Policy position:
Mandatory vaccination for Queensland Health employees

As at 6 September 2021

DRAFT
RTI Release

Contents

Executive Summary ... 4
1. Proposal ... 5
2. Rationale ... 5
2.1 The impact of COVID-19 on Queensland Health ... 5
3. Industrial Requirements ... 6
4. Criteria ... 7
6.1. Risk Assessment for Queensland Health employees and contractors ... 7
4.2. At risk cohorts ... 8
5. Application to Queensland Health employees ... 10
5.1. Application of the proposal to prospective employees ... 10
5.2. Application of the proposal to existing employees ... 10
5.2.1. Timeframes ... 10
5.2.2. Management of unvaccinated employees ... 11
5.2.2.1. Employees unable to be vaccinated ... 11
5.2.2.2. Employees electing not to be vaccinated for any other reason ... 12
6. Human Rights Assessment ... 14
6.1. Queensland Health's obligations ... 14
6.2. Consideration of human rights ... 14
6.2.1. What human rights will be impacted? ... 14
6.2.2. Human rights promoted and protected ... 14
6.2.3. Human rights limited ... 14
6.3. Compatibility with human rights ... 17
6.3.1. Are the limits imposed 'under law'? (s 13(1)) ... 17
6.3.2. The nature of the rights that would be limited (s 13(2)(a)) ... 17
6.3.3. Do the limits have a proper purpose? (13(2)(b)) ... 18
6.3.4. Do the limits help to achieve the purpose? (s 13(2)(c)) ... 18
6.3.5. Are the limits necessary or are there other ways to achieve the purpose? (s 13(2)(d)) ... 18
6.3.6. Do the limits strike a fair balance? (s 13(2)(e), (f) and (g)) ... 19
6.4. Outcome ... 20
7. Appendices ... 21
Appendix 1: Background on COVID-19 ... 21
Appendix 2: COVID-19 Vaccination ... 22
Appendix 3: Queensland Health's industrial framework ... 23
Obligation of employees to comply with reasonable and lawful direction ... 23
Obligations under the Work Health and Safety Act 2011 ... 23
Obligations of employees under the Public Health Act 2005 ... 24

DRAFT
RTI Release

Appendix 4: Key cases concerning mandatory vaccination 25
Test case: Barber v Goodstart Early Learning 25
Test case: Glover v Ozcare 25
Appendix 5: In depth profile of Group 2 27

DRAFT
RTI Release

Executive Summary

What

This document sets out Queensland Health's policy position to mandate COVID-19 vaccination for staff employed to work at any facility where care is provided to patients and to staff where their roles requires them to attend to a facility as part of their job.

Why

This decision has been made based on the level of risk inherent to employees working or entering these areas. Based on consideration of key criteria and the nature of the virus, these employees have been identified as at increased risk to either acquire or transmit COVID-19 either to fellow employees, to patients or the broader community, due to the nature of their work and the environment it is performed in.

DRAFT
RTI Release

How

<u>Reasonable and lawful direction</u>

In acknowledgement of the connection between the risks posed by the virus and the work performed by these employees, it is appropriate that a reasonable and lawful direction be given to require vaccination. This will be achieved through the introduction of a Health Employment Directive (HED) which requires existing and prospective employees working in or entering a facility to be vaccinated against COVID-19.

<u>Timeframes</u>

Consistent with the levels of supply, as well as the inherent risk associated with the work of these Queensland Health employees, it is recommended that:

- All Queensland Health employees who work in or enter a site where care or support is provided to patients must receive one dose of a COVID-19 vaccine by 30 September 2021; and
- All Queensland Health employees who work in or enter a site where care or support is provided to patients must have received the prescribed number of doses of a COVID-19 vaccine by 31 October 2021.

<u>Managing unvaccinated employees</u>

The HED will also provide a framework for managing circumstances where an employee may be unvaccinated. The circumstances of these employees will be considered on a case-by-case basis with particular consideration given to Queensland Health's obligations to support those employees who may be unable to be vaccinated due to medical contraindication or for reasons of genuinely held religious beliefs. Employees electing to remain unvaccinated for other reasons will be supported to the extent reasonably

practicable however where they remain unvaccinated they will be considered refusing to fulfill an inherent requirement of their role.

Human rights impacts

In developing this proposal, consideration has been given to the human rights impacts and assessment has been developed. Taking into consideration the public health impacts, and the mechanisms proposed to support unvaccinated employees with medical contraindications or genuine religious beliefs, the proposal has been determined to be compatible with human rights.

1. Proposal

Queensland Health is mandating the requirement to be vaccinated against COVID-19 for employees through a Health Employment Directive (HED).

The HED will require employees who work in or enter sites where care is provided to patients or clients to be vaccinated against the virus. By requiring that these staff are vaccinated, Queensland Health will be making every reasonable effort to minimise the risks of exposure and transmission of the virus to staff, patients and the broader community.

This document sets out the environmental and industrial contexts in which this consideration is being made. It also provides an exemption framework for employees who are unable to get vaccinated.

2. Rationale

2.1 The impact of COVID-19 on Queensland Health

Leading public health bodies have identified the following groups at high risk of exposure:

- People who have travelled overseas;
- People who provide care to COVID-19 patients; and
- People who come in contact with persons at higher likelihood of having active infection (i.e. workers supporting border control, quarantine and isolation services).

Health and aged care workers have been identified as being of particularly high risk due to the nature of their work which involves the provision of care to unwell persons as well as an inability to practice public health prevention measures due to this work (e.g. inability to physically distance). In fact, research indicates that patient-facing health and aged care workers are at three times the risk of contracting COVID-19 when compared with the general population.[1]

Healthcare and aged care facilities, have also been identified as being high risk settings where there is evidence of a risk of rapid spread and ongoing chains of transmission where an infectious case is introduced.[2] People who work or reside in these settings are

[1] U. Karlsson and C.J Fraenkel (2020) COVID-19 Risks to Healthcare workers and their families, *British Medical Journal,* 371.
[22] Above n 2, 12.

DRAFT
Released

at increased risk of infection as a result of the high population density, and other particular environmental conditions.[3]

Taking these factors into consideration, there is a high level of risk for all Queensland Health employees working in facilities where care is provided due to both environmental factors, and the increased likelihood of exposure to an infected person.

These factors also pose risks to Queensland Health patients, clients and people who access care through Queensland Health providers, particularly as these people are often considered vulnerable individuals at increased risk of severe illness.

