COVID-19 Vaccination Requirement, Hazard and Risk Assessment - University of Waikato (January 2022)

1. Introduction

This paper is focused on the Health and Safety at Work Act 2015 and the University’s obligations to all of our staff (employees\(^1\)), contractors and students and those affected by our undertakings. The focus of hazard and risk assessments are on the risks associated with the activities being undertaken. The risk assessment also considers risk that might arise from the introduction of controls to reduce the risk of transmitting COVID-19 to other persons or preventing infection.

The assessments consider the issues related to the nature of the activities undertaken at and by the University, specifically:
- activities that raise the risk of COVID-19 infection above the risk faced outside of work
- activities that raise the risk of COVID-19 transmission above the risk faced outside work.

2. Duty of Care

The University has a general duty of care in relation to hazards and risks associated with COVID-19 across all university activities and operations. This duty of care requires the University to:
- eliminate or minimise the health and safety risks arising from COVID-19, so far as reasonably practicable (SFAIRP), and;
- follow government/agency advice when deciding how to deal with the risks.

This duty of care applies to staff who are vaccinated, are not vaccinated (or assumed not to be) and at-risk persons who are medically unable to be vaccinated.

Staff at the University also have a duty of care and must:
- take reasonable care of their own health and safety and ensure that their actions don’t cause harm to themselves or others, and;
- comply with any reasonable instructions, policies or procedures on how to work in a safe and healthy way, and;
- follow all COVID-19 government advice in their personal life to reduce the risk to their co-workers or others while at the University.

3. Vaccine Requirements

Requirements for vaccines in an occupational setting are often used to reduce risk of staff and others infecting others and including those who are at higher risk of COVID-19 and its severe effects.

\(^1\) Worksafe refers to employees rather than workers because it affects employment arrangements; this is different from the Health and Safety at Work Act.
Vaccine requirements overseas are often implemented after several conditions relevant to the setting are satisfied.

- There is a legal mandate i.e. the vaccination requirement has legislative support.
- The heavier the disease burden, the more justifiable requirements may be to increase coverage. In a setting that poses a higher risk of transmission, particularly to people more likely to experience serious harm, imposition on requirements may be more justifiable, at least while the background disease rates are high and transmission thus more likely.
- The vaccine(s) should be safe.
- The vaccines should reduce transmission.
- Vaccine supply should be sufficient and access easy/equitable.
- Less restrictive and trust promoting measures should come first. Non-coercive measures targeting known causes of low vaccination should be exhausted, for example, on-site vaccination, reminders and incentives, in conjunction with efforts made to understand and address other context-specific barriers using available tools.

4. **Worksafe New Zealand**

General guidance from Worksafe New Zealand³ has been used to characterise the increased risk level of either being infected with COVID-19 or transmitting COVID-19 to others. This assessment applies to:

- University staff
- University students
- Contractors (physical works and service-based contracts), including sub-contractors
- Casual staff and persons holding honorary positions/volunteering at the University.

**Table 1: Risk Assessment Criteria for increased risk of COVID-19 Infection or Transmission**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many people do employees carrying out activities come into contact with? (very few = lower risk; many = higher risk)</td>
<td>High risk</td>
</tr>
<tr>
<td>How easy is it to identify persons employees come into contact with? (easy to identify, such as co-workers = lower risk; difficult to identify, such as unknown members of public = higher risk)</td>
<td>High risk</td>
</tr>
<tr>
<td>How close are employees carrying out the tasks in proximity to other persons? (2 metres or more in an</td>
<td>High risk</td>
</tr>
</tbody>
</table>

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² Policy considerations for mandatory COVID-19 vaccination from the Collaboration on Social Science in Immunisation: The Medical Journal of Australia – Accepted Article – 13 September 2021 (doi: 10.5694/mja2.51269)
⁴ The University has continued to use its original hazard and risk assessment methodology following the guidance provided at https://www.business.govt.nz/covid-19/vaccination-assessment-tool/
outdoor space = lower risk; close physical contact in an indoor environment = higher risk)

