



**Western Cape
Government**

Department of the Health

**LET'S TALK COVID-19
VACCINATION
GUIDE FOR MANAGERS**

2021

#UnitetoVaccinateWC

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1. Introduction and Background

1.1 The Western Cape reported its first case of COVID-19 on 11th March 2020. The pandemic's devastating impact on lives and livelihoods has driven the development of several vaccines as an attempt to ensure herd immunity by targeting 70% of the population.

1.2 Vaccination is considered one of the most cost-effective public health interventions and key to the primary prevention of infectious diseases like COVID-19. Individuals develop immunity to an infectious disease either through natural infection or through vaccination. A successful COVID-19 vaccination programme would protect people from severe illness and would stop the spread of the virus.

1.3 A provincial C-19 Vaccine Co-ordinating Committee (CVCC) has been established and will fulfil a stewardship role to enable a multi-sectoral provincial COVID-19 Vaccination Programme. The committee will keep relevant stakeholders informed on progress and connect with the National Vaccine Co-ordinating Committee (NVCC). A private health sector co-ordinating committee consisting of the relevant stakeholders and an expert advisory committee, also being established. These structures collectively represent the central governance arrangement for the vaccination programme.

1.4 The COVID-19 Vaccination Programme is the largest in the history of the country and to ensure success, the government will need to mobilise a broad range of stakeholders to act collectively in advocating, promoting and enabling the programme. This is an opportunity to unite all sectors and sections of society around a common objective and build a movement for better health, while laying a strong foundation for Universal Health Coverage (UHC).

1.5 The Objectives of Covid-19 Vaccination

- Create Hope
- Reduce morbidity and mortality
- Reduce transmission through Herd Immunity
- Protect Health System Capability

2. Phases and prioritisation groups



3. Purpose of this guide

- This guide will provide managers with a resource to support in managing the change related to the vaccination roll out. It focuses on science, facts and evidence-based information.

4. Championing the Change

- All frontline (patient facing) healthcare workers have been identified to receive the vaccine as part of phase 1. This will create anxiety and employees may have concerns and questions that need to be answered.
- Employees look to their supervisors for support and answers on difficult questions.
- The SCARF model, as adopted in the department is a key element in the approach to championing the change.
- The SCARF is a brain –based model ideal for collaborating with and influencing others, particularly within the field of social, cognitive and affective neuroscience. The model is a summary of five domains of human social experience, which are factors that can activate a reward or threat response in social situations. It is an easy way to remember social Triggers that activate the approach or avoid response—critical for successful change process. The

foundations of the SCARF Model is the approach (reward)-avoid (threat) response as a **survival mechanism**.

- In Change Management engagements, using the **SCARF Model** of **threats** and **rewards**, its essential to activate each element of the SCARF model to ensure:
 - Everyone understands the change vision and how to get there (**Certainty**)
 - Impacted employees are adequately represented during the design phase and have input to future state recommendations (**Autonomy, Relatedness, Fairness**)
 - Providing two way dialogue opportunities for employees to give feedback and provide suggestions (**Autonomy, Fairness**)
 - Impacted employees who excel during change are rewarded and recognized for their contribution (**Status, Fairness**)
 - That uncertainty in the future does not cause a slow in momentum for business as usual activities (**Relatedness, Fairness**)

- Your role as a manager is to hold the conversation to achieve the following outcomes:
 - An increased understanding of the vaccine roll-out.
 - Providing managers and employees with tools and resources to make an informed decision about the vaccination as a health care worker.
 - Provide skills and capacity to become vaccinators.
 - Be the ambassador to encourage vaccination.

5. Conversation Guide

“Vaccines only work if people take them. And people only take vaccines if they trust them.”

- Claire Gillis, CEO of WPP Health.