Since the start of the pandemic, a number of Queensland Health employees have contracted the virus in the workplace, triggering outbreak response which included wide scale lockdowns to minimise the scale of outbreaks. These transmission events potentially expose Queensland Health's patients and staff to COVID-19, as well as the broader Queensland community. The likelihood of transmission within health settings is greater with non-vaccinated employees than with vaccinated employees.

Critically, in New South Wales, Victoria as well as other countries around the world there have been a large number of hospital outbreaks initiated by infected, non-vaccinated healthcare workers, resulting in the deaths of dozens of vulnerable inpatients who were admitted to hospital for other reasons but died as a result of hospital acquired COVID-19.

3. Industrial Requirements

Both the research, and the experience of Queensland Health over the past 18 months, conclusively indicate that there is an increased risk to Queensland Health employees and patients from COVID-19 when compared with the general population. There is also evidence and experience of patients acquiring COVID-19 from healthcare workers, resulting in death and permanent disability from other jurisdictions.

This elevated risk level has particular bearing on the legislative obligations incumbent on Queensland Health employees to:

- Follow reasonable and lawful directions of their employer; and
- Minimise risks to the health and safety of themselves, other employees and patients in the workplace; and
- Take reasonable precautions to minimise risks of infection.

In many ways, this elevated level of risk, coupled with the legislative obligations of employees and Queensland Health's obligations to the community are analogous, or even exceeds those of Ozcare,[4] given that;

- there are particular positive legal obligations incumbent on both the organisation and staff; and
- that there is an elevated level of risk to patients or clients where a staff member works without being vaccinated as a result of the high-risk work environment; and
- the mortality rates of COVID-19 are significantly higher than those of influenza.

[3] Ibid.
[4] *Ozcare v Glover* [2021] FWC 2989 [164].

DRAFT
RTI Release

In considering the very real and imminent risk posed by the virus to Queensland Health employees, patients, clients and the community, it would appear inherently reasonable that Queensland Health's workforce should be required to be vaccinated against COVID-19. This would align with Queensland Health's legislative obligations, as well as the community expectations that healthcare workers and staff involved in healthcare delivery would make every effort to keep patients and the community safe.

4. Criteria

6.1. Risk Assessment for Queensland Health employees and contractors

Taking into consideration the highly virulent and transmissible nature of the virus, a risk assessment for different Queensland Health employee cohorts is set out below using criteria established through case law:

Criteria No.	Key criteria
1.	Working in an area with suspect or confirmed COVID-19 patients or an area that a suspect or confirmed COVID-19 patient may enter • Heightened risk of exposure to virus (e.g. transmission events in health facilities) • Working with vulnerable, high risk or COVID-19 epidemiological vulnerable groups (i.e. severely ill patients, overseas arrivals) • Community expectation of vaccination
2.	Coming into direct or indirect contact with people who work in an area with suspect or confirmed COVID-19 patients or an area that a suspect or confirmed COVID-19 patient may enter • Heightened risk of inadvertent exposure to virus (e.g. transmission event at Prince Charles Hospital) • Working with or near vulnerable groups (i.e. unwell patients, overseas arrivals) • Community expectation of vaccination
3.	Unable to observe public health requirements (e.g. physical distancing, working in areas of high population density, rapid donning/doffing of PPE in emergent situations)
4.	Potential to expose patients, clients, other staff or the broader community to the virus (e.g. occupying shared spaces such as lifts, cafeterias with people working with suspect or confirmed COVID-19 patients)

RTI Release

4.2. At risk cohorts

Based on the key criteria, the following groups have been identified as being at increased risk of the virus

Cohort	Who is included in this group?	Explanation
Group 1	All Queensland Health employees in residential aged care facilities and residential aged care within multipurpose health services.	• Increased risk due to the vulnerability of aged care residents • Subject to the existing COVID-19 vaccination requirements
Group 2	All Queensland Health employees who are employed to work in a public Hospital or other Queensland Health facility where clinical care or support is provided. This includes hospitals, quarantine facilities, vaccination clinics/hubs, fever clinics, dental clinics, outpatient services, prison health services, disability care services, including residential or sub-acute care for people with disability or any other location where Queensland Health employees provide care or support to patients/clients. This also includes public health officers/teams, emergency operations centre staff including employees working in Hospital Emergency Operation Centres and the Statewide Health Emergency Command Centre. This group has been categorised into three sub-groups with different timeframes to be vaccinated (refer next section for details). An in-depth risk profile for this group is set out in Appendix 5.	• Reduce the risk level of exposure to employees and patients throughout the facility. • It also supports industrially compliant workforce management and maximises the available workforce that can undertake the prescribed functions in the CHO Direction. • Aligns with a growing community expectation that all Queensland Health employees are vaccinated (irrespective of the nature of the work performed).
Group 3	All Queensland Health employees who enter a public Hospital or other Queensland Health facility where clinical care or support is provided. This includes hospitals, quarantine facilities, vaccination clinics/hubs, fever clinics, dental clinics, outpatient services, prison health services, disability care services, including residential or sub-acute care for people with disability or any other location where Queensland Health employees provide	• Reduces the potential for transmission to patients or to the broader community as a result of environmental conditions in a health facility (i.e. inability to

RTI Release

	care or support to patients/clients. The scope of this group will be determined based on individualised risk assessments and the availability of viable alternative options.	physically distance, emergent situations in a HHS).

DRAFT

RTI Release

5. Application to Queensland Health employees

5.1. Application of the proposal to prospective employees

An integral component of this proposal is that, moving forward, all new/prospective employees within the proposed groups will be required to be vaccinated against COVID-19.

In recognition of the risk posed by the virus, particularly the Delta strain, new employees will be required to have received two doses of an approved COVID-19 vaccine. Key considerations to support this are set out below:

- Establishing new/prospective Queensland Health employees as a priority vaccination group to ensure they can be vaccinated prior to commencement.
- Updating role descriptions, job advertisements, graduate portal requirements and position descriptions, as well as the recruitment system.

5.2. Application of the proposal to existing employees

Vaccination uptake among existing Queensland Health employees is high with current data indicating 78.8 per cent of Queensland Health's workforce having received at least one dose of a COVID-19 vaccine, and 70.3 per cent of Queensland Health's workforce having received the full course.

