



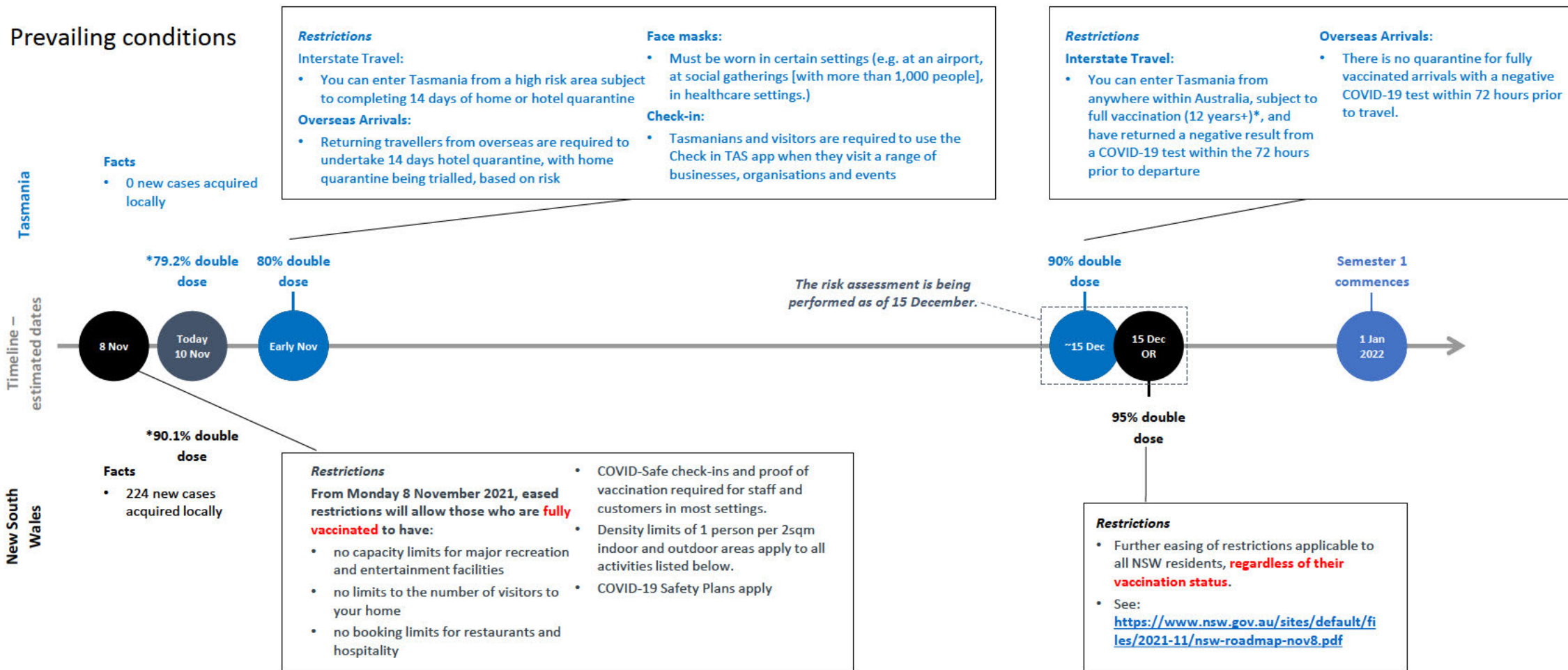
# University of Tasmania (UTAS)

## RISK ASSESSMENT WORKSHOP

10 NOVEMBER 2021

*Liability limited by a scheme approved under the Professional Standards Legislation.*

# Prevailing conditions



\*Data as at 8 Nov 2021

**Sources:**

- <https://www.coronavirus.tas.gov.au/facts/tasmanian-statistics>
- <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/stats-nsw.aspx>
- <https://www.coronavirus.tas.gov.au/families-community/current-restrictions>
- <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/numbers-statistics>
- <https://www.coronavirus.tas.gov.au/transition-plan>

## Current permissions/restrictions – as at 10 November 2021

Current permissions/restrictions – UTAS are currently operating at <u>low risk</u> (no community transmission in State)
<b>Work</b>
<ul style="list-style-type: none"> <li>• Work and study on campus where COVID-Safety plan implemented</li> <li>• Visitors allowed with health screening and sign in</li> <li>• Vulnerable persons permitted</li> </ul>
<b>Travel</b>
<ul style="list-style-type: none"> <li>• Intrastate: Travel prioritised based on strategic and operational goals and budget of organizational unit. Requires Budget Centre Level approval.</li> <li>• Interstate and New Zealand: All University travel is considered non-essential unless it is critical to the delivery of our strategy or the management of operations and physical presence is the only way the work can be successfully completed. Strong evidence that alternatives to physical presence have been considered are needed for the approval to travel. All travel approval must go through the Executive-Dean, where applicable, with final approval by the Provost, Chief Operating Officer, or the Deputy Vice-Chancellor (International).</li> <li>• International: Not permitted. Travel by exceptional circumstances only and requires CMRT Approval.</li> <li>• Essential Traveller: Within restrictions. Strategic CMRT approval required for any essential traveller from outbreak areas</li> </ul>
<b>Communal areas</b>
<ul style="list-style-type: none"> <li>• Open – Communal Areas are open for use.</li> <li>• Shared consumables permitted</li> <li>• Shared tools, utensils and crockery permitted where cleaning by users and/or dishwasher is maintained</li> </ul>
<b>Events</b>
<ul style="list-style-type: none"> <li>• Face to face events/meetings permitted with COVID-Safe Plan implemented</li> <li>• Shared food only with appropriate hygiene controls (tongs, hand sanitiser etc.)</li> </ul>
<b>Working at a third-party premise</b>
<ul style="list-style-type: none"> <li>• In accordance with third party premise</li> </ul>

## UTAS risk appetite statements



UNIVERSITY *of*  
TASMANIA

1

No appetite for exposing staff to unmanaged physical safety risks in the course of their employment

2

No appetite to exposing students to unmanaged physical safety risks in the course of their learning or research studies



## Risk Assessment

- > Ashurst Risk Advisory facilitated a discussion to input data in the Risk Assessment template, having regard to:
  - > The differing cohorts of workers and non-workers, set out in the table below; and
  - > Current controls implemented as identified in UTAS's COVID-SAFE risk register