<table>
<thead>
<tr>
<th>Question</th>
<th>Risk Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How long does the work or activity require employees to be in proximity to other persons? (brief contact = lower risk; lengthy contact = higher risk)</td>
<td>Medium risk (High Contact(^5) roles are considered to be High Risk)</td>
</tr>
<tr>
<td>• Does the work involve regular interaction with persons considered at higher risk of severe illness from COVID-19, such as persons with underlying health conditions? (little to none = lower risk; whole time = higher risk)</td>
<td>Medium risk</td>
</tr>
<tr>
<td>• What is the risk of COVID-19 infection and transmission during University activities (general environment) when compared to the risk outside work? (equal to outside work = lower risk; higher than outside work = higher risk)</td>
<td>High risk</td>
</tr>
<tr>
<td>• Will University activities continue to involve regular interaction with unknown people if at high alert levels/traffic light levels? (no = lower risk; yes = higher risk).</td>
<td>Medium risk</td>
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</tbody>
</table>

Based on the assessment of risk criteria in Table 1 above, the University has a higher level of overall risk contracting or spreading Covid-19 due to the nature of the activities undertaken at the University.

Additional considerations in determining this risk level are:

- The actions/controls that are reasonably practicable for the University to implement as a publicly funded organisation.
- The open nature of the University campuses.
- The public health mandates for vaccinations in organisations that staff and students visit, undertake study and conduct field work/research.

When assessed on a role basis and using the same criteria as Table 1 above all Academic\(^6\), Pastoral Care, Close Contact and Mobile roles have a higher overall risk of transmitting or being infected by COVID – 19. The interconnected nature of the Universities operations shows that General Roles are also at a High/Medium risk of being infected by or transmitting COVID-19. This is represented in Table 2 below.

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\(^5\) High Contact roles are those University staff whose primary role is to interact directly with others, examples include housekeeping staff, students and staff involved in the education, health and corrections sectors.

Table 2: Risk Assessment Criteria for increased risk of COVID-19 Infection or Transmission by Role Category

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Academic</th>
<th>Pastoral Care</th>
<th>Close Contact</th>
<th>Mobile</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many people do employees carrying out activities come into contact</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
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<td>with? (very few = lower risk; many = higher risk)</td>
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<tr>
<td>How easy is it to identify persons employees come into contact with?</td>
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<tr>
<td>(easy to identify, such as co-workers = lower risk; difficult to</td>
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<tr>
<td>identify, such as unknown members of public = higher risk)</td>
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<tr>
<td>How close are employees carrying out the tasks in proximity to other</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
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<td>persons? (2 metres or more apart in an outdoor space = lower risk;</td>
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<tr>
<td>close physical contact in an indoor environment = higher risk)</td>
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<tr>
<td>How long does the work or activity require employees to be in</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
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<tr>
<td>proximity to other persons? (brief contact = lower risk; lengthy</td>
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<tr>
<td>contact = higher risk)</td>
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<tr>
<td>Does the work involve regular interaction with persons considered</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
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<tr>
<td>at higher risk of severe illness from COVID-19, such as persons</td>
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<td>with underlying health conditions? (little to none = lower risk;</td>
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<tr>
<td>whole time = higher risk)</td>
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<tr>
<td>What is the risk of COVID-19 infection and transmission during</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
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<tr>
<td>University activities (general environment) when compared to the</td>
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<td>risk outside work? (equal to outside work = lower risk; higher than</td>
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<tr>
<td>outside work = higher risk)</td>
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<tr>
<td>Will University activities continue to involve regular interaction</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>with unknown people if at high alert levels/traffic light levels?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(no = lower risk; yes = higher risk).</td>
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</tbody>
</table>
5. **Hazard and Risk Assessments**

This assessment of an inherently higher level of risk for the transmission or infection of COVID-19 is the basis for conducting the Hazard and Risk Assessments (attached).

Hazard and Risk assessments for a range of university settings have been prepared on the following assumptions:

- That COVID-19 cannot be eliminated.
- The risk assessments are prepared in advance of any specific alert level or traffic light indicator and apply appropriate public health measures in line with the current Tertiary Education Commission (TEC) guidance.
- The hazard and risk assessment is based on population level effects.
- Mitigating the risks relating to the transmission of COVID-19 or infection with COVID-19 must follow the hierarchy of controls as described by the Health and Safety at Work (General Risk and Workplace Management) Regulations 2016.
- The most reliable controls are those actions such as substitution, isolation (to prevent a person coming into contact with COVID-19) and engineered controls e.g. vaccines (for the purpose of this assessment vaccines are considered to be an engineered control for a biological hazard) and, if appropriate, increased ventilation and airflow.
- Isolation controls in relation to COVID-19 are less effective than normal due to the contagious nature of the Delta variant and the inability to totally isolate persons from exposure to COVID-19, particularly for indoor settings.
- The least reliable controls are those that rely on persons working with hazards and associated risks ‘doing the right thing’ over an extended period of time i.e. administrative and Personal Protective Equipment (PPE) controls. Over an extended period use of/compliance with such controls will decline.
- Indoor settings which are common across the university are more likely to spread a high viral load thus increase the risk of infections.