Initially, only Queensland Health employees who work in or enter the COVID-19 ward or provide occasional or intermittent care to a COVID-19 patient have been required to be vaccinated consistent with the public health direction requirements. More recently, employees in Residential Aged Care Facilities have been required to be vaccinated, consistent with the requirements of the Queensland Health Residential Aged Care Facilities (COVID-19 Vaccination) Direction.

Given the high levels of vaccination uptake among staff, as well as the growing supply levels, and the high level of risk associated with the work performed by staff, there is a strong rationale in support of requiring staff to be vaccinated by late September 2021. This would also align with the expectation that 80 per cent of Queenslanders should be vaccinated by November 2021 by ensuring that Queensland Health employees model this expectation.

5.2.1. Timeframes

Taking into consideration current availability of the COVID-19 vaccine, it is recommended that all employees in these three high risk cohorts must:

- Have received at least the first dose of a COVID-19 vaccine by 30 September 2021; and
- Have received the prescribed number of doses of a COVID-19 vaccine by 31 October 2021.

DRAFT
RTI Release

5.2.2. Management of unvaccinated employees

It is acknowledged that a Queensland Health employee may be unable to be vaccinated or elect not to, and the considerations for these employees is detailed below.

Each employee's circumstances will be considered on a case-by-case basis, however Queensland Health's obligations to the employee are dependent on their reason for not meeting vaccination requirements.

5.2.2.1. Employees unable to be vaccinated

Employees may be unable to be vaccinated due to medical contraindication to the COVID-19 vaccine; or due to a genuinely held religious belief. It is anticipated this will be a small cohort of employees, and Queensland Health has particular obligations to these cohorts arising from the *Human Rights Act 2019* (Qld) and the *Anti-discrimination Act 1999* (Qld).

Where this issue arises, the employee will be required to provide evidence substantiating these circumstances and the following process will be followed:

Step No.	Step Details	Comment
1.	Employee to provide evidence substantiating their circumstances	For employees with medical contraindication: • This will be in the form of a letter from their treating specialist medical practitioner outlining the condition, whether it is temporary in nature (and if so) the duration. For employees with genuinely held religious beliefs: • This will be in the form of a letter certifying the employee's deeply held religious belief and their affiliation/connection to the religious group from the religious official or leader.
2.	Consideration of whether the employee is able to perform their role remotely or flexibly on a permanent basis	It is acknowledged this arrangement is unlikely to be supported for the majority of Queensland Health's workforce as a result of the levels of patient/client interaction inherent in the delivery of healthcare.
3.	Consideration of options for the employee to be temporarily redeployed	This option will be supported wherever possible however it is heavily dependent on the nature of the work performed by the employee and their location.
4.	Consideration of any other reasonable adjustments the employer may be able to make	This may include the provision of additional PPE or ensuring the employee does not work

DRAFT RTI Release

		during periods of increased risk (i.e. during periods of community transmission). It may be appropriate for the employer to provide paid discretionary special leave pursuant to Directive 05/17
5.	Where these options have been exhausted the employee will be encouraged to access their own leave accruals	It may be appropriate for the employee to access sick, Long Service or Annual Leave as appropriate.
6.	Where all other options have been exhausted, consideration will be given to an exit strategy for the employee.	This is because the employee is physically incapable of meeting the inherent requirements of the role.

5.2.2.2. Employees electing not to be vaccinated for any other reason

Feedback from internal and external consultation indicates that employees may decline to meet the vaccination requirements either due to reasons of conscientious objection or as a result of 'vaccine hesitancy.'

The proposed process for managing these employees is set out below:

Step No.	Step details	Comment
1.	Conversation with the employee about their specific concerns in relation to the vaccine and to ascertain whether there is any additional information/support which could be provided.	
2.	Additional education to address any concerns the employee may have and offering additional opportunities to be vaccinated as appropriate.	Hospital and Health Services have developed particular educational resources targeted to particular employee concerns (e.g. concerns of pregnant employees) and have implemented one-on-one discussions led by a respected clinician with staff to discuss their concerns in relation to the vaccine.
3.	Consideration of whether the employee could perform their role remotely or through a permanent flexible work arrangement	It is acknowledged this arrangement is unlikely to be supported for the majority of Queensland Health's workforce as a result of the levels of patient/client interaction inherent in the delivery of healthcare.

4.	Consideration of whether the employee could be redeployed	This option will be supported wherever possible however it is heavily dependent on the nature of the work performed by the employee and their location.
5.	Employee should be encouraged to access their own leave accruals	It may be appropriate for the employee to access sick, Long Service or Annual Leave as appropriate.
6.	Employee to be placed on leave without pay	
7.	Where all other options have been exhausted, consideration will be given to an exit strategy	This is because the employee remains unable to meet an inherent requirement of their role and has refused to follow a reasonable and lawful direction to be vaccinated.

DRAFT
RTI Release

6. Human Rights Assessment

6.1. Queensland Health's obligations

Queensland Health's obligations under the *Human Rights Act 2019* (Qld) are two-fold and can be summarised as follows:

- to give consideration to human rights when making decisions; and
- to act and make decisions compatible with human rights law.[5]

6.2. Consideration of human rights

6.2.1. What human rights will be impacted?

In considering whether human rights will be impacted by a decision to mandate vaccination for Queensland Health employees, Queensland Health is required to consider which rights will be:

- protected;
- promoted; and
- limited.

6.2.2. Human rights promoted and protected

The proposed policy would protect and promote the right to life under s 16 of the *Human Rights Act*. The right to life may require the state to 'take appropriate measures to address the general conditions in society that may give rise to direct threats to life or prevent individuals from enjoying their right to life with dignity', including 'the prevalence of life-threatening diseases'.[6]

The virus that causes COVID-19 is highly virulent and can cause serious illness or death, particularly in vulnerable cohorts of the population with whom Queensland Health workers regularly interact. Vaccination is shown to reduce the transmission and likelihood of serious illness or death from COVID-19. Ensuring all workers are vaccinated as far as possible protects and promotes the right to life of Queensland Health workers and the community.

Vaccination also fulfills the right to the highest attainable standard of health under art 12(1) of the International Covenant on Economic, Social and Cultural Rights.[7]

6.2.3. Human rights limited

Queensland Health has identified the following human rights that may potentially be limited by the proposed policy:

- The right to enjoy human rights without discrimination (s 15(2) of the *Human Rights Act*) – Under s 15(2) of the *Human Rights Act*, Queensland health employees have a right to enjoy their human rights without discrimination. As will be seen

5 *Human Rights Act 2019*, s 58.