<b>Workers</b>	<ul style="list-style-type: none"> <li>• Staff</li> <li>• Contractors (Couriers, maintenance etc.)</li> <li>• Volunteers</li> <li>• Clients</li> </ul>
<b>Non-workers</b>	<ul style="list-style-type: none"> <li>• Students</li> <li>• Members of the public – Visitors (School students)</li> <li>• Patients</li> </ul>

**Picture: Risk Assessment template**

Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
			C	L	RR		C	L	RR	

**Picture: UTAS risk matrix – see Appendix A for large version**

		Definition	CONSEQUENCE				
			Minor	Moderate	Major	Severe	Catastrophic
Likelihood	<b>Frequency</b> Business plan horizon. Likely to occur at least once a year. (Greater than 50% chance of occurring in any year.)	<b>Likely</b>	Mod	High	High	Ext	Ext
	<b>Strategic horizon.</b> Likely to occur once in 2-5 years. (Between 25% - 50% chance of occurring in any year.)	<b>Possible</b>	Mod	Mod	High	Ext	Ext
	<b>Scenario horizon.</b> Likely to occur once in 5-10 years. (Between 10% - 25% chance of occurring in any year.)	<b>Unlikely</b>	Mod	Mod	High	High	Ext
	<b>Infrastructure horizon.</b> Likely to occur once in 10 - 50 years. (Between 2% - 10% chance of occurring in any year.)	<b>Rare</b>	Low	Mod	Mod	High	Ext
	<b>Institutional horizon.</b> Greater than 50-year event. (Less than 2% chance of occurring in any year.)	<b>Extremely Rare</b>	Low	Low	Mod	High	Ext

## Risk Assessment – as at 15 December 2021

	Phase	Review Triggered
Tasmania	80%	90%
NSW	90%	95% or 15 December
<b>UTAS current risk level</b>	Low Risk   No Community COVID Transmission	Medium Risk   No COVID activity in your region

#	Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
				L	C	IRR		L	C	RRR	
1	<p><b>Working/studying at the campus</b></p> <p>Exposure to infectious persons (symptomatic or asymptomatic) in the workplace</p>	COVID-19 Safety	<ul style="list-style-type: none"> <li>Use digital platforms to connect</li> <li>Contactless methods, single use items, own set of tools, rotate a clean set of tools after use</li> <li>Restricting use of shared tools</li> <li>Physical distancing set out in student and staff defined work areas</li> <li>Staff and students adhere to mandatory isolation/quarantine requirements</li> <li>In an office, consider: avoid hot desking, allocate desks to individuals (if possible), ensure 4 metres squared space around each person at a desk, ensure 1.5m between each person as they move about the office, display maximum number of people signage</li> <li>Cleaning processes and hygiene equipment measures</li> <li>Unwell staff and students do not come to work / sent home</li> <li>All staff and students must complete a COVID-Safe campus training on MyLO</li> <li>Provide competence training to vulnerable staff members</li> <li>Signage, training in infection control and cleaning, SWPs, Posters and instructions, cough and sneeze hygiene</li> <li>Staff undertake induction for specific and unique work areas or activities</li> </ul>	Likely	Severe	Ext	<ul style="list-style-type: none"> <li>Implementation of COVID-19 double vaccination as a 'Condition of entry' to UTAS campus'</li> </ul>	Likely	Moderate	High	<ul style="list-style-type: none"> <li><b>Consider:</b> staff, other workers, students, and other visitors</li> <li><b>Consider:</b> Indoors and outdoors</li> <li><b>Consider:</b> Size of lecture theatres, meeting rooms, research rooms, laboratories and experiments, other areas</li> <li><b>Comment:</b> No assumptions on vaccination rates for current controls</li> <li><b>Comment:</b> Are our residents non-workers? Legal clarification / advice? – Residential areas are 'workplaces' – part of the UTAS Community – similar to how an employee would be treated</li> <li><b>Consider:</b> Mandatory mask policy?</li> <li><b>Consider:</b> Rules around close range contact? Physical distancing</li> <li><b>Comment:</b> Have we looked at liabilities / risks of someone getting vax that did not want to and have a reaction? – WHS insurance covers this scenario</li> </ul>

	Phase	Review Triggered
Tasmania	80%	90%
NSW	90%	95% or 15 December
<b>UTAS current risk level</b>	Low Risk   No Community COVID Transmission	Medium Risk   No COVID activity in your region

## Risk Assessment – as at 15 December 2021

#	Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
				L	C	IRR		L	C	RRR	
2	<p><b>UTAS interstate and international travel for work</b></p> <p>The risk of a UTAS staff member contracting COVID-19 while travelling interstate or internationally for work purposes, and unknowingly coming into contact with an individual or spreading the virus through other means (e.g. touching surfaces).</p>	COVID-19 Safety	<ul style="list-style-type: none"> <li>Consider if the travel is necessary and whether the number of staff and/or students can be limited.</li> <li><b>Prior to travel:</b> Review the current government travel restrictions and University travel status.</li> <li><b>Return from travel:</b> Abide by any quarantine restrictions in place on return from travel.</li> <li><b>Substitution:</b> e.g. Source an equivalent traveller from within your home state and avoid essential travellers from a high-risk location.</li> <li>Social distancing to always be practiced when on campus</li> <li><b>Isolation:</b> During activities specific workspaces (rooms) are to be isolated. Dedicated comfort/work break facilities to be identified and isolated for Essential Traveller use</li> <li>If traveller is using UTAS accommodation, segregate away from other students' accommodation in self-contained unit. Limit activities and movements outside of work hour to work/training, accommodation, exercise, and medical assistance only. Meals to be pre-ordered and take away consumed in personal accommodation.</li> <li>Essential Traveller to complete the COVID Return to Campus Induction prior to travel.</li> <li>Essential Traveller health screened upon entering campus.</li> <li>+ more</li> </ul>	Likely	Major	High	<ul style="list-style-type: none"> <li>Implementation of COVID-19 double vaccination as a 'Condition of entry' to UTAS campus'</li> </ul>	Possible	Moderate	Mod	<p><b>Consider:</b> 15 December – no pre-approval required for interstate travel</p> <p><b>Comment:</b> No international travel allowed currently</p> <p><b>Comment:</b> Insurance does not kick in for international travel, insurance is purchased locally</p> <p><b>Comment:</b> 1,200 students coming back to UTAS shortly, these students are currently enrolled and studying with UTAS</p> <p><b>Comment:</b> UTAS has some staff members who commute interstate, and will continue to recruit people from interstate also</p>

	Phase	Review Triggered
Tasmania	80%	90%
NSW	90%	95% or 15 December
<b>UTAS current risk level</b>	Low Risk   No Community COVID Transmission	Medium Risk   No COVID activity in your region