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7 (S6) **Hierarchy of control measures**

(1) This regulation applies if it is not reasonably practicable for a PCBU to eliminate risks to health and safety in accordance with section 30(1)(a) of the Act.

(2) A PCBU must, to minimise risks to health and safety, implement control measures in accordance with this regulation.

(3) The PCBU must minimise risks to health and safety, so far as is reasonably practicable, by taking 1 or more of the following actions that is the most appropriate and effective taking into account the nature of the risk:

   (a) substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk;
   (b) isolating the hazard giving rise to the risk to prevent any person coming into contact with it;
   (c) implementing engineering controls.

(4) If a risk then remains, the PCBU must minimise the remaining risk, so far as is reasonably practicable, by implementing administrative controls.

(5) If a risk then remains, the PCBU must minimise the remaining risk by ensuring the provision and use of suitable personal protective equipment.
• International studies have shown that vaccination leads to a significant reduction in the rate of transmission of SARS-CoV-2 (COVID-19)\(^8\) but the impact is not the same as protecting against illness and hospitalisation.
• Vaccination (compared with no vaccination) is associated with reduced odds of hospitalisation or having more than five symptoms in the first week of illness following the first or second dose, and long-duration (≥28 days) symptoms following the second dose. Almost all symptoms were reported less frequently in infected vaccinated individuals than in infected unvaccinated individuals.
• COVID 19 vaccines generate higher immune responses than natural infection\(^9\)
• Evidence currently shows the effectiveness of two doses of the Pfizer vaccine against illness due to Delta infection is about 88% and the protection against hospitalisation due to Delta infection about 96% (Ministry of Health 16 August 2021).
• A primary course of vaccine (2 doses Pfizer) is less effective against OMICRON
• Booster shots of vaccines are now recommended 4 months after the primary vaccination course\(^10\).
• For workers covered by the Mandatory Vaccinations Order, the Ministry of Health expect changes to be confirmed in January 2022 about mandatory boosters.
• Recently developed oral anti-viral treatments for COVID-19 are not considered in this assessment but this will be reassessed after Medsafe approves their use. This also includes the development of Long-Acting Monoclonal Antibodies for Pre-exposure Prevention of COVID-19 in immunocompromised persons or those who have a history of severe adverse reactions to a COVID-19 vaccine and therefore cannot receive one\(^11\)

6. Recommendation

The comparison of residual risk level following standard public health measures and the assessment of residual risk levels after allowing for vaccination (2 doses), still shows a significant decrease in both the risk of transmission and infection of COVID-19 for University undertakings against the Delta variant. Data is emerging that a booster dose of the Pfizer vaccine provides better protection than a two-dose course against the Omicron variant. While two doses provide some degree of protection against severe disease from Omicron, a booster is likely to offer greater protection against transmitting COVID-19 to others and reduce the chance of more serious infections.

The hazard and risk assessment with the implementation of a requirement for all persons on campus or conducting off-site activities to be vaccinated shows the following risk reduction (with no known outbreak of OMICRON other than 1 worker in MIQ – 17 January 2022).

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<table>
<thead>
<tr>
<th>Risk of COVID-19 Delta infection from other staff, students, visitors and contractors (based on Table 1 - Criteria for increased risk of COVID-19 Infection or Transmission).</th>
<th>Residual Risk without Vaccine</th>
<th>Residual Risk with Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical - 1000</td>
<td>High - 100</td>
<td></td>
</tr>
</tbody>
</table>

Risk of COVID-19 Delta transmission to other staff, students, visitors and contractors (based on Table 1 - Criteria for increased risk of COVID-19 Infection or Transmission).

Critical - 1000

High - 100

Reliance solely on PPE including mask wearing, administrative controls and appropriate social distancing does not reduce the risk of transmission or infection so far as is reasonably practicable. This particularly applies to indoor settings and close contact settings.

In some operational settings at the University such as the residential halls, additional controls have been applied to reduce the risk of transmission or infection. This is normal practice for reducing the risk associated with a hazard SFAIRP. The additional layers of control also provide additional assurance for preventing the transmission or infection of COVID-19.