6 UN Human Rights Committee, *General comment No. 36 – Article 6: right to life*, 124th sess, UN Doc CCPR/C/GC/36 (3 September 2019) 6 [26].

7 Although this aspect of the right to health has not been translated to s 37 of the *Human Rights Act*, the right may nonetheless be taken into account: *Vavřička v The Czech Republic* (European Court of Human Rights, Grand Chamber, Applications nos. 47621/13 and 5 others, 8 April 2021) [2] (concurring judgment of Judge Lemmens); *ZD v Secretary, Department of Health and Human Services* [2017] VSC 806, [108] n 35; *PBU v Mental Health Tribunal* (2018) 56 VR 141, 167-8 [93]-[95].

DRAFT
RTI Release

below, discrimination may include discrimination on the basis of conscientious belief. The policy distinguishes between people with a religious objection and people with a conscientious objection (by prioritising redeployment options for the former). This involves providing discriminatory enjoyment of the freedom of thought, conscience, religion and belief in s 20 of the *Human Rights Act*.

- <u>The right to non-discrimination (s 15(4) of the *Human Rights Act*)</u> – Under s 15(4) of the *Human Rights Act*, Queensland Health employees have a right to equal and effective protection against discrimination.[8] Discrimination includes direct and indirect discrimination on the basis of a protected attribute under the *Anti-Discrimination Act 1991*, such as pregnancy, impairment or religious belief. Because the definition is inclusive, discrimination under the *Human Rights Act* also likely covers additional analogous grounds,[9] which may include conscientious belief (though not vaccination status as it is not an immutable characteristic). The policy may result in people with these attributes being treated differently (for example, being redeployed or having their employment terminated). However, the policy does not directly or indirectly discriminate on any of those grounds. As to direct discrimination, the policy does not require people to vaccinate because they have one of those attributes. Broadly, indirect discrimination is an unreasonable requirement that applies to everyone but has a disproportionate impact on people with an attribute. However, the requirements under the policy (such as to be vaccinated or be redeployed) are unlikely to be unreasonable. The right to non-discrimination is therefore engaged (that is relevant), but it is unlikely to be limited.
- <u>The right to life (s 16 of the *Human Rights Act*)</u> – As with any medical intervention, there is a risk (however small) of unintended side effects of the vaccination, some of which may be life-threatening. Presently, in Australia, the Therapeutic Goods Administration has found that 7 deaths were linked to a COVID-19 vaccination (of the 15.3 million doses that have been administered so far).[10] Human rights cases in Europe have held that the possibility that a small number of fatalities may occur does not mean that the right to life is limited by a compulsory vaccination scheme.[11] Arguably, the right to life is engaged (that is relevant), but not limited, by the proposed policy.
- <u>The right not to be subjected to medical treatment without full, free and informed consent (s 17(c) of the *Human Rights Act*)</u> – Medical treatment includes administering a drug for the purpose of treatment or prevention of disease.[12] The right may be limited in circumstances where a person is left with little practical

---

8 Other rights in s 15 are not relevant. For example, the right to equality before the law in s 15(3) is a right to non-arbitrary application of the law, and the right to equal protection of the law without discrimination in s 15(3) is directed to the legislature and the content of laws.

9 *Miron v Trudel* [1995] 2 SCR 418, 496-7 [148]; *Quebec (Attorney-General) v A* [2013] 1 SCR 61, 144 [144].

10 <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-19-08-2021>.

11 *Application X v United Kingdom* (1978) 14 Eur Comm HR 31, 32-3; *Boffa v San Marino* (1998) 92 Eur Comm HR 27, 33.

12 *De Bruyn v Victorian Institute of Forensic Mental Health* (2016) 48 VR 647, 707 [158]-[160].

DRAFT
Released

choice but to receive the treatment.[13] Under the proposed policy, it is possible that the limited circumstances for redeployment or other impacts on employment may leave an employee with little practical choice but to receive a vaccine.

- Freedom of conscience and religion (s 20 of the *Human Rights Act*) – The proposed policy will treat people with a religious or conscientious objection on a case-by-case basis. However, the policy will prioritise redeployment options for people with a religious objection (or a contraindication) over those with a conscientious objection. In either case, there may still be consequences for a person with such an objection. This means that the freedom of conscience and religion will be limited. A conscientious belief for the purposes of s 20 of the *Human Rights Act* encompasses 'views based on strongly held moral ideas of right and wrong'.[14] In the context of vaccinations, case law in Europe suggests that there will need to be clear evidence of a deeply ingrained belief before freedom of conscience is engaged.[15] A person may also have a genuinely-held religious belief about vaccines. For example, the Catholic Church advises against using vaccine products that use cell lines derived from an aborted foetus (such as AstraZeneca), unless another vaccine (such as Pfizer) is not available.[16]
- The right of access to the public service (s 23(2)(b) of the *Human Rights Act*) – Everyone has a right of equal access to the public service and public office. Queensland Health employees likely form part of the public service or hold public office for the purposes of s 23 of the *Human Rights Act*. This right may be limited where there are consequences for a person's continued employment with the public service.[17] The policy limits this right because there may be consequences for a Queensland Health employee's continued employment if they are unable or refuse to be vaccinated or redeployed. To the extent that the right to property (s 24) or the right to privacy (s 25) might protect aspects of a person's work,[18] any impacts on those rights would not add to the limit already imposed on s 23(2)(b).
- The right to privacy (s 25(a) of the *Human Rights Act*) – The right to privacy includes a right to bodily integrity.[19] This right will be limited by compulsory vaccination, whether as an involuntary treatment,[20] or where there are repercussions for failing

DRAFT
Released

13 *New Health New Zealand Inc v South Taranaki District Council* [2018] 1 NZLR 948, 978 [99], 994-5 [172], 1011 [225].

14 *Roach v Canada (Minister of State for Multiculturalism and Culture)* [1994] 2 FC 406, [25].

15 *Vavřička v The Czech Republic* (European Court of Human Rights, Grand Chamber, Applications nos. 47621/13 and 5 others, 8 April 2021) [323].

16 <https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20201221_nota-vaccini-anticovid_en.html>; <https://adelaide.catholic.org.au/__files/f/55450/FAQs%20and%20Guidance%20on%20COVID-19%20Vaccination.pdf>.