## Risk Assessment – as at 15 December 2021

#	Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
				L	C	IRR		L	C	RRR	
3	<p><b>Interstate or international travellers attending UTAS</b></p> <p>The risk of an interstate/ international worker or non-worker, who has contracted COVID-19, attending UTAS's campus unknowingly coming into contact with an individual or spreading the virus through other means (e.g. touching surfaces).</p>	COVID-19 Safety	<ul style="list-style-type: none"> <li>Use digital platforms to connect</li> <li>Contactless methods, single use items, own set of tools, rotate a clean set of tools after use</li> <li>Restricting use of shared tools</li> <li>Physical distancing set out in student and staff defined work areas</li> <li>Staff and students adhere to mandatory isolation/quarantine requirements</li> <li>In an office, consider: avoid hot desking, allocate desks to individuals (if possible), ensure 4 metres squared space around each person at a desk, ensure 1.5m between each person as they move about the office, display maximum number of people signage</li> <li>Cleaning processes and hygiene equipment measures</li> <li>Unwell staff and students do not come to work / sent home</li> <li>All staff and students must complete a COVID-Safe campus training on MyLO</li> <li>Provide competence training to vulnerable staff members</li> <li>Signage, training in infection control and cleaning, SWPs, Posters and instructions, cough and sneeze hygiene</li> <li>Staff undertake induction for specific and unique work areas or activities</li> </ul>	Likely	Moderate	High	<ul style="list-style-type: none"> <li>Implementation of COVID-19 double vaccination as a 'Condition of entry' to UTAS campus'</li> </ul>	Possible	Minor	Mod	<p><b>Comment:</b> Argument for the IRR is that the flow of people increases with this risk</p> <p><b>Comment:</b> Add to current controls the state gov controls</p> <p><b>Consider:</b> Exemptions and those people that cannot get vaccinated (masks are mandatory in these scenarios)</p>



## Risk Assessment – as at 15 December 2021

	Phase	Review Triggered
Tasmania	80%	90%
NSW	90%	95% or 15 December
<b>UTAS current risk level</b>	Low Risk   No Community COVID Transmission	Medium Risk   No COVID activity in your region

#	Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
				L	C	IRR		L	C	RRR	
4	<p><b>Communal areas</b></p> <p>Exposure to infectious persons (symptomatic or asymptomatic) in communal areas (shared facilities i.e. libraries, toilets, kitchens, prayer rooms etc.)</p>	COVID-19 Safety	<ul style="list-style-type: none"> <li>Implement and monitor the University COVID-Safety Plan</li> <li>Physical distancing where reasonable</li> <li>Adhere to maximum occupancy numbers of spaces</li> <li>Maintain high level hand hygiene standards</li> <li>Maintain high levels of respiratory hygiene</li> <li>Maintain elevated levels of contracted touchpoint cleaning</li> <li>Operate within Public Health gathering restrictions</li> </ul>	Likely	Severe	Ext	<ul style="list-style-type: none"> <li>Implementation of COVID-19 double vaccination as a 'Condition of entry' to UTAS campus'</li> </ul>	Likely	Moderate	High	<p><b>Consider:</b> Check in at the desk</p> <p><b>Comment:</b> UTAS have considered ventilation, and are going through assessments currently against relevant standards</p>

	Phase	Review Triggered
Tasmania	80%	90%
NSW	90%	95% or 15 December
<b>UTAS current risk level</b>	Low Risk   No Community COVID Transmission	Medium Risk   No COVID activity in your region

## Risk Assessment – as at 15 December 2021

#	Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
				L	C	IRR		L	C	RRR	
5	<p><b>Events on or off campus</b></p> <p>Exposure to infectious persons (symptomatic or asymptomatic) at events (i.e. on or off campus, indoor and outdoor, staff and student events, social events, venue hire)</p>	COVID-19 Safety	<ul style="list-style-type: none"> <li>Implement the University's COVID-Safety Plan for your event, and comply with that of any third party premise (refer to Event Management for guidance)</li> <li>Comply with any Public Health gathering restrictions and/or framework</li> <li>Advise participants in advance that if they have any COVID related symptoms or feel unwell, they must not attend.</li> <li>Health and temperature screening of all participants</li> <li>Make sure all organisers, participants, caterers, and visitors at the event provide contact details.</li> <li>Hold outside where possible or maximise ventilation and air movement in internal spaces</li> <li>Maintain high levels of hand hygiene - ensure enough supplies for use by all participants</li> <li>Maintain elevated levels of cleaning, and consider if touchpoint and surface cleaning is required during the event and/or between participants</li> <li>Physical distancing when reasonable</li> </ul>	Likely	Severe	Ext	<ul style="list-style-type: none"> <li>Implementation of COVID-19 double vaccination as a 'Condition of entry' to UTAS campus'</li> </ul>	Likely	Major	High	<p><b>Consider:</b> Super spreader event, reputational risk</p> <p><b>Consider:</b> Exams and exam halls</p> <p><b>Consider:</b> Graduation events</p> <p><b>Consider:</b> Orientation</p> <p><b>Comment:</b> UTAS has a lot of external people wanting to access University premises for events</p> <p><b>Comment:</b> Level of awareness pf externals to UTAS current controls is lower than staff</p>

	Phase	Review Triggered
Tasmania	80%	90%
NSW	90%	95% or 15 December
<b>UTAS current risk level</b>	Low Risk   No Community COVID Transmission	Medium Risk   No COVID activity in your region

## Risk Assessment – as at 15 December 2021

#	Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
				L	C	IRR		L	C	RRR	
6	<p><b>Working on a third-party premise</b></p> <p>Exposure to infectious persons (symptomatic or asymptomatic) while working on a third-party premise (TPP) (i.e. Professional Experience Placements, Work Integrated Learning, External shared facilities, Third Party Premises where staff or students work i.e. DPIPWE, CSIRO, AAD)</p>	COVID-19 Safety	<ul style="list-style-type: none"> <li>Maintain safe hygiene practices. Minimise changing staff pairings/teams as much as possible to minimise exposure to others.</li> <li>Use digital platforms to connect i.e., Zoom, Teams</li> <li>Adhere to premises physical distancing practices and the TPP and UTAS COVID safe plans</li> <li>Report unsafe situations to TPP management and UTAS Manager / Supervisor.</li> </ul>	Likely	Moderate	High	<ul style="list-style-type: none"> <li>Implementation of COVID-19 double vaccination as a 'Condition of entry' to UTAS campus'</li> </ul>	Possible	Minor	Mod	<p><b>Consider:</b> Workers in high-risk environments (e.g. healthcare)</p> <p><b>Consider:</b> Low disruption to the business with this scenario</p> <p><b>Consider:</b> Placement in the education system, exposure to young people where vaccination is not yet possible</p> <p><b>Comment:</b> UTAS has Medicine and paramedicine workers, nursing, allied health and psychology workers in Health &amp; Medicine</p> <p><b>Consider:</b> Placements of students that attend/run large events (e.g. sporting events)</p> <p><b>Consider:</b> Rapid Antigen Testing – consider cost</p>