The requirement for vaccinations at the University may exacerbate some existing safety and wellness risks. These risks are being considered and appropriate controls are being implemented. It is a reasonably foreseeable risk that requiring vaccines and/or vaccination certificates for access will lead to an increased level of risk principally to frontline staff. This will be influenced by the approach taken to verification of vaccination requirements.

On the basis of the hazard and risk assessment it is strongly recommended that vaccines along with appropriate public health measures are required for all University staff, students, visitors and contractors engaged in undertakings that the University manages or controls.

This combination of controls reduces the Health and Safety risks associated so far as is reasonably practicable given the current state of knowledge and guidance from the Tertiary Education Commission.

Due to the rapidly changing environment relating to COVID-19 the hazard and risk assessments should be reviewed:

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12 Duty of PCBU who manages or controls workplace

(1) A PCBU who manages or controls a workplace must ensure, so far as is reasonably practicable, that the workplace, the means of entering and exiting the workplace, and anything arising from the workplace are without risks to the health and safety of any person.

(2) Despite subsection (1), a PCBU who manages or controls a workplace does not owe a duty under that subsection to any person who is at the workplace for an unlawful purpose.
1. Every 30 days, or 
2. If there is a confirmed case of COVID-19 on campus, or 
3. In line with developments in vaccines or treatment protocols, or 
4. If there is an outbreak of the OMICRON variant of COVID-19.
References:

Health and Safety at Work Act 2015

Health and Safety at Work (General Risk and Workplace Management) Regulations 2016


<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Consequence</th>
<th>Likelihood</th>
<th>Inherent Risk</th>
<th>Preventative Controls</th>
<th>Recovery Controls</th>
<th>Person/s</th>
<th>Notes</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Signing in with QR code.</td>
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<tr>
<td>2. Returning to work only with a negative COVID-19 test after being a close contact or having contracted COVID-19.</td>
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<td>3. Social distancing outdoors - two metres.</td>
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<td>4. Practicing hand hygiene - washing, hand sanitiser, coughing/sneezing etiquette.</td>
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<td>5. If a confirmed case of COVID-19 is in the community, deep cleaning must be undertaken of areas/vehicles used by the confirmed case.</td>
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</tbody>
</table>

**Risk of COVID-19 Infection Transmission**

**Criteria for increased risk:** For the full criteria, see **Extensive/Intensive Controls**

**Almost management:**

- 1 person on unwell, face barrier.
- 1 person on unwell, face barrier.
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### COVID-19 High Contact Areas, Public-facing Staff

<table>
<thead>
<tr>
<th>Area</th>
<th>Facility/Division</th>
<th>Description</th>
<th>Uncovered PERSONS</th>
<th>Date received</th>
<th>Date reviewed</th>
<th>Review code</th>
<th>Approval code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

#### CONTROLS

1. **Enhanced Cleaning Protocols**:
   - Staff washing hands at least frequently.
   - Staff cleaning surfaces and rooms.
   - Staff using face coverings.

2. **Social distancing**:
   - Staff maintaining at least 1 metre distance at all times.

3. **Hygiene Protocols**:
   - Staff washing hands frequently.
   - Staff using hand sanitiser.

4. **Screening Protocols**:
   - Staff undergoing daily self assessment.
   - Staff undertaking regular COVID-19 testing.

5. **Contact Management**:
   - Staff contacting Healthline and/or GP for COVID-19 symptoms.
   - Staff self-isolating if COVID-19 symptoms.

#### Risk Areas

1. **High Risk Areas**: Areas identified as having an increased risk of transmission of COVID-19.
   - Areas identified as having an increased risk of transmission of COVID-19.
   - Areas identified as having an increased risk of transmission of COVID-19.

2. **Low Risk Areas**: Areas identified as having a low risk of transmission of COVID-19.
   - Areas identified as having a low risk of transmission of COVID-19.
   - Areas identified as having a low risk of transmission of COVID-19.

#### Public-facing Staff

- Staff undergoing regular COVID-19 testing.
- Staff wearing face coverings.
- Staff maintaining at least 1 metre distance at all times.

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**Table of Completed Controls**

<table>
<thead>
<tr>
<th>Control</th>
<th>Completed</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
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<td>No</td>
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<td></td>
<td>Not Applicable</td>
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</tbody>
</table>

**Notes**

- Regular monitoring of staff health and well-being.
- Regular monitoring of staff vaccination status.
- Regular monitoring of staff contact with high-risk individuals.