17 UN Human Rights Committee, *Communication No 203/1986*, 34th sess, UN Doc Supp No 40 (A/44/40) Appendix (4 November 1988) [4] ('*Hermoza v Peru*').

18 *Legal and General Assistance Ltd v Kirk* [2002] IRLR 124, [41] (property); *ZZ v Secretary, Department of Justice* [2013] VSC 267, [82]-[95] (privacy).

19 *Pretty v United Kingdom* (2002) 35 EHRR 1, [61]; *Re Kracke and Mental Health Review Board* (2009) 29 VAR 1, 126 [599]; *PBU v Mental Health Tribunal* (2018) 56 VR 141, 179 [125].

20 *Solomakhin v Ukraine* [2012] ECHR 451, [33].

to vaccinate.[21] The right to privacy in s 25(a) of the *Human Rights Act* will only be limited if the interference with privacy is 'unlawful' or 'arbitrary'. As these raise questions that are addressed in considering whether any limit is justified, it is convenient to consider these questions next.[22]

6.3. Compatibility with human rights

The policy will be compatible with human rights if the limits it imposes are reasonable and justified.

A limit on a human right will be reasonable and justified if:

- it is imposed under law (s 13(1));
- after considering the nature of the human rights at stake (s 13(2)(a));
- it has a proper purpose (s 13(2)(b));
- it actually helps to achieve that purpose (s 13(2)(c));
- there is no less restrictive way of achieving that purpose (s 13(2)(d)); and,
- it strikes a fair balance between the need to achieve the purpose and the impact on human rights (s 13(2)(e), (f) and (g)).

6.3.1. Are the limits imposed 'under law'? (s 13(1))

The Director-General has the legal ability to make a decision to make vaccination a condition of employment for Queensland Health employees pursuant to s 51A of the *Hospital and Health Boards Act 2011* (Qld).

The *Anti-Discrimination Act 1991* provides limited exceptions to the requirements not to discriminate against individuals or groups. These include an ability to do an act reasonably necessary to protect public health,[23] and an act reasonably necessary to protect the health and safety of people at a place of work.[24]

6.3.2. The nature of the rights that would be limited (s 13(2)(a))

What is at stake is the recognition that people are entitled to make decisions about their own life and their own bodies, which is an aspect of their individual personality, dignity and autonomy.[25] Requiring a person to receive medical treatment – such as a vaccine – which they do not wish to receive is an affront to their dignity,[26] and the principle of personal inviolability.[27]

When it comes to people with genuine religious and conscientious objections, one of the values that underpins a pluralistic society like Queensland is 'accommodation of a wide variety of beliefs',[28] including beliefs about health and vaccinations. Freedom of religious and conscientious belief 'is of the essence of a free society'.[29]

---

[21] *Boffa v San Marino* (1998) 92 Eur Comm HR 27, 34; *Vavřička v The Czech Republic* (European Court of Human Rights, Grand Chamber, Applications nos. 47621/13 and 5 others, 8 April 2021) [263].

[22] *Minogue v Thompson* [2021] VSC 56, [86], [140].

[23] *Anti Discrimination Act 1991* (Qld) s 107.

[24] Ibid s 108.

[25] *Re Kracke and Mental Health Review Board* (2009) 29 VAR 1, 121-2 [569], 123 [577].

[26] *Jehovah's Witnesses of Moscow v Russia* (European Court of Human Rights, First Section, Application No 302/02, 10 June 2010) [135]-[136].

[27] *PBU v Mental Health Tribunal* (2018) 56 VR 141, 180-1 [128].

[28] *R v Oakes* [1986] 1 SCR 103, 136 [64].

[29] *Haigh v Ryan* [2018] VSC 474, [48].

DRAFT RTI Release

Creating consequences for a person's employment also affects a person's dignity and autonomy through work. For the public service in particular, it engages the values underlying secure tenure, such as independence.[30]

Those values at stake inform what it is that needs to be justified.

6.3.3. Do the limits have a proper purpose? (13(2)(b))

The purpose of mandatory vaccinations for Queensland Health employees is to ensure the readiness of the health system in responding to a pandemic, as well as to protect the right to life of both the employees and the community they serve. Evidence indicates rates of infection and transmission of COVID-19 among healthcare workers are substantially higher due to the nature of the work performed and the environmental context. The risk the virus poses to vulnerable groups such as the elderly and patients with comorbidities is also significantly higher than the general population.

The policy also aligns with a growing expectation among the community that all Queensland Health employees are vaccinated against COVID-19 to ensure that patients and the broader community are kept safe from the virus. All of these purposes are legitimate and consistent with the values of our free and democratic society.

6.3.4. Do the limits help to achieve the purpose? (s 13(2)(c))

Mandatory vaccinations will help to achieve the purpose of ensuring the readiness of the health system to respond to a pandemic as well as the purpose of protecting the right to life. The available evidence to date is that vaccination against COVID-19 helps to reduce the risk of being infected (at least with symptoms) and transmitting the virus on to others (even if the vaccine is not 100 percent effective).[31] This means vaccinated Queensland Health employees will be less likely to be infected by members of community. Further, they are less likely to transmit the virus, and if they do contract it, their symptoms will be less severe requiring less time away from work.

The rational connection is not undermined by dealing with certain employees on a case-by-case basis, such as those with a contraindication or religious objection.[32] Even if the policy allows for the possibility of accommodating some employees who cannot be vaccinated, it is still the case that a greater proportion of employees will be vaccinated.

6.3.5. Are the limits necessary or are there other ways to achieve the purpose? (s 13(2)(d))

Given the nature of the COVID-19, a mandatory vaccination policy likely falls within the range of reasonable alternatives.[33] In any event, the main alternative of allowing employees to take up vaccinations voluntarily has not been as effective to date in ensuring that a sufficient proportion of employees are vaccinated. Further, the policy confines the impacts on employees only to the extent required to achieve the purpose. It

---

[30] Human Rights Committee, *General Comment No 25*, 57th sess, UN Doc CCPR/C/21/Rev.1/Add.7 (27 August 1996) 7 [23].

[31] Australian Technical Advisory Group on Immunisation (ATAGI), *Clinical guidance on use of COVID-19 vaccine in Australia in 2021 (v6.0)* (30 July 2021) 22-4.

[32] *Taylor v Newfoundland and Labrador*, 2020 NLSC 125, [440]-[451]; *McCloy v New South Wales* (2015) 257 CLR 178, 251 [197].