	Phase	Review Triggered
Tasmania	80%	90%
NSW	90%	95% or 15 December
<b>UTAS current risk level</b>	Low Risk   No Community COVID Transmission	Medium Risk   No COVID activity in your region

## Risk Assessment – as at 15 December 2021

#	Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
				L	C	IRR		L	C	RRR	
7	<p><b>Student accommodation</b></p> <p>Exposure to infectious persons (symptomatic or asymptomatic) in student accommodation areas</p>	COVID-19 Safety	<ul style="list-style-type: none"> <li>Implement and monitor the University COVID-Safety Plan</li> <li>Physical distancing where reasonable</li> <li>Adhere to maximum occupancy numbers of spaces</li> <li>Maintain high level hand hygiene standards</li> <li>Maintain high levels of respiratory hygiene</li> <li>Maintain elevated levels of contracted touchpoint cleaning</li> <li>Operate within Public Health gathering restrictions</li> </ul>	Likely	Severe	<b>Ext</b>	<ul style="list-style-type: none"> <li>Implementation of COVID-19 double vaccination as a 'Condition of entry' to UTAS campus'</li> </ul>	Likely	Major	<b>High</b>	<p><b>Consider:</b> Events in accommodations (Dinners, parties)</p> <p><b>Consider:</b> Non-students living in accommodation (approx. 12% currently) – e.g. seeing out leases</p> <p><b>Comment:</b> Do we prohibit non-students being in accommodation areas? - This is being considered with legal currently</p> <p><b>Consider:</b> Different tenancy agreements</p>



	Phase	Review Triggered
Tasmania	80%	90%
NSW	90%	95% or 15 December
<b>UTAS current risk level</b>	Low Risk   No Community COVID Transmission	Medium Risk   No COVID activity in your region

## Risk Assessment – as at 15 December 2021

#	Identify Potential Risks	Risk Type	Current control measures	Inherent Risk Rating			Additional Control Measures	Residual Risk Rating			Comments
				L	C	IRR		L	C	RRR	
8	<p><b>Fieldwork</b></p> <p>Exposure to infectious persons (symptomatic or asymptomatic) while performing fieldwork, during vessel or boating activities, whilst driving, or performing diving activities.</p>	COVID-19 Safety	<ul style="list-style-type: none"> <li>Physical distancing</li> <li>Consider if the operation is necessary and whether the number of staff and/or students can be limited without compromising safety.</li> <li>Unwell staff and students who arrive to undertake fieldwork are sent home</li> <li>Hygiene kits for field team including sanitiser, surface cleaner, PPE (masks, gloves, face shields or eye protection and coveralls)</li> <li>Consider if the vessel use is necessary and whether the number of staff and/or students can be limited without compromising safety.</li> <li>Consider if the travel is necessary and whether the number of staff and/or students can be limited. Can the activity be undertaken without the travel? e.g. Zoom meeting.</li> <li>Divers who have received a positive COVID-19 result are required to obtain a renewed dive medical in accordance with AS2299.1 (undertaken by a diving doctor trained in hyperbaric medicine).</li> <li>All divers to have own diving mask, snorkel, and thermal protection. No sharing of masks, snorkels or regulator sets unless a life-threatening emergency (e.g. out of air)</li> </ul>	Possible	Minor	Mod	<ul style="list-style-type: none"> <li>Implementation of COVID-19 double vaccination as a 'Condition of entry' to UTAS campus'</li> </ul>	Unlikely	Minor	Mod	<p><b>Consider:</b> Smaller groups, less impact, not a lot of fieldwork going on, therefore a lower exposure opportunity</p>

## Questions for consideration

The following table provides information that was captured during the workshop.

#	Question	Discussion
1	If a mandatory double vaccination policy is chosen as a health and safety control by UTAS officers, how will we practically implement and maintain that control?	<ul style="list-style-type: none"> <li>• This will be an issue - particularly for internationals arriving into Australia</li> <li>• Values and how we interact with each other, we expect people to upload their vax certificate</li> <li>• Context: 11K workers + students affected by PHO to share vax status – mandatory – about a third of the organisation</li> <li>• Communication and implementation of a University-wide approach to vaccinations will be simpler than a patchwork approach</li> <li>• 4.5K have shared vaccination information already</li> <li>• Practicality – we may need additional resourcing to roll this out</li> <li>• Assumption that most of our people will be vaccinated already at the 90% mark – consider data and data cleansing – this will take a lot of effort</li> <li>• Consideration of resources for recording – this will be a resource intensive task</li> <li>• How do we bring this in for people who are already with us (e.g. residents) – who we already have an agreement with (legally) – particularly ‘in-res’</li> <li>• What about people who do not want to be vaccinated? (not for medical reasons)</li> <li>• Particularly difficult to move residents on in NRAS facilities</li> <li>• Consider: training/upskilling for our leaders who are required to make decisions around non-compliance, alternative situations etc., and lecturers/unit coordinators for student questions</li> <li>• Can we learn from others in the sector? <ul style="list-style-type: none"> <li>• We have a call with ACT Uni 11/11/21, and we are talking to the University of Melbourne also</li> </ul> </li> <li>• Resourcing needs to be considered for P&amp;W as well for those situations that need support</li> <li>• Personal vs religious vs other reasons – legal consideration</li> <li>• Need clear principles for leaders/decision makers for non-compliant individuals that present a business case for viable WFH/offsite arrangements. I.e. those that don't need to come on to campus to continue their employment</li> </ul>
2	How will we verify our people (staff and students) at work have been double vaccinated (or boosted in the future)?	<ul style="list-style-type: none"> <li>• QR Code would be the simplest way</li> <li>• Does someone check the certificates? <ul style="list-style-type: none"> <li>• This is a people intensive consideration</li> </ul> </li> <li>• Link access card to vax status – this is in effect already for people affected by the health order</li> <li>• Consider: In residence – people attending late at night, we have multiple entry points</li> <li>• What’s the requirement for how much we need to enforce? Cost / resources etc.</li> </ul>

## Questions for consideration

The following table provides information that was captured during the workshop.