➤ Practical Guide to hold conversations

| Steps | Actions and Tools |
|---|---|
| Step 1: Check in with the team or employee | <p>Ask: What has your experience been like with the pandemic?</p> <ul style="list-style-type: none"> • Listen empathetically to gain understanding of the individual's feelings and concerns "Tell me more...." • Be fully present and attentive to posture and gestures, "what can I do to support you?" • Respond with empathy and kindness, "I recognise the pandemic is causing fear and anxiety..." |
| Step 2: Create Psychological Safety | <p>Share</p> <ul style="list-style-type: none"> • Background and objectives of the vaccine roll out • Explain how this affects health care workers <p>Tool: Voice over presentation and the Frequently Asked Questions. https://coronavirus.westerncape.gov.za/resources</p> |
| Step 3: The conversation | <p>Ask employees what their concerns are, listen empathetically and respond to their questions and guide them where to find information.</p> <p>CORE LISTENING SKILLS:</p> <ul style="list-style-type: none"> • BE FULLY PRESENT (ATTENDING BEHAVIOUR)-STOP, PAUSE, ENCOURAGE FACE TO FACE IF POSSIBLE. • STAY TUNED IN –remain focused, minimise disruptions • QUIET YOUR MIND AND VOICE-do not interrupt the person • CONVEY THAT YOU UNDERSTAND –repeat back the message received... |
| Step 4: Inspire trust | <p>Show appreciation</p> <p>Making an Informed Decision (Voluntary)</p> <p>Share information, where to get it and access to expert advice https://coronavirus.westerncape.gov.za/resources</p> |
| Step 5: Continued Support | <p>Access the Employee Health and Wellness Programme</p> <p>Training for vaccinators</p> <p>Leadership Development (e.g. Coaching)</p> |

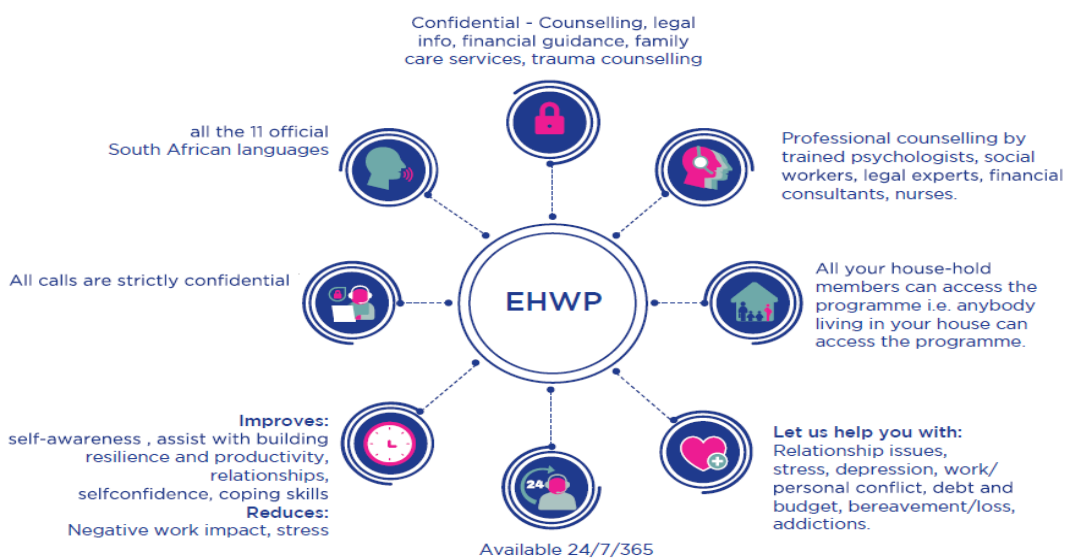
| Steps | Actions and Tools |
|--|---|
| | Create intentional spaces for conversations of grief, healing and hope (i.e. huddles) |
| <p>Things to Remember about holding the conversation:</p> | <p>Empathy is the ability to share the perspective of another, to remain non-judgmental, to understand the other person's feelings and to communicate the understanding, recognition and acceptance of that person's feeling.</p> <ul style="list-style-type: none"> <input type="checkbox"/> "What has this pandemic been like for you?" <input type="checkbox"/> "I want to understand can you share more..." <input type="checkbox"/> "You must be feeling anxious..." <input type="checkbox"/> "How are you coping and handling this...?" <input type="checkbox"/> "This must be difficult to talk about, thank you for sharing...." <input type="checkbox"/> "I hear you..." <input type="checkbox"/> "I can relate to what you are saying..." <input type="checkbox"/> "I appreciate your perspective..." |

Resource: Chapman and Co Leadership Institute

6. Further capacitation opportunities

➤ Employee Health and Wellness Programme

The employee health and wellness programme is there to support all employees with any fear and anxiety they may experience with the vaccination roll out. Employees and managers are able to access the programme on the toll-free number 0800 611 093.