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**Table of Uncompleted Controls**

<table>
<thead>
<tr>
<th>Control</th>
<th>Completed</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
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<tr>
<td></td>
<td>No</td>
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<tr>
<td></td>
<td>Not Applicable</td>
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</tbody>
</table>

**Notes**

- Regular monitoring of staff health and well-being.
- Regular monitoring of staff vaccination status.
- Regular monitoring of staff contact with high-risk individuals.
### Hazard and Risk Register COVID-19 with Vaccination and Public Health Measures

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Risk Description</th>
<th>Infection Control Plan</th>
<th>Transmission</th>
<th>Influenza</th>
<th>Infection</th>
<th>Vaccination</th>
<th>Health</th>
<th>Social Distancing</th>
<th>PPE/Administrative</th>
<th>Document Date</th>
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<tbody>
<tr>
<td>HSW 001</td>
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</tbody>
</table>

#### Transmission Plan

- **Symptoms**
  - Monitor for fever, dry cough, fatigue, loss of taste or smell, and other symptoms.
  - Isolate patients.

- **Healthcare Workers**
  - Wear personal protective equipment (PPE).
  - Avoid close contact with patients.

- **Environment**
  - Disinfect high-touch surfaces.
  - Improve ventilation.

- **Travel**
  - Limit travel to essential needs.
  - Wear masks when traveling.

#### Influenza Plan

- **Vaccination**
  - Offer vaccinations to all staff, faculty, and students.
  - Encourage employees to get vaccinated.

- **Monitoring**
  - Track vaccination rates.
  - Provide educational resources.

- **Communication**
  - Share information about vaccination programs.
  - Notify employees of vaccination clinics.

#### Infection Control Plan

- **Hygiene Requirements**
  - Wear face masks in public settings.
  - Wash hands frequently.

- **Social Distancing**
  - Maintain physical distance.
  - Avoid large gatherings.

- **PPE/Administrative**
  - Provide PPE for staff.
  - Implement cleaning protocols.

#### Document Date

- **HSW 001**
  -变更/审查
  - Document Date: 16 Nov 2021

---

*Note: The table above is an excerpt from the Hazard and Risk Register COVID-19 with Vaccination and Public Health Measures.*
## Hazard and Risk Register - COVID-19

### High Contact Areas

<table>
<thead>
<tr>
<th>Description</th>
<th>Date Created</th>
<th>Date Modified</th>
<th>Date Reviewed</th>
<th>Date Assessed</th>
<th>Risk of COVID-19 Delta transmission to other staff, students, visitors and contractors</th>
<th>Risk of COVID-19 Delta transmission to other staff, students, visitors and contractors</th>
<th>Controls</th>
<th>Controls</th>
<th>Controls</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Enhanced ventilation and airflow</td>
<td>Enhanced ventilation and airflow</td>
<td>TGP</td>
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</tr>
</tbody>
</table>

### Controls

- Enhanced ventilation and airflow
- Enhanced cleaning protocols
- Implementing regular deep cleaning
- Enhanced ventilation and airflow
- Implementing regular deep cleaning
- Enhanced ventilation and airflow
- Enhanced cleaning protocols
- Implementing regular deep cleaning
- Enhanced ventilation and airflow
- Enhanced cleaning protocols

### Notes

- For high-risk areas, implementing enhanced ventilation and airflow is critical.
- Ongoing monitoring of ventilation and cleaning practices is required.
- Regular training of staff on COVID-19 prevention measures.
- Updated risk assessments conducted bi-weekly.
- Review and update controls as necessary.
<table>
<thead>
<tr>
<th>Date</th>
<th>Risk</th>
<th>Area</th>
<th>Infection</th>
<th>Inherent Risk</th>
<th>Preventative Controls</th>
<th>Recovery Risk</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Nov 2021</td>
<td>Staff, students, and contractors</td>
<td>ISOLATION CONTROLS</td>
<td>Surgical masks or better for staff working in public facing areas</td>
<td>200</td>
<td>1</td>
<td>10000</td>
<td>Completed</td>
</tr>
<tr>
<td>16 Nov 2021</td>
<td>Staff, students, and contractors</td>
<td>ENGINEERED CONTROLS</td>
<td>1. A negative COVID-19 test is required for staff working in public facing areas.</td>
<td>200</td>
<td>1</td>
<td>10000</td>
<td>Completed</td>
</tr>
<tr>
<td>16 Nov 2021</td>
<td>Staff, students, and contractors</td>
<td>PPE/ADMINISTRATIVE CONTROLS</td>
<td>1. A negative COVID-19 test is required for staff working in public facing areas.</td>
<td>200</td>
<td>1</td>
<td>10000</td>
<td>Completed</td>
</tr>
<tr>
<td>16 Nov 2021</td>
<td>Staff, students, and contractors</td>
<td>SOCIAL DISTANCING</td>
<td>1. A negative COVID-19 test is required for staff working in public facing areas.</td>
<td>200</td>
<td>1</td>
<td>10000</td>
<td>Completed</td>
</tr>
</tbody>
</table>