#	Question	Discussion
3	Is Rapid Antigen Testing (RAT) a health and safety control relevant for us to consider? If so, is it reasonably practicable to implement and when should it apply?	<ul style="list-style-type: none"> <li>• RAT has been considered already</li> <li>• In residence we would want this if there was an outbreak</li> <li>• Think about areas where people need to wait for RAT results</li> <li>• The challenge for UTAS is the volume of RAT that may be required – on a large scale this could be financially crippling</li> <li>• Consider scenarios where this may be feasible – smaller scenarios, rather than making RAT the standard (e.g. exams?)</li> <li>• Quote - \$7 / test (for 1K tests) – ~2 months ago</li> <li>• If the undertaking of RAT is placed on the individual, the cost is inhibitive</li> <li>• RAT in place of vaccination? – This can be in any scenario, might be for consideration when there is an outbreak – (e.g. in laboratories for research, to continue operations)</li> <li>• Thinking about splitting shifts also as an additional control</li> </ul>
4	What will be our protocol for people who refuse or are unwilling to get tested (i.e. when requested to do a government administered PCR test) or undergo RAT?	<ul style="list-style-type: none"> <li>• Scenario – there is a breakout, we are tracing <ul style="list-style-type: none"> <li>• We require RAT or PCR tests</li> </ul> </li> <li>• Negotiate a new Enterprise Agreement – potential stand down</li> <li>• Questions for consideration: <ul style="list-style-type: none"> <li>• How will it work for students?</li> <li>• Access cancelled?</li> <li>• Leave without pay?</li> <li>• Leave of absence?</li> </ul> </li> <li>• There will be some movement of people/students in the business – some may leave, but we may attract others also</li> <li>• Withholding results? – we might not let someone re-enrol unless they demonstrate that they have changed their mind</li> <li>• If refusal of a test = presume not vaxxed</li> </ul>
5	How will we record and know when booster vaccinations are required?	<ul style="list-style-type: none"> <li>• UTAS can build the capture of results in the IT system – Action: Look into this further</li> </ul>

## Questions for consideration

The following table provides information that was captured during the workshop.

#	Question	Discussion
6	How will we manage contact tracing in the event of a COVID-19 case at our workplace?	<ul style="list-style-type: none"> <li>We have a brainstorming session booked in for 11/11/2021 – with a range of stakeholders</li> <li>We have tested this scenario on a number of occasions already also</li> <li>Action: Keep abreast of Tasmanian Government updates in relation to contact tracing</li> <li>We need to consider resourcing implications for different areas/departments</li> </ul>
7	What should trigger a review of our risk controls arising from this risk assessment? E.g. COVID outbreak, 95% + vaccination is reached in the community, NSW opening full for non-vaccinated people as at 15 December or 95% double dose	<ul style="list-style-type: none"> <li>When we learn what the public health guidelines look like at 15 December 2021 for Tasmania</li> <li>17 November 2021 – A meeting is being conducted to find out what the direction may be</li> <li>Trigger: A different strain of the virus is identified</li> </ul>
8	Ventilation/filtration inside the rooms/buildings – what should we be considering?	<ul style="list-style-type: none"> <li>The ventilation is being reviewed against the OZSAGE recommendations currently</li> </ul>
9	How do we manage workers who decide not to get vaccinated? (+ no medical exemption)	<ul style="list-style-type: none"> <li>See above</li> <li>We have established a student and staff decision tree for working with people who have an exemption</li> </ul>
10	How do we manage medical exemptions?	<ul style="list-style-type: none"> <li>We have someone with a medical exemption that we are aware of</li> </ul>
11	Christmas party(s) and/or other events?	<ul style="list-style-type: none"> <li>This will be guided by conversations with public health</li> <li>Semester 1 – 2020 in the UK was a nightmare for spreading events – student residences were locked down</li> </ul>
12	Any other questions?	<ul style="list-style-type: none"> <li>Timing of implementation? <ul style="list-style-type: none"> <li>Looking at Kirby data – peak with no restrictions is 27 Feb, depending on mitigation strategies</li> <li>Earlier rather than later? Beginning of January?</li> <li>What about when the Uni is quieter over the Dec/Jan period?</li> <li>We need enough preparation time as possible</li> <li>Mid-late January?</li> <li>Students are in the prime decision making period now about attending the University</li> </ul> </li> </ul>



## What next?

- 1 Ashurst Risk Advisory to write up the risk assessment
- 2 Risk assessment informs the officer's policy decision on mandatory double vaccination
- 3 Follow up any actions from this workshop and review the controls when the risk environment may change
- 4 Communication of policy with all stakeholders allowing adequate time for compliance
- 5 Implementation of health and safety controls

Appendices

# Appendix A

## UTAS RISK MATRIX

		CONSEQUENCE						
		Definition	The impact would pose some obstacles for the University to achieve current year objectives (within 12 months).	The impact would challenge the ability of the University to meet its strategic objectives in the short term (12 – 18 months).	The impact would challenge the ability of the University to achieve its strategic objectives in the medium term (18 – 36 months).	The impact would significantly disrupt the University from achieving its key strategic objectives value and ability to operate in the long term (3 – 5 years).	An impact which prevents the University from continuing to operate.	Our People and Students
		Frequency	Minor	Moderate	Major	Severe	Catastrophic	
LIKELIHOOD	Business plan horizon. Likely to occur at least once a year. (Greater than 50% chance of occurring in any year.)	Likely	Mod	High	High	Ext	Ext	Sudden or unexpected loss of a high proportion of staff.
	Strategic horizon. Likely to occur once in 2-5 years. (Between 25% - 50% chance of occurring in any year.)	Possible	Mod	Mod	High	Ext	Ext	Multiple deaths. Permanent disability or injury, extreme stress and an inability to perform (work/study) in the foreseeable future to multiple persons. Sudden or unexpected loss of a number of key personnel. Perceived or actual culture of misconduct and inappropriate behaviour that is supported.
	Scenarios horizon. Likely to occur once in 5-10 years. (Between 10% - 25% chance of occurring in any year.)	Unlikely	Mod	Mod	High	High	Ext	Death/s with University at some fault. Permanent disability or impairment, extreme stress and an inability to perform (work/study) to multiple persons. Low retention rates of key personnel. Long term decline in staff or student morale. Perceived culture of misconduct and inappropriate behaviour that is accepted/tolerated.
	Infrastructure horizon. Likely to occur once in 10 – 50 years. (Between 2% - 10% chance of occurring in any year.)	Rare	Low	Mod	Mod	High	Ext	Death/s with University not at fault. Inability to attract and retain key personnel in identified roles or locations. Low staff or student morale in affecting a large section of the university. Perceived culture of misconduct and inappropriate behaviour that is not effectively addressed.
	Institutional horizon. Greater than 50-year event. (Less than 2% chance of occurring in any year.)	Extremely Rare	Low	Low	Mod	High	Ext	Difficulty recruiting or replacing key departmental positions within a reasonable timeframe. Short term or isolated impact to staff or student morale. A single and isolated instance of sexual harassment.

