

Covid-19 Mandatory Vaccination in the Workplace- Key Considerations

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Abstract

The COVID-19 epidemic has adversely affected health systems globally, with some on the verge of collapse, as countries experienced the second wave of the pandemic. Millions of people have died from the pandemic, particularly the elderly and co-morbidities. COVID-19 infections have declined, with South African officially out of the third wave as of October

Key Words: Covid-19

Introduction

The COVID-19 epidemic has adversely affected health systems globally, with some on the verge of collapse, as countries experienced the second wave of the pandemic. Millions of people have died from the pandemic, particularly the elderly and co-morbidities. COVID-19 infections have declined, with South African officially out of the third wave as of October. The country recorded more than 2,9 million lives infected, nearly 89,000 deaths, and just over 17.6% percent of the population fully vaccinated as of 15 October 2021.

Herd immunity is of the strategies that all countries across the globe are an employee. As a result, a massive drive towards vaccinating the population is evident. Vaccine hesitations remain a challenge, with a proportion of the population still hesitant to the vaccines. With lock alert level relaxed to alert level one as of October 2021, companies are employing return to office strategies with the economy opening. Such strategies coupled with employing risk mitigation measures such as enforcing workplace mandatory vaccine policies. Various countries such as Britain, Greece, Indonesia, Italy, France and Poland have introduced mandatory vaccinations for health workers and certain government workers.

AUSTRALIA: Australia decided in late June to make vaccinations mandatory for high-risk aged-care workers and employees in quarantine hotels.	FRANCE: The French parliament on Aug 2 approved a bill that will make vaccinations mandatory for health workers as well as require a bolstered health pass in many social venues.	GREECE: Greece on July 12 made vaccinations mandatory for nursing home staff with immediate effect and healthcare workers from September.
INDONESIA: Indonesia made inoculations mandatory in February, threatening fines of up to 5 million rupiah (\$357).	ITALY: A decree approved by the Italian government in March mandates that health workers, including pharmacists, get vaccinated. Those who refuse could be suspended without pay for the rest of the year.	HUNGARY: Hungary's government has decided to make vaccinations mandatory for healthcare workers.
RUSSIA: Moscow city authorities on June 16 ordered all workers with public-facing roles to be vaccinated against COVID-19. Companies were given a month to ensure at least 60% of staff had received first doses or face fines or temporary closure.	SAUDI ARABIA: In May, Saudi Arabia mandated that all public and private sector workers wishing to attend a workplace get vaccinated, without specifying when this would be implemented.	SRI LANKA: Sri Lanka announced on Aug. 13 that citizens would require vaccination cards to travel between provinces and in public spaces as of Sept.

Source: Reuters, 2021

Table 1: depicts a summary of countries that have made the COVID-19 vaccine mandatory:

A survey conducted by Willie and Skosana on the COVID-19 readiness survey assessed the effect of the employer in getting employees inoculated (Willie and Skosana, 2021). Fifty-eight percent of participants answered that they would accept the COVID-19 vaccine if their employer would recommend it, whilst 20% gave a neutral/no opinion response. Less than ten percent, completely disagreed that they would accept the COVID-19 vaccine if their employer recommended it. Thus, indicating that even if such mandatory policies were to be employed, there would be residual of employees would not fully accept vaccine in the workplace.

One of the considerations employers need to employ is the risk assessment framework, coupled with ethical considerations. Secondary to this is to identify areas with a high hesitancy rate and optimise on these. Willie and Skosana, in their survey, assessed COVID-19 vaccine readiness. The analysis also considered various sectors of the economy (Willie & Skosana, 2021). The study found a high hesitancy level in Chemical, Petrochemical, Oil & Gas, Health, Fitness, Medical & Optometry R&D, Science & Scientific Research sectors as depicted in Figure 1.