**Notes:**
- Signage in high traffic areas.
- PPE/ADMINISTRATIVE CONTROLS: staff working in public facing areas.
- SOCIAL DISTANCING: staff working in public facing areas.
- ENGINEERED CONTROLS: staff working in public facing areas.
- ISOLATION CONTROLS: staff working in public facing areas.

**Additional Instructions:**
- Staff are encouraged to contact their supervisor if they become unwell.
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- Staff are encouraged to contact their supervisor if they become unwell.

**Risk Description:**
- Risk of COVID-19 Delta strain from other staff, students, and contractors.
- Risk of COVID-19 infection from other staff, students, and contractors.
- Risk of COVID-19 infection from other staff, students, and contractors.

**Preventative Controls:**
- A negative COVID-19 test is required for staff working in public facing areas.
- A negative COVID-19 test is required for staff working in public facing areas.
- A negative COVID-19 test is required for staff working in public facing areas.
- A negative COVID-19 test is required for staff working in public facing areas.

**Recovery Risk:**
- A negative COVID-19 test is required for staff working in public facing areas.
- A negative COVID-19 test is required for staff working in public facing areas.
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- A negative COVID-19 test is required for staff working in public facing areas.
### Hazard Risk Register - COVID-19 High Contact Areas, Public-Facing Staff

<table>
<thead>
<tr>
<th>Area / Facility / Location</th>
<th>University of Waikato - Faculty of Health</th>
<th>Document date</th>
<th>06 Nov 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area / Facility / Location</td>
<td>University of Waikato - Faculty of Health</td>
<td>Assessment type</td>
<td>Assessment date</td>
</tr>
</tbody>
</table>

#### Hazard Identification

- **Hazard:** Acute Risk of Transmission (Delta Variant)
- **Risk:** Almost Extreme Risk
- **Consequence:** 100% Probability of Infection

#### Control Measures

<table>
<thead>
<tr>
<th>Control Measure</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Vaccinated staff and COVID-19 vaccinated for all in-flow (students).</td>
</tr>
<tr>
<td>2.</td>
<td>Enhanced ventilation and airflow.</td>
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<td>4.</td>
<td>Social distancing, reduce one metre.</td>
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<td>5.</td>
<td>Avoid close physical contact.</td>
</tr>
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<td>7.</td>
<td>If you are experiencing symptoms related to COVID-19 contact local health services.</td>
</tr>
</tbody>
</table>

#### Risk Management

- **Risk Rating:** Major
- **Risk Level:** High 100
- **Risk Control:** Completed

---

#### Hazard Identification

- **Hazard:** Acute Risk of Transmission (Delta Variant) & non-contractual
- **Risk:** Almost Extreme Risk
- **Consequence:** 100% Probability of Infection

#### Control Measures

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- **Risk Rating:** Major
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- **Hazard:** Acute Risk of Transmission (Delta Variant) & non-contractual
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- **Hazard:** Acute Risk of Transmission (Delta Variant) & non-contractual
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</tbody>
</table>