## Appendix B – Risk Assessment methodology

### How to use the Risk Assessment Tool

#### Step 1: Identify the Hazards/Risks

Identify any potential risks that may impact your organisation and people. For each risk you identify, describe all control measures that are **currently** in place to mitigate the risk. Group all identified potential risks into the following “Risk Type”: Covid-19 Safety.

#### Step 2: Determine the Likelihood

For each risk that you identify, consider how likely it is that the risk will crystalise. Refer to the “Likelihood Criteria” table (Appendix A) and determine the likelihood rating for each risk (e.g. Extremely Rare, Rare, Unlikely, Possible or Likely). When determining the likelihood of the risk crystalising, consider the **current control measures** that are in place.

#### Step 3: Determine the Consequence

For each risk that you identify, consider the severity of the consequence if the risk materialises. Refer to the “Consequence Criteria” table (Appendix A) and determine the consequence rating for each risk (e.g. Minor, Moderate, Major, Severe or Catastrophic) based on the risk type identified in Step 1. When determining the severity of the consequence, consider the **current control measures** that are in place.

#### Step 4: Determine the Risk Rating

Based on the likelihood and consequence rating identified in Step 2 and Step 3, refer to the “Risk Matrix” table to determine the risk rating for each risk (e.g. low, moderate, high, extreme). The intersection point of the consequence rating and the likelihood rating on the “Risk Matrix” will provide the risk rating for each risk.

#### Step 5: Evaluate the risks and decide on control measures

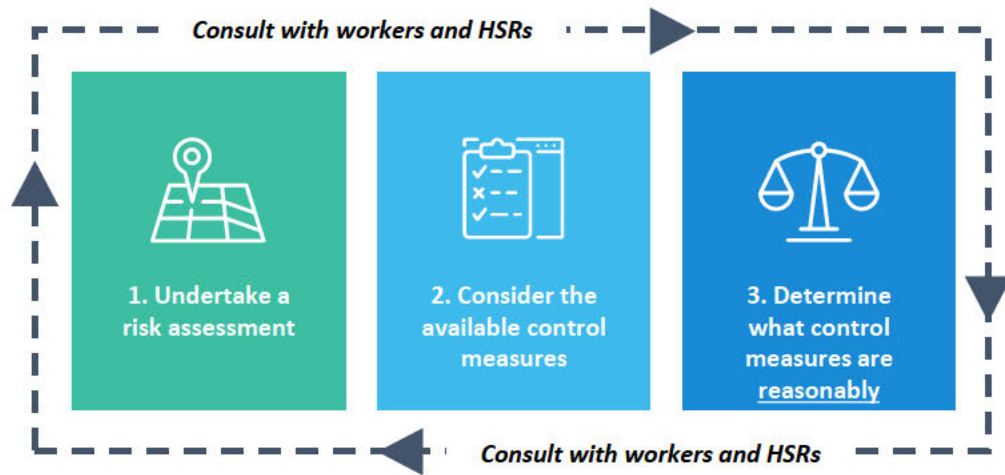
Once the risk rating for each risk has been determined, identify additional control measures that can be put in place to either eliminate the risk or minimise it to an acceptable level. This evaluation will help inform which risk should be prioritised.

#### Step 6: Review and update assessment if necessary

As new equipment, processes and people are introduced, each brings the risk of a new hazard to the organisation. Continually review and update the Risk Assessment to ensure all hazards are identified and managed accordingly.

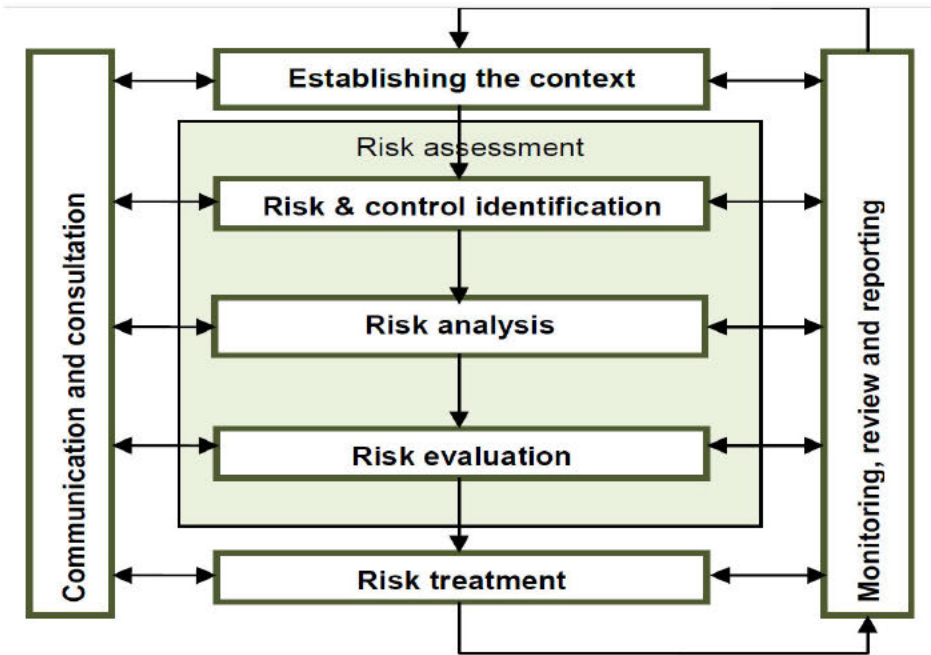


Appendix D – Risk Assessment context



**UTAS & its officers have a duty to minimise COVID-19 risk, so far as reasonably practicable**

NOTE: A risk assessment is one element of the decision making process





Present: [REDACTED]

**Approach to mandatory vaccination**

[REDACTED]

Discussion included:

- Following last week’s in-principle endorsement of mandatory vaccination, a survey of staff and students has been completed with a substantial majority of both groups in favour of this position.
- While the survey shows the very high proportion of staff and students that are already vaccinated, it is considered that moving to mandate vaccinations will still have a material impact on reducing the risks associated with COVID transmission.
- Strategic CMRT has recently reviewed the survey results, as well as the implementation planning, and recommended that UET approve the proposed approach to mandatory vaccination.
- Implementation of the decision will be line led, with no announcement to occur until all UET members are comfortable that the necessary information, structure and tools are in place to support managers with implementation. This would include UET members briefing their leadership teams, as well as key individuals involved in College/Division assessment committees, regarding their roles and responsibilities and the responsibilities of others involved in implementation.
- A checklist will be developed to ensure the necessary arrangements are in place in each College/Division prior to announcement, including a communication plan to ensure leaders and managers are fully engaged and that the experiences of leaders during implementation monitored on a regular basis to identify and address any emerging issues.
- We are still awaiting further advice from TEQSA on what arrangements would be considered appropriate to implement the decision while also meeting our requirements to support students, with these arrangements to be reflected in our implementation plans.
- Arrangements are largely in place in relation to systems and processes for student management and student accommodation, while recognising that there are still likely to be individual issues that will need to be managed carefully.

**Decisions for communication**


The UET approved that:

- UTAS move to a compulsory vaccination policy for all persons accessing the campus (including staff, students, contractors and visitors) from 15 January 2022
- exceptions be permitted for:
  - persons who are assessed as qualifying for an exemption (e.g. medical or religious grounds)
  - persons who the State / Federal Government policy does not recommend be vaccinated (e.g. persons aged 12 or under)
- Staff and student access to buildings will be linked to the submission of proof of evidence of vaccination (as was done for CoHM staff and students per the Public Health order)
- Other visitors to campus will be expected to comply with the policy [REDACTED]

*Decision to be communicated once UET members have confirmed that implementation checklist is complete*

	<i>for each College and Division – to be coordinated by Chris and Brett.</i>

**Actions**

<i>Topic</i>	<i>Action</i>	<i>Responsibility</i>	<i>Due</i>
Vaccination status	Develop an implementation checklist and confirm with each Head of College/Division that the necessary arrangements in each College/Division are in place prior to announcement		6 Dec



# COVID-19 Workplace Health and Safety and Operational Risk Assessments Summary

August 2022

## Rational for the risk assessments:

- Following the end of Tasmania's Public Health Emergency Declaration on 1 July, the University reviewed its COVID-19 vaccination requirements, similar to many other organisations across Tasmania.
- Tasmanian Government Public Health Guidance for Best Practice COVID-19 Workplace Safety: For Employers<sup>1</sup> outlines that a COVID-19 risk assessment should not be a one-off action and that organisations should continue to assess the health and safety risks in the workplace as circumstances change or on a regular basis.
- This document provides an overview of the work performed, and the outcomes captured during the risk assessments undertaken in June/July 2022.
- The risk assessments were facilitated by the University Legal & Risk team.
- UTAS was represented by a wide variety of internal stakeholders from across the University in addition to an external participant from Public Health.
- Worksafe Tasmania Guidance Note: All Industries 'How to conduct a COVID-19 Risk Assessment'<sup>2</sup> outlines that an organisation should consider in its assessment:
  - A. The risks to your workers
  - B. The risks to your customers and your business' service
  - C. The risks to contractors and visitors entering your workplace
  - D. The risks to the continuity of your business.
- In order to align with the requirements of the Worksafe Tasmania Guidance, the University undertook a number of separate risk assessment workshops:
  1. Workplace Health and Safety Risk Assessment Workshop (to consider requirements A, B and C above) – *June 2022*
  2. Business Continuity Risk Assessment Workshops (to consider requirement D above) – *July 2022*.

## Purpose of the risk assessments:

- The purpose of the sessions were to conduct both a workplace health and safety risk assessment as well as a business continuity risk assessment, in line with Worksafe Tasmania Guidance.
  - The workplace health and safety assessment assessed whether the implementation of a COVID-19 vaccination as a condition of access to University premises, attending University operated programs or undertaking University business was a reasonable practicable control measure.

---

<sup>1</sup> [https://www.coronavirus.tas.gov.au/\\_\\_data/assets/pdf\\_file/0020/204347/KICS-Best-Practice-COVID-19-Safety-for-Employers\\_V2.pdf](https://www.coronavirus.tas.gov.au/__data/assets/pdf_file/0020/204347/KICS-Best-Practice-COVID-19-Safety-for-Employers_V2.pdf)

<sup>2</sup> [https://worksafe.tas.gov.au/\\_\\_data/assets/pdf\\_file/0008/640691/Guidance-note-How-to-conduct-a-COVID-19-risk-assessment.pdf](https://worksafe.tas.gov.au/__data/assets/pdf_file/0008/640691/Guidance-note-How-to-conduct-a-COVID-19-risk-assessment.pdf)

- The business continuity risk assessments assessed what the impact on the University's operations (learning, teaching, research and corporate activities) would be should the vaccination mandate be removed for specific cohorts.
- The cohorts examined as part of these processes were:
  1. Staff (including contractors)
  2. Coursework students
  3. HDR students
  4. Students in residences
  5. Visitors and commercial tenants.
- The revocation of the mandate for a particular cohort may result in the loss of people/skills (due to sickness, isolation requirements etc) for a period of time, which may in turn affect the University's ability to operate and deliver learning, teaching, research and corporate activities.
- Therefore the business continuity risk assessments risk assessments considered the loss of people/skills across a number of operating scenarios as a result of removing the mandate.