[33] *Sabet v Medical Practitioners Board (Vic)* (2008) 20 VR 414, 442 [188]; *Vavřička v The Czech Republic* (European Court of Human Rights, Grand Chamber, Applications nos. 47621/13 and 5 others, 8 April 2021) [273]-[280], [310].

DRAFT Released

does this by providing individual arrangements determined on a case-by-case basis for Queensland Health employees who have a contraindication or religious objection.

Consideration was given to also treating people with a conscientious objection or vaccine hesitancy on the same basis as those with a contraindication or religious objection. However, this would significantly undermine the policy's objective. The policy would not be mandatory if exemptions were allowed for people who do not wish to be vaccinated or who believe they should not be.

To support the transparency of arrangements for Queensland Health employees who will be impacted, the proposed policy position will be subject to consultation with Queensland Health's industrial partners who represent employees, as well as internal stakeholders. To further support those employees who may be impacted by the proposal, a framework process to support the management of unvaccinated employees will be developed and agreed with the unions.

As there is no less restrictive way to prepare the health system and to protect life, the limits on human rights are necessary to achieve those purposes.

6.3.6. Do the limits strike a fair balance? (s 13(2)(e), (f) and (g))

Finally, do the limits strike a fair balance between the rights of the individual and the interests of the community?

The benefits of achieving the policy's purposes include:

- a reduced risk of frontline employees suffering from COVID-19 and its effects, or acting as a vector for the spread of COVID-19;
- ensuring the readiness of the health system to respond to a pandemic, promoting overall health outcomes for the community;
- an increase in the enjoyment of the right to life (s 16 of the *Human Rights Act*);
- an increase in the enjoyment of the right to the highest attainable standard of health (under article 12(1) of the International Covenant on Economic, Social and Cultural Rights);
- significant savings in health care costs and indirect costs, such as loss of productivity and economic loss suffered as a result of employees contracting the virus and developing COVID-19.
- possibly, broader benefits for the wider community, such as protecting people who cannot receive a vaccine for medical reasons through herd immunity, and enhancement of equality (which is protected in s 15 of the *Human Rights Act*), given that the burden of infectious diseases falls disproportionately on the disadvantaged.

On the other side of the scales, these benefits come at the cost of:

- exposing individuals to the risks that are inherent with any vaccine, including suffering rare (though potentially serious) side effects;
- interfering with people's bodily integrity, and their autonomy to make decisions about their bodies and their own health; and,
- potentially forcing employees to go against their deeply-held conscientious or religious beliefs.

However, the extent of the harm to human rights is greatly reduced by the tailored approach to respond to employees with a contraindication or religious (and, so far as possible, employees with a conscientious objection or vaccine hesitancy). The health risk to the individual presented by vaccines is overwhelmingly outweighed by the health risk of COVID-19 to all of us. It should be emphasised that human rights come with responsibilities (reflected in clause 4 of the preamble to the *Human Rights Act*). As human rights cases overseas have held, individuals have a 'shared responsibility' or 'social duty' to vaccinate against communicable diseases 'in order to protect the health of the whole society.'[34]

Overall, the harm caused to human rights would be outweighed by the benefits of ensuring the readiness of the health system to respond to a pandemic, as well as the protection and promotion of the right to life.

6.4. Outcome

The proposed mandatory vaccination policy would be compatible with human rights, including as it applies to each of the following categories of people:

- employees who refuse vaccination on grounds of a religious objection;
- employees who refuse vaccination on grounds of a conscientious objection;
- employees who want to 'wait' or are 'hesitant' to get the vaccine;
- employees who have a permanent medical contraindication to the COVID-19 vaccine (i.e. history of anaphylaxis);
- employees who have a temporary medical contraindication to the COVID-19 vaccine (i.e. employees who may be on immunosuppressive therapy); and,
- employees who refuse vaccination due to pregnancy (note: not a recognised medical contraindication, and in fact pregnant women are strongly recommended to receive the vaccine).

While alternative options (such as redeployment) will be prioritised for people with a contraindication or a religious objection, each of the above cohorts will be dealt with on a case-by-case basis, allowing for some flexibility in the individual circumstances of the employee.

Importantly, a public entity dealing with a person on a case-by-case basis will also need to separately consider human rights and act compatibly with human rights under s 58 of the *Human Rights Act 2019*. The public entity's consideration of an employee's human rights in a particular case will not need to be as detailed because comprehensive consideration has already been given to human rights in this compatibility assessment.[35]

[34] *Pl ÚS 16/14* (Constitutional Court of the Czech Republic, 27 January 2015) 17 [102]; *Acmanne v Belgium* (1984) 40 Eur Comm HR 251, 265; *Boffa v San Marino* (1998) 92 Eur Comm HR 27, 35; *Solomakhin v Ukraine* [2012] ECHR 451, [36]; *Vavřička v The Czech Republic* (European Court of Human Rights, Grand Chamber, Applications nos. 47621/13 and 5 others, 8 April 2021) [279], [306] (majority), [2] (Judge Lemmens).

[35] *Minogue v Thompson* [2021] VSC 56, [61], [75], [78] (Richards J).

7. Appendices

Appendix 1: Background on COVID-19

COVID-19 is an infectious respiratory disease caused by a newly discovered (novel) coronavirus (SARS-COV-2).[36]

The virus is transmitted through respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces. Those who have been in close contact with a person with the illness are at highest risk.[37]

The virus affects different people in different ways, and some people may be asymptomatic. In the majority of cases, an infected person will experience mild to moderate respiratory illness and recover without requiring hospitalisation.[38] When severe illness is present however, medical intervention including ventilation may be required and the illness may result in death particularly for the elderly and those with comorbidities.[39]

To date there have been over 200,000,000 cases of COVID-19 worldwide, and over 4,000,000 deaths globally.

Like all viruses, COVID-19 is changing over time. Some of these changes have affected the transmissibility and severity of the disease, as well as the performance of vaccines, therapeutic medicines, diagnostic tools and public health measures.[40]

The emergence and prevalence of new variants of COVID-19 such as the Delta variant is of particular concern. The Delta variant was first identified in India in December and reported in Australia in March 2021. It is currently the predominant strain worldwide and has been shown to be more contagious than previous variants and patients infected with the Delta variant are more likely to require hospital care than previous variants.

In Queensland, a range of controls have been utilised to minimise the impact of COVID-19 including:

- Telehealth;
- Border restrictions;
- The use of negative pressure rooms and physical barriers;
- Quarantine and physical distancing;
- The use of Personal Protective Equipment; and
- Staff vaccination program.