#### Risk Management

- **Risk Rating:** Major
- **Risk Level:** High 100
- **Risk Control:** Completed
<table>
<thead>
<tr>
<th>Risk of COVID-19 Delta variant in staff, students, visitors and contractors</th>
<th>Date consulted</th>
<th>Controls</th>
<th>Date implemented</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of COVID-19 Delta variant in staff, students, visitors and contractors</td>
<td>22 Oct 2021</td>
<td>Enhanced controls</td>
<td>22 Oct 2021</td>
<td>Completed</td>
</tr>
<tr>
<td>Risk of COVID-19 Delta variant in staff, students, visitors and contractors</td>
<td>22 Oct 2021</td>
<td>Enhanced controls</td>
<td>22 Oct 2021</td>
<td>Completed</td>
</tr>
<tr>
<td>Risk Description</td>
<td>Probability (Likelihood)</td>
<td>Potential Consequence</td>
<td>Inherent Risk Rating</td>
<td>Preventative Control</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------</td>
<td>------------------------</td>
<td>----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Risk of COVID-19 transmission from other staff, students, visitors and contractors (based on Table 1: 3.1) for individuals with uncompleted vaccinations</td>
<td>Extreme (Almost 100%)</td>
<td>Expected</td>
<td>100</td>
<td>Regulate</td>
</tr>
<tr>
<td></td>
<td>Extreme (Almost 100%)</td>
<td>Expected</td>
<td>100</td>
<td>Regulate</td>
</tr>
<tr>
<td></td>
<td>Extreme (Almost 100%)</td>
<td>Expected</td>
<td>100</td>
<td>Regulate</td>
</tr>
<tr>
<td>Risk of transmission to a member of staff by a close contact or a confirmed case of COVID-19</td>
<td>Control</td>
<td>Almost certain</td>
<td>Low</td>
<td>Unlikely</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1.</td>
<td>N95 masks or better</td>
<td>100% compliance</td>
<td>100% compliance</td>
<td>100% compliance</td>
</tr>
<tr>
<td>2.</td>
<td>Social distancing in public areas</td>
<td>100% compliance</td>
<td>100% compliance</td>
<td>100% compliance</td>
</tr>
<tr>
<td>3.</td>
<td>Practicing Hygiene Requirements - hand washing, hand sanitiser, coughing / sneezing etiquette, signage.</td>
<td>100% compliance</td>
<td>100% compliance</td>
<td>100% compliance</td>
</tr>
</tbody>
</table>

**CONTROLLED CONTROLS**

- Regular cleaning of communal areas.
- Enhanced ventilation and airflow.

**UNCONTROLLED CONTROLS**

- Social distancing between two metres.
- Face masks are worn.
- If you are unwell, stay home.
- If you are experiencing symptoms related to COVID-19 contact your GP immediately.
- Enhanced cleaning of communal areas.
- Enhanced cleaning of public areas.
- N95 masks or better.
- Practicing Hygiene Requirements - hand washing, hand sanitiser, coughing / sneezing etiquette, signage.

---

**Role of the Health and Safety Team**

- Conducting daily checks and alerts to faculty / division.

---

**Role of the Faculty / Division**

- Implementing immediate actions.

---

**Role of the Student Residences**

- Communicating to students.

---

**Role of the Facilities Management**

- Implementing immediate actions.

---

**Role of the Vaccination Team**

- Implementing immediate actions.

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**Role of the Student Health Service**

- Implementing immediate actions.

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**Role of the Pandemic Planning Team**

- Implementing immediate actions.

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**Role of the Contact Tracing Team**

- Implementing immediate actions.

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**Role of the Communication Team**

- Communicating to students, staff and faculty.

---

**Role of the Communications Team**

- Communicating to students, staff and faculty.

---

**Role of the IT Team**

- Implementing immediate actions.

---

**Role of the Facilities Management**

- Implementing immediate actions.

---

**Role of the Purchasing Team**

- Implementing immediate actions.

---

**Role of the Human Resources Team**

- Implementing immediate actions.

---

**Role of the Legal Team**

- Implementing immediate actions.

---

**Role of the Finance Team**

- Implementing immediate actions.

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**Role of the Human Resources Team**

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**Role of the Legal Team**

- Implementing immediate actions.

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**Role of the Finance Team**

- Implementing immediate actions.
<table>
<thead>
<tr>
<th>Risk Type</th>
<th>Description</th>
<th>Risk Category</th>
<th>Risk Rating</th>
<th>Controls</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing, vaccination requirements for access to campus</td>
<td>Aggressive interactions with people that do not agree with mandatory vaccination requirements (staff, students, visitors, and public)</td>
<td>Moderate</td>
<td>High</td>
<td>1. Mandate COVID-19 vaccination for all staff and students. 2. Implement a vaccination program. 3. Provide education and support for staff and students.</td>
<td>Completed</td>
</tr>
<tr>
<td>Social distancing</td>
<td>In-person interactions with people that do not agree with social distancing requirements</td>
<td>Moderate</td>
<td>High</td>
<td>1. Mandate social distancing for all staff and students. 2. Implement a social distancing program. 3. Provide education and support for staff and students.</td>
<td>Completed</td>
</tr>
<tr>
<td>Face mask compliance</td>
<td>In-person interactions with people that do not agree with face mask compliance</td>
<td>Moderate</td>
<td>High</td>
<td>1. Mandate face mask compliance for all staff and students. 2. Implement a face mask compliance program. 3. Provide education and support for staff and students.</td>
<td>Completed</td>
</tr>
<tr>
<td>Adverse events following vaccination with COVID-19 vaccine</td>
<td>Adverse events following vaccination with COVID-19 vaccine.</td>
<td>Moderate</td>
<td>High</td>
<td>1. Mandate COVID-19 vaccination for all staff and students. 2. Implement a vaccination program. 3. Provide education and support for staff and students.</td>
<td>Completed</td>
</tr>
</tbody>
</table>
### Potential Consequence Hierarchy of Controls