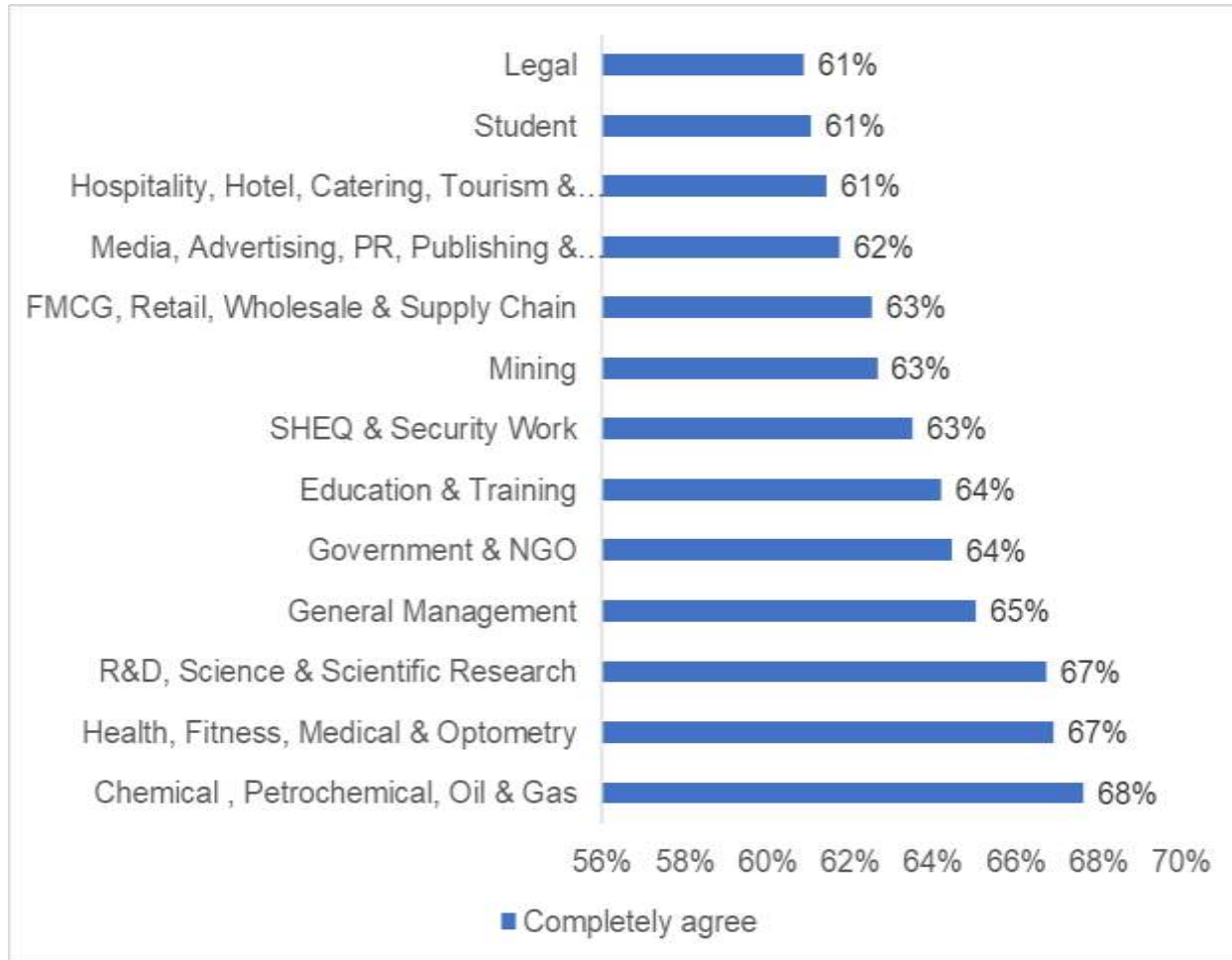


Figure 1: I will accept the COVID-19 vaccine if the employer recommends it.- Completely Agree responses, > 60%