The use of border restrictions and quarantine requirements on non-infected employees (as a precautionary/preventative measure) have been demonstrated to impact healthcare service delivery, leading to severe service disruptions and the non-delivery of routine care.

[36] World Health Organisation (2019).
[37] Communicable Diseases Network Australia (2019) *Coronavirus disease 2019 (COVID-19); CDNA National Guidelines for Public Health Units,* 8.
[38] Ibid, 10.
[39] Above n 2, 12.
[40] Above n 1.

DRAFT
RTI Release

Appendix 2: COVID-19 Vaccination

Australia's COVID-19 vaccination program commenced on 22 February 2021.[41] At present, the Therapeutic Goods Administration (TGA) has approved the following vaccines for use:

- AstraZeneca ChAdOx1-2 vaccine (known as the 'Oxford' Astra-Zeneca); and
- Pfizer Australia – COMIRNATY BNT162b2 (mRNA) vaccine.[42]

The TGA has also provisionally approved Moderna's mRNA vaccine on 9 August 2021.

No vaccine is 100% effective, however the use of these vaccines has been proven to reduce the risk of serious illness and death, as well as likely decrease the infectious period and is our strongest defence against the virus.[43]

Data around the vaccine's ability to manage the Delta variant is evolving, however it indicates that vaccinated people are less likely to become severely unwell and are infectious for a shorter period. Unvaccinated people are at the greatest risk from COVID-19, and the Delta variant in particular, due to their increased likelihood of contracting the virus, and the significant associated likelihood of transmission.

Queensland Health employees are considered a priority group for vaccination against COVID-19 and have been strongly encouraged to receive the vaccine. Recently, the Director-General outlined a target for 95% of Queensland Health employees to receive the vaccine.

Consistent with this target, there are currently a number of public health directions which apply to Queensland Health employees who require vaccination against COVID-19 in order to work in particular areas which have been identified as high risk. These directions have been made pursuant to the emergency powers of the Chief Health Officer under the *Public Health Act 2005,* and as such, will no longer have legal effect once the public health emergency declaration ceases.

Taking into consideration that some employees may be unable to receive the vaccine on medical grounds, the public health directions require employees in this circumstance who have provided evidence of a medical contraindication to be redeployed in the first instance and managed by an appropriate risk management framework.

An indeterminate number of employees decline to receive the vaccine for alternative reasons (e.g. conscientious objection) and these employees are encouraged to engage with clinical educators around the vaccine but maybe deployed if possible until such time as they can be vaccinated.

[41] Above n 2, 11.
[42] Ibid.
[43] *Doherty Institute Modelling Report for National Cabinet* (revised 10 August 2021) https://www.health.gov.au/resources/publications/doherty-institute-modelling-report-to-advise-on-the-national-plan-to-transition-australias-national-covid-response

DRAFT
RTI Release

Appendix 3: Queensland Health's industrial framework

Queensland Health is governed by a series of legislative and industrial instruments, none of which currently provide for mandatory vaccination against COVID-19.

Nevertheless, Queensland Health employees have particular obligations under legislation to minimise risks to the health and safety of themselves, other employees and patients, as well as to follow the reasonable and lawful directions of their employer. In considering these legislative obligations in the context of recent decisions by the Fair Work Commission, which supported mandatory vaccination where the employer was able to demonstrate an increased level of risk, there would appear to be sufficient basis to support mandatory vaccination of staff.

Obligation of employees to comply with reasonable and lawful direction

Queensland Health employees have a duty to comply with reasonable and lawful directions issued by their employer, and any failure to do so may be considered misconduct where they do not have a reasonable excuse.[44]

Firstly, in order for a direction to be *'lawful'* it does not depend upon the existence of a discernible, positive rule of law supporting the direction. A direction will be lawful to the extent that it falls within the scope of the contract of service and involves no illegality.[45]

Secondly, for a direction to be '*reasonable*' the employer does not need to demonstrate that the relevant direction was the preferable or most appropriate course of action or in the best interests of the parties.[46] Instead, what is reasonable will be a question of fact, and there may be a number of matters to take into consideration including the nature of the employment, the accepted custom and practice of the industry, as well as terms of legislation and any applicable instruments.[47]

Obligations under the Work Health and Safety Act 2011

Pursuant to the *Work Health and Safety Act 2011*, the Department of Health, as a person conducting a business or undertaking, has a number of obligations including:

- A duty to ensure so far as reasonably practicable the health and safety of workers engaged, or caused to be engaged by the person, while at work; and
- A duty to ensure so far as reasonably practicable, that the health and safety of other persons is not put at risk from work carried out as part of the business or undertaking.

'*Reasonably practicable'* in relation to a duty to ensure health and safety is defined as 'that which is, or was at a particular time, reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters.'[48]

In addition to the duties of care incumbent on Department of Health, Queensland Health employees have the following obligations at work:

- An employee must take reasonable care for his or her own safety; and

[44] *Public Service Act 2008* (Qld) s 187(1)(d).
[45] Grant v BHP Coal Pty Ltd (No 2) [2015] FCA 1374.
[46] *Briggs v AWH* [2013] FWCFB 3316.
[47] *CFMEU v Glencore Mt Owen Pty Ltd* [2015] FWC 7752.
[48] Ibid s 19.

DRAFT
RTI Release

- An employee must take reasonable care to ensure that their acts or omissions do not affect the health and safety of others; and
- An employee must comply, so far as they are reasonably able, with any reasonable instruction that is given by the Director-General to allow the Director-General to comply with this Act; and
- An employee must co-operate with any reasonable policy or procedure of the Director-General relating to health or safety at the workplace that has been notified to workers.[49]

Obligations of employees under the Public Health Act 2005

Obligations also apply to Queensland Health employees under the *Public Health Act 2005* which provides that:

- *A person involved in the provision of a declared health service must take reasonable precautions and care to minimise the risk of infection to other persons.*[50]

DRAFT
RTI Release

[49] Ibid s 28.
[50] *Public Health Act 2005* (Qld) s 151.

Appendix 4: Key cases concerning mandatory vaccination

Recent consideration of mandatory vaccination by the Fair Work Commission indicates that such arrangements will be considered on a case-by-case basis. Notably however there is an increasing body of case law that would support mandatory vaccination in sectors where there is an increased level of risk as this would support the employer making a reasonable and lawful direction for employees to be vaccinated.