<table>
<thead>
<tr>
<th>Potential Likelihood</th>
<th>Probability/ Frequency of event occurring</th>
<th>Probability/ Frequency of event occurring</th>
<th>Probability/ Frequency of event occurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost certain</td>
<td>1 in 1–10 Event occurs once in every 10 operations or activities</td>
<td>A daily to monthly occurrence</td>
<td>1 in 10–100 Event occurs once in every 10–100 operations or activities</td>
</tr>
<tr>
<td>Likely</td>
<td>1 in 10–50 Event occurs once in every 10–50 operations or activities</td>
<td>Between once to weekly occurrence</td>
<td>1 in 50–100 Event occurs once in every 50–100 operations or activities</td>
</tr>
<tr>
<td>Possible</td>
<td>1 in 50–100 Event occurs once in every 50–100 operations or activities</td>
<td>Occurs once between 1 to 5 years</td>
<td>1 in 1000–5000 Event occurs once in every 1000–5000 operations or activities</td>
</tr>
<tr>
<td>Unlikely</td>
<td>1 in 1000–10,000 Event occurs once in every 1000–10,000 operations or activities</td>
<td>Occurs once between 5 to 20 years</td>
<td>1 in 10,000–100,000 Event occurs once in every 10,000–100,000 operations or activities</td>
</tr>
<tr>
<td>Rare</td>
<td>1 in 10,000–100,000 Event occurs once in every 10,000–100,000 operations or activities</td>
<td>Occurs once 20+ years</td>
<td>1 in 100,000–1 million Event occurs once in every 100,000–1 million operations or activities</td>
</tr>
</tbody>
</table>

#### Ranking
- Extreme
- Major
- Moderate
- Minor
- Negligible

#### Potential Consequences
- Fatality or fatalities or permanent disability, Unable to work. COVID 19 Related Fatality
- Hospital outpatient, LTD ≤ 3 weeks and can return to normal duties. Self-isolating at home – COVID 19 confirmed
- Medical treatment from a healthcare professional for COVID 19 symptoms
- Report only, no injury or first aid (e.g., band-aid), short-term discomfort, asymptomatic

#### Plant equipment and materials
- Destroyed or cannot be reused
- Damage requiring repair/reuse and possible recertification for reuse, lost use for one or more years
- Equipment able to be repaired/service by a trade/technician within 24 hours
- Report only, no damage

#### Hierarchy of Controls
1. Eliminate (get rid of)
2. Substitute (change)
3. Engineering controls (put up a barrier)
4. Administrative controls (SWMS, JSEA and signs)
5. Personal protective equipment (PPE) (e.g. gloves, ear plugs)

Rely on the person working with the hazards / risks ‘doing the right thing’
<table>
<thead>
<tr>
<th>Vaccination Consultation Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior DVC</td>
</tr>
<tr>
<td>DVC Research</td>
</tr>
<tr>
<td>DVC Māori</td>
</tr>
<tr>
<td>DVC Academic</td>
</tr>
<tr>
<td>COO</td>
</tr>
<tr>
<td>Director, Student Services</td>
</tr>
<tr>
<td>Director, HR &amp; ER</td>
</tr>
<tr>
<td>Director, OD &amp; Wellness</td>
</tr>
<tr>
<td>Director, OVC</td>
</tr>
<tr>
<td>HSW Manager</td>
</tr>
<tr>
<td>Head of Corporate Comms</td>
</tr>
<tr>
<td>Associate Director, Student Accommodation</td>
</tr>
<tr>
<td>In-House Solicitor</td>
</tr>
</tbody>
</table>