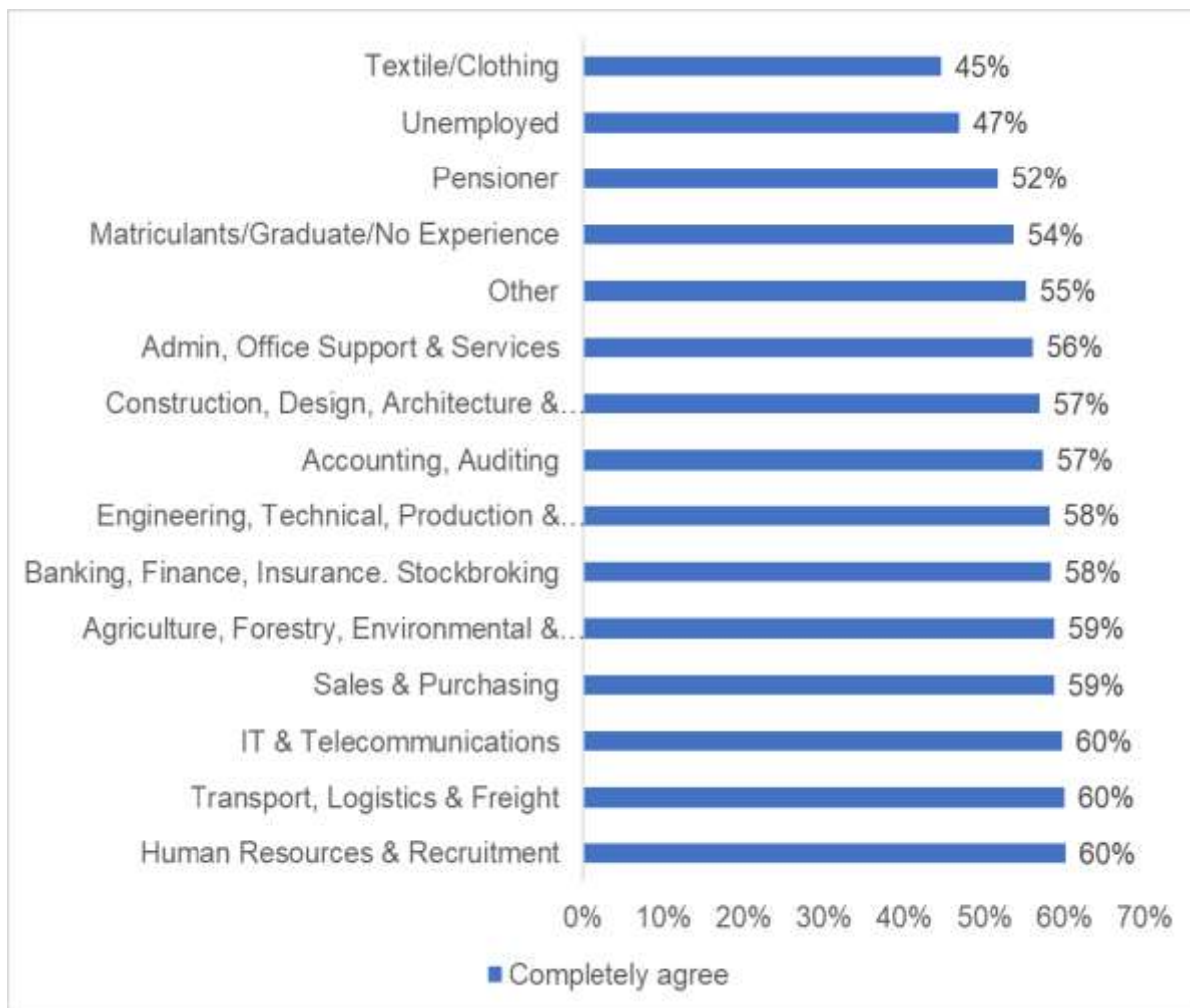


Figure 2: I will accept the COVID-19 vaccine if the employer recommends it.- Completely Agree responses, <= 60%

Figure 2 above showed that the textile industry had a lower acceptance level of the vaccine if were recommended by the employer. Thus, indicating this industry has a high vaccine acceptancy. A full risk assessment must be considered before implementing or adapting a workplace vaccine policy, considering the employer's operational requirements. (Gibson, 202). The employer (s) should indicate whether it intends to implement a mandatory vaccination policy.

Other key considerations include:

- identify which employees it will require to be vaccinated based on the risk of acquiring COVID-19 at work or the risk of severe COVID-19 symptoms due to the employee's age or co-morbidities; and
- be conducted in accordance with sections 8 and 9 of the Occupational Health and Safety Act, which places a duty on the employer to maintain a working environment for its employees and other persons that is safe and, as far as reasonably practicable, free from health risks.

Other guidelines on how to approach mandatory vaccination in the workplace include (Truter, 2021):

- Conduct a Covid-19 risk assessment
- Develop a vaccination plan (or amend the existing Covid-19 plan)

- Provide employees with information about vaccines
- Help employees to register for vaccination on the relevant portal
- Give employees time off to be vaccinated
- Notify employees who have been identified for mandatory vaccination of –
 - (a)The obligation to be vaccinated
 - (b)The right to object on medical or constitutional grounds
 - (c)The opportunity to consult with representatives
- Engage with employees who refuse to be vaccinated to establish the reasons for their objection⁸. Counsel employees who object and allow them to seek further guidance from their representatives
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- If the objection is based on medical grounds (possible harm due to vaccination), refer the employee for further medical evaluation if appropriate

- If the objection on medical grounds is reasonable, attempt to accommodate the employee in a position that does not require the employee to be vaccinated
- If the objection is based on constitutional grounds (bodily integrity, religion, belief or opinion), engage with the employee and explore whether the employee has a genuine and legitimate concern (It does not necessarily have to be rational)

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