Test case: Barber v Goodstart Early Learning

In this case it was considered appropriate that the employer implemented a mandatory flu vaccination program on the basis that its business was a high-risk workplace.[51] This high risk status was determined based on close contact between its employees and children, many of whom may have had poor hygiene standards, and may be unvaccinated against infectious diseases. The Commission applauded Goodstart's approach to implementing the mandatory vaccination program which involved early and open engagement with staff prior to the implementation, multiple opportunities for the employee to provide medical evidence, the ability for her to access leave.

Test case: Glover v Ozcare

Of particular relevance is the recent decision of the Fair Work Commission in *Glover v Ozcare*. This case concerned a support care worker who had been dismissed for failing to comply with Ozcare's new policy requiring all staff in client facing roles to be vaccinated against influenza. The Commission ultimately determined that this requirement to be vaccinated was lawful and reasonable in the circumstances.

In an early decision on jurisdictional grounds in the matter, the Commission had provided the following as guidance:

- *It is not inconceivable that come November 2021, employers of men engaged to play the role of Santa Clause in shopping centres, having photos taken around young children, may be required by their employer to be vaccinated at least against influenza, and if a vaccination for COVID-19 is available, that too.*
- *The employer in those scenarios, where they are not mandated to provide physical distancing, may decide at their election that vaccinations of their employees are now an inherent requirement of the job. It may be that a court or tribunal is tasked with determining whether the employer's direction is lawful and reasonable, however in the court of public opinion, it may not be an unreasonable requirement. It may, in fact, be an expectation of a large proportion of the community.*[52]

In the determinative matter itself, the Commission accepted Ozcare's evidence of the lawful and reasonableness of the direction that all staff be vaccinated based on the level of risk associated with the work performed by the employees, as well as their particular obligations under the *Workplace Health and Safety Act 2011* to ensure the safety of staff, clients and the broader community.

The Commission noted that it would be reasonably foreseeable that were a client die from transmission of the flu by a staff member, Ozcare would be required to meet their

[51] *Barber v Goodstart Early Learning* [2021] FWC 2156.
[52] *Glover v Ozcare* [2021] FWC 231.

particular legal obligations and demonstrate that appropriate preventative measures had been taken, and mandatory vaccination would be evidence of that.

Ultimately, the Commission considered Ms Glover's rights to decline vaccination because of her belief that she may suffer an anaphylactic reaction to be overborne by the rights of her employer, and their obligations to their clients.

DRAFT
RTI Release

Appendix 5: In depth profile of Group 2

<table>
<tr><th>Group</th><th>Sub-group</th><th>Assessment against criteria</th></tr>
<tr><td rowspan="2">Group 2:
All Queensland Health employees who are employed to work in a public Hospital or other Queensland Health facility where clinical care or support is provided to patients or clients.
This includes all staff working in hospitals, quarantine facilities, vaccination clinics/hubs, fever clinics, dental clinics, outpatient services, prison health services, disability care services, including residential or sub-acute care for people with disability, or any other location where Queensland Health employees provide care or support to patients/clients.</td><td>Sub-group A:
Employees coming into direct contact with diagnosed COVID-19 patients, or quarantined international arrivals.
Employees entering areas with diagnosed COVID-19 patients, or quarantined international arrivals.
Employees providing care or transporting diagnosed COVID-19 patients, or quarantined international arrivals.</td><td>✓ Criteria 1: Employees in this group work in an area with COVID-19 patients or an area that a COVID-19 patient may enter.
✓ Criteria 2: Employees in this group come into direct or indirect contact with people who work in an area with COVID-19 patients or an area that a COVID-19 patient may enter.
✓ Criteria 3: Employees in this group may be unable to meet public health requirements
✓ Criteria 4: Employees in this group have the potential to expose patients, clients, other staff or the broader community to the virus.
<u>Explanation</u>
• These employees are already required to have the vaccine consistent with the public health direction.
• They are required to come into close contact with diagnosed COVID-19 patients by virtue of the work they perform.
• They are our first line of defence against the transmission of COVID to patients, other staff in the hospital and the community more broadly.</td></tr>
<tr><td>Sub-group B:
All staff that work in a hospital with a COVID-19 ward.
This would include clinical staff not involved in the provision of care to patients with COVID-19 as well as non-clinical support staff including kitchen staff, security officers, administration</td><td>✓ Criteria 2: Employees in this group come into direct or indirect contact with people who work in an area with COVID-19 patients or an area that a COVID-19 patient may enter.
✓ Criteria 3: Employees in this group may be unable to meet public health requirements (e.g. physical distancing, working in areas of high population density)
✓ Criteria 4: Employees in this group have the potential to expose patients, clients, other staff or the broader community to the virus.</td></tr>
</table>

RTI Release

	officers, building and maintenance officers, IT staff.	**Explanation** • There are significant risks to this cohort by virtue of the fact that they work at the same site as COVID patients and employees who work with COVID patients. Transmission events are not limited to COVID wards and may occur anywhere on hospital grounds. • By requiring this cohort of employees to be vaccinated Queensland Health would remove the risk of a staff member inadvertently being exposed to COVID-19 and prevent further chains of transmission.
	Sub-group C: All remaining Queensland Health employees in group 2 – This includes all other Queensland Health employees employed in a public Hospital (Hospitals without a COVID-19 ward) or other Queensland Health facility where clinical care or support is provided to patients or clients. This includes clinical and non-clinical roles. This also includes public health officers/teams, emergency operations centre staff including employees working in Hospital Emergency Operation Centres and the Statewide Health Emergency Command Centre.	✓ **Criteria 2:** Employees in this group come into direct or indirect contact with people who work in an area with COVID-19 patients or an area that a COVID-19 patient may enter. ✓ **Criteria 3:** Employees in this group may be unable to meet public health requirements (e.g. physical distancing, working in areas of high population density) ✓ **Criteria 4:** Employees in this group have the potential to expose patients, clients, other staff or the broader community to the virus. **Explanation** • There are significant risks to this cohort by virtue of the fact that they work at the same site as COVID patients and employees who work with COVID patients. Transmission events are not limited to COVID wards and may occur anywhere on hospital grounds. • By requiring this cohort of employees to be vaccinated Queensland Health would remove the risk of a staff member inadvertently being exposed to COVID-19 and prevent further chains of transmission.

RTI Release