➤ Vaccinator Training Programme

All health workers involved in implementation of COVID-19 vaccination need to have adequate knowledge and skills in order to ensure safe and efficient COVID-19 vaccine administration. The People Development Centre is working to develop and provide a training programme in line with the most up to date information, and the policy and regulatory framework. The EMS college will support this initiative.

| TRAINING INTERVENTION | MODE OF DELIVERY | TARGET GROUP |
|---------------------------|--|--|
| COVID-19 VACCINE TRAINING | 3-hour podcast, available via online link or flash drive | <ul style="list-style-type: none"> • Vaccinators • Team managers • Support staff (e.g., pharmacy) |

| TRAINING INTERVENTION | MODE OF DELIVERY | TARGET GROUP |
|---|--|---|
| WEEKLY SHORT UPDATE TRAINING CHECK-INS | MS Teams (PDC and content experts) | <ul style="list-style-type: none"> • Vaccinators • Team managers • Support staff (e.g., pharmacy) <p>NOTE: <i>Alternatively, one member of the COVID-19 vaccine team will update the rest of the team members.</i></p> |
| COVID-19 INFORMATION SESSIONS | Online / Presentation by the Knowledge Translation Unit with the support of the Communications Directorate | All Health Care Workers |

7. Support tools and resources



- Please visit <https://coronavirus.westerncape.gov.za/resources> for the following resources:

COVID-19 Vaccination: Managers Conversational Guide

- COVID-19 Vaccination Fact Sheet
- Standard vaccine presentation with voice over

➤ Further Annexures:

- 1 People Management Frequently Asked Questions (FAQ)
- 2 Championing the Change -COM-B Model
- 3 Creating psychological safety- available on the resource portal
- 4 Through the pen of a medical expert – Vaccine explanations and answers
Available at: <https://sacoronavirus.co.za/2021/01/20/vaccine-explanations-and-answers-dr-jenny-laithwaite/>

Annexure 1

People Management Frequently Asked Questions (FAQ)¹

1. *If staff members refuse to take the vaccine but subsequently contract COVID-19, will they still benefit from special leave and COIDA?*

If a staff member contracts the virus, irrespective of whether they refused the vaccine or not, normal sick leave and PILIR processes will apply. The issue of COIDA in the case of a work-related incident if a person refused the vaccine is currently referred to DPSA and an update will be provided upon receipt of a response.

2. *If staff are symptomatic to the point of not being fit for duty after taking the vaccine, will it fall under sick leave or special leave?*

Normal sick leave will apply and if sick leave has been exhausted the PILIR process will be followed.

3. *There are the risk categories that health workers were stratified into which determined where they could or could not work based on co-morbidities, etc. Will the vaccine change the guidelines for high risk health workers now returning to their "normal" duties?*

This is not an easy question to answer. In terms of current thinking and given the many variables and unknowns related to the administering of the vaccine, the management of high-risk individuals should not change until a National determination in this regard has been received. In general, high-risk individuals (vaccinated or not) should not be deployed to high-risk areas and should thus be deployed to lower risk areas. Where this is not possible, and the person cannot work remotely, the PILIR process must be followed.

Note that this is not the definitive answer on this issue. The question has been referred to DPSA and an update will be provided upon receipt of national guidelines in this regard.

¹ These questions and answers will be updated.

Annexure 2

Championing the change- The COM-B model

The COM-B model, Capability, Opportunity and Motivation- Behaviour provides a logical framework for planning, research and analysing how messages affect perceptions.

COM-B Factor

| | |
|--------------------|--|
| Capability | HCW providing face to face, clear balanced information about vaccination risks and benefits and childhood vaccination schedule. Health staff training to build skills to support and provide appropriate information. |
| Opportunity | Managers provide supportive supervision to staff; Structure well-functioning call and reminder system. |
| Motivation | Evidence based decision aid for supporting informed decision making about vaccination. Provide restspaces and enforce mandatory reconnect and regrouping sessions for workers |

Reference: Haberstaat, K. B. & Jackson, C. 2020. Understanding Vaccine acceptance and demand.