

## Together Queensland Industrial Union of Employees

### Compulsory Vaccination Position Statement

#### Introduction

The COVID-19 pandemic and public health response will include a nationwide vaccination program for workers and the general community.

This policy seeks to set out the position of the Together Union, as of February 2021, in relation to the vaccination of workers and how vaccination schemes should be managed.

Together members have a deep commitment to the safety of workers and to the safety of the community.

Unions have always supported an approach that is consistent with the best health and scientific advice and this will continue to be the case in relation to the rollout of vaccines associated with the COVID-19 pandemic.

Unions are focussed on building high public trust in the safety and efficacy of vaccines to ensure as many people as possible voluntarily receive the vaccines.

This is even more important when considering the health workforce given the significant role health workers play in influencing the community.

Unions must be supported to be able to educate members on the safety and efficacy of the vaccines.

The rollout of any vaccines must not have a haphazard approach as it will undermine public trust and confidence. It is critical in aged care that the Federal Government is able to support this 'on the ground' to ensure the process runs smoothly. The Queensland state government must also provide appropriate support and clear and consistent advice to their workforce throughout this process.

Unions must be provided with a detailed briefing from the relevant authorities about what is known about the vaccines and the approval process they are expected to have gone through.

Together notes that Queensland has previously issued a [Health Employment Directive](#) pursuant to Division 2A of Part 3 of its *Hospital and Health Boards Act 2011*. This Directive requires certain vaccinations as a condition of employment in public hospitals and certain other health services, based on the risk of transmission or acquisition associated with the type of work performed. Such Directives are directly binding on both public sector health services and their employees.

#### Definitions

*Seroconversion*: Concentration of specific antibody in the blood serum.

*Vaccination*: Denotes the administration of vaccine.

*Immunisation:* The process of inducing or providing immunity by any means, whether active or passive.

### **Policy**

This policy does not apply to workers who:

- fail to seroconvert following vaccination/immunisation;
- are pregnant and not immune and cannot be immunised with certain vaccines;
- have allergy to some components of certain vaccines;
- have had a serious reaction following a previous vaccination;
- have altered immunocompetence;
- have severe latex allergy and cannot be vaccinated using syringes with a certain type of plunger (rare).

Together believes that all facilities and workplaces must not wilfully place workers at risk.

We note this is also a requirement of the Work Health and Safety legislation.

If governments/employers or organisations require a certain type of vaccine/s as a mandatory condition of work, these should be provided at no cost to staff.

After being provided with or seeking information to enable an informed decision regarding immunisation, should a worker decline to be immunised this is their right to make this decision.

However, a worker, who makes a decision against personal immunisation accepts responsibility that this decision may expose them to increased risks and further, that this decision may also impact upon their ability to obtain positions in certain work facilities/areas due to the increased risks to consumers, colleagues or themselves.

Such situations must be carefully monitored and managed by employers to achieve an appropriate balance between the potential risks to the health and safety of all employees, consumers and the individual's right to make personal decisions.

When the Chief Health Officer or the appropriate legislative authority issues a public health direction that stipulates mandatory vaccination, failure to comply with the direction may result in penalties, including fines or restrictions on where they can work.

Together will endeavour to negotiate with any member's employer for the best outcome for that individual.

### **Work Health and Safety Context**

Employers, workers and trade unions must abide by the *Work Health and Safety Act 2011* and *Work Health and Safety Regulation 2011*.

The Queensland Work Health and Safety regime requires that risk assessments are undertaken. This includes an assessment in respect of the reasonably practicable steps to take in response to the risk of vaccine preventable infectious diseases entering the workplace.

This requires considerations of multiple issues, including:

- the worker’s likelihood of exposure to the infectious disease at work, and the consequences for them and others should this occur;
- the risk of workers transmitting the infectious disease to other persons in the workplace, be they workers or others (such as patients, customers), and the consequences should this occur;
- the risk of an infectious disease spreading from the workplace to outside the workplace (for example end users of a contaminated product);
- the availability and cost of a vaccine (it is assumed that a vaccine would not be publicly available unless it had passed regulatory approvals concerning its safety);
- individual circumstances that might make a particular person medically unsuitable for a vaccine;
- the rights of a person to refuse medical treatment; and
- alternative control measures and their cost and suitability (including the measures that have, to date, led to instances of locally acquired cases reaching their present levels in the absence of an available vaccine).

The workplace settings where outbreaks of COVID-19 have reportedly been observed include aged care facilities, disability care facilities, hospitals, detention centres, meatworks, warehouses, food distribution centres, hotels (for hotel quarantine programs), supermarkets and other retail settings.<sup>1</sup>

Professor Raina MacIntyre, in her report to the Fair Work Commission case concerning paid pandemic leave, noted that “For any country, the risk of outbreaks is magnified in closed, institutional settings such as health care, aged care and disability care facilities as well as prisons and detention centres”. She also noted that the virus can spread through fine respiratory aerosols, droplets and surfaces and is most infectious in the two days prior to symptoms developing and on the first days of developing symptoms among symptomatic persons, but is also transmissible via persons who never develop symptoms.<sup>2</sup>

### **Anti-vaccination material**

Regardless of an individual’s personal choice about immunisation, any published anti-vaccination material and/or advice which is false, misleading or deceptive which is being distributed by a public servant or health worker may constitute a summary offence under the *Health Practitioner Regulation National Law Act 2009* and could result in prosecution by AHPRA.

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<sup>1</sup> <https://www.abc.net.au/news/2020-08-13/victoria-coronavirus-cases-linked-to-workplaces-social-settings/12551676>

<sup>2</sup> [Statement of Professor MacIntyre 11 May 2020](#) at RM-8