p>Please consider policies regarding sick days and how it is managed</p>	<p>We have sick leave in place to allow people to stay home when they are unwell due to any illness including COVID-19. Currently</p>

	<p>the Government is providing additional support to businesses through the Leave Support Scheme which covers those that test positive for COVID-19 as well as those that need to isolate as close contacts. Downer will apply for this scheme on behalf of affected employees to be able to continue to pay people that are affected by COVID-19 in this way.</p>
<p>I think some further clarity on how the other tools to keep workplaces safe and COVID free would be beneficial - e.g., continued use of masks (when/where), hand sanitisation, distancing etc.</p>	<p>These controls remain important. The new COVID-19 Protection Framework does allow for fully vaccinated business and workplaces to operate at red and orange with mask wearing being mandatory on public transport etc. We have updated our controls to align with the Traffic Light System. See the information that was released last week.</p>
<p>Now that we are living with COVID-19 when will depot and office plans be updated to include how we work in offices with COVID in the community? I know of offices where only 50% of people are in the office at one time</p>	<p>We have updated our controls to align with the Traffic Light System. Information was released last week to take effect from Friday 3 December.</p>

Support

As the statistics show there are considerably more people in support of the proposal than those opposed to the proposal. Common statements of support were along these lines:

- Don't want to have to work alongside unvaccinated people
- I feel strongly that all staff should be vaccinated
- I have vulnerable people at home, and I don't want to bring the virus home to them
- I want my family to be safe
- I feel safer knowing everyone is fully vaccinated
- This will keep our workplaces operating.

Specific feedback/questions for those in support included:

Feedback	Response
<p>This should be in place for First Day Back</p>	<p>We are currently revising our plans for Our Safety Focus (First Day Back). We will be focussing on the new COVID-19 Protection Framework (Traffic Light System) and will be managing Our Safety Focus within these guidelines.</p>
<p>I want support to deal with staff who are unvaccinated as we work through implementation of the Procedure</p>	<p>Detailed guides are being prepared and the HR team will be available to support those working through the implementation of the Procedure.</p>
<p>Should be accelerated to have vax coverage earlier</p>	<p>We understand the concern that some people have around working with people that are unvaccinated. We need to give</p>

	people time to consider their options and to put appropriate procedures in place to make sure we can manage changes properly.
Should look at ways to reduce number of people in Head Office, allowing working from home some days	We will comply with the requirements of the new Traffic Light System which have restrictions on occupancy under the red traffic light.
Concerns about our offices including the air-conditioning and toilets with no windows. Can the air-conditioning be cleaned more regularly?	Ventilation has become more important with the Delta variant. We have developed information on the ventilation requirements as part of the Critical Risk Control programme.

Vaccination Status Data

Feedback	Response
Why was Date of Birth and Date of Second Shot required in VAXn8?	These are stipulated by the Government for anyone that is covered by a Government mandate. Date of birth is important to ensure your information is correctly recorded. The date of the second shot is particularly important as you are not fully vaccinated until you have had your second shot.
How do we know our vaccination records are going to be held securely?	VAXn8 has been specifically security tested and signed off by our IT Security department.
I consider my vaccination situation to be my personal business	We understand that this is sensitive personal information which is why we have developed a standard alone portal to capture this information with clearly documented rules around who can access the information. We require this information under the Vaccination Procedure, and it will only be used to manage vaccination requirements and to keep people safe. It will not be used for any other purpose.
Why did the feedback form ask whether we were going to be vaccinated by 8 February 2022?	This information was requested so we could get some idea of the number of people that maybe effected by the implementation of the Vaccination Procedure. It has only been used in summary form, without identifying any individuals. It will not be used to check if an individual is vaccinated. We are using VAXn8 for this purpose.