#### Results of risk assessments:

1. **Staff (including contractors)** – The risk assessments found that from a workplace health and safety perspective the inherent risk for staff was assessed as **Extreme** prior to imposing mandate control (*considering factors such as working daily in confined and/or shared spaces in offices, vulnerable staff members within our community, the University wide-stance on returning to office based working conditions and the integration of contractors within our staff for most roles*). Enforcing the vaccination mandate control lowered the risk to **High**, (*considering booster doses of COVID-19 vaccine provides high vaccine effectiveness in the first 1-2 months after vaccination against severe disease and moderate protection against symptomatic infection*). There have been major operational impacts to date of staff being sick/absent due to COVID-19. Vaccination significantly reduces the likelihood of severe illness and therefore provides important protection for individual staff members and allows them to return to work sooner than if they had a more severe form of the illness. Due to staff sickness/absenteeism being directly associated with the ability of the University to operational delivery, the operational impacts of this cohort were considered during the workplace health and safety assessment. A vaccination mandate is already being proactively policed / tracked for this cohort and the effort (staff time and financial expense) is proportionate to the risk reduction for this group. *The risk assessment recommended that the mandate therefore be **maintained** for this cohort.*
2. **Coursework students** – The risk assessment found that from a workplace health and safety perspective the inherent risk for students was assessed as **Extreme** prior to imposing mandate control (*considering factors such as high volume of students, vulnerable students within our community, and a move towards returning to face-to-face lectures where possible*). Enforcing the vaccination mandate control lowered the risk to **High** (*considering booster doses of COVID-19 vaccine provides high vaccine effectiveness in the first 1-2 months after vaccination against severe disease and moderate protection against symptomatic infection*). However given the shift over the course of the pandemic from purely safety focused risk assessments to the assessments which overlay this with the risk of continuity of

the business, a separate operational risk assessment for coursework students was undertaken in July 2022. From this operational risk perspective the inherent risk for coursework students causing an outbreak that disrupted University operations was assessed as **Low** prior to imposing a vaccination mandate control (*considering factors such as lecture/tutorial room ventilation upgrades, ability to utilise online/recorded sessions if isolating and likelihood of close interaction with staff*). Enforcing the vaccination mandate would only marginally reduce the risk and UTAS has strong on-line delivery capability to minimise disruption to student learning. Effort (staff time and financial expense) of ongoing monitoring would be disproportionate to the risk reduction for this group. *The risk assessment recommended that the mandate therefore be **removed** for this cohort (however may still be required by certain workplaces for Professional Experience Placements).*

3. **HDR students** – The risk assessment found that from a workplace health and safety perspective the inherent risk for HDR students was assessed as **Extreme** prior to imposing mandate control (*considering factors such as working daily in confined and/or shared spaces in offices, the working conditions of a HDR students being similar to staff arrangements and locations, vulnerable staff members within our staff community*). Enforcing the vaccination mandate control lowered the risk to **High** (*considering booster doses of COVID-19 vaccine provides high vaccine effectiveness in the first 1-2 months after vaccination against severe disease and moderate protection against symptomatic infection*). However given the shift over the course of the pandemic from purely safety focused risk assessments to the assessments which overlay this with the risk of continuity of the business, a separate operational risk assessment for HDR students was undertaken in July 2022. From this operational risk perspective the inherent risk for HDR students causing an outbreak that disrupted University operations was assessed as **High** prior to imposing a vaccination mandate control (*considering factors such as, the necessity to conduct much of their work onsite engaging directly with staff members, or in close proximity to staff and other HDR students in locations such as laboratories, boats etc*). Enforcing the vaccination mandate control lowered the risk to **Moderate** (*considering the effectiveness in the first 1-2 months after vaccination as mentioned above*). There have been major operational impacts to date of HDR students being sick/absent due to COVID-19, and their working conditions are generally aligned to staff arrangements. Vaccination significantly reduces the likelihood of severe illness and therefore provides important protection for individual HDR student and allows them to return to work sooner than if they had a more severe form of the illness. A vaccination mandate is already being proactively policed / tracked for this cohort and the effort (staff time and financial expense) is proportionate to the risk reduction for this group. *The risk assessment recommended that the mandate therefore be **maintained** for this cohort (however unvaccinated HDR students may attend offsite locations (e.g. conferences) and campus locations (e.g. cafes) where vaccination is not required and where unvaccinated visitors can also attend).*
4. **Students in residences** – The risk assessment found that from a workplace health and safety perspective the inherent risk for students was assessed as **Extreme** prior to imposing mandate control (*considering factoring such as the communal living arrangements, close proximity both on campus and in accommodation to other students, and shared-high touch surfaces in residences*). Enforcing the vaccination mandate control lowered the risk to **High**

*(considering booster doses of COVID-19 vaccine provides high vaccine effectiveness in the first 1-2 months after vaccination against severe disease and moderate protection against symptomatic infection).* However given the shift over the course of the pandemic from purely safety focused risk assessments to the assessments which overlay this with the risk of continuity of the business, a separate operational risk assessment for coursework students was undertaken in July 2022. From this operational risk perspective the inherent risk for student residences causing an outbreak that disrupted University operations was assessed as **High** prior to imposing mandate control *(considering factors such as the significant support services needed for managing an outbreak in residences including managing those in isolation or relocating students).* Enforcing the vaccination mandate control lowered the risk to **Moderate** *(considering the effectiveness in the first 1-2 months after vaccination as mentioned above).* A vaccination mandate is already being proactively policed / tracked for this cohort and the effort (staff time and financial expense) is proportionate to the risk reduction for this group. *The risk assessment recommended that the mandate therefore be maintained for this cohort.*

5. **Visitors and commercial tenants** - The risk assessment found that from a workplace health and safety perspective the inherent risk for visitors and commercial tenant was now assessed as **Low** prior to imposing a vaccination mandate control *(considering factors such as the limited time spent on campus or in close proximity to other staff or students while on campus).* Enforcing the vaccination mandate would only marginally reduce the risk. Due to the limited time spent on campus and the irregularity of opportunities to mix with the broader University community, the operational impacts of this cohort were considered during the workplace health and safety assessment. Effort (staff time and financial expense) of ongoing monitoring would be disproportionate to the risk reduction for this group. *The risk assessment recommended that the mandate therefore be removed for this cohort.*

This staged approach of risk assessment is positively supporting the Tasmanian Government's guidance for returning to a safe 'normal'. Further reassessment will be undertaken in the coming months for various cohorts based on the prevailing conditions at the time.

#### **Other sources considered as part of decision making:**

- Tasmanian Government Coronavirus Disease (COVID-19) Current Requirements site<sup>3</sup>
- Tasmanian Government Coronavirus Disease (COVID-19) Current Tasmanian Statistics<sup>4</sup>
- Tasmanian Government Coronavirus Disease (COVID-19) Weekly Surveillance Reports<sup>5</sup>
- Australian Government Department of Health and Aged Care Vaccine Efficacy in Clinical Trials<sup>6</sup>
- Weekly ATAGI update following weekly COVID-19 meetings<sup>7</sup>

<sup>3</sup> <https://www.coronavirus.tas.gov.au/families-community/current-requirements>

<sup>4</sup> <https://www.coronavirus.tas.gov.au/facts/tasmanian-statistics>

<sup>5</sup> <https://www.coronavirus.tas.gov.au/facts/tasmanian-statistics/weekly-report>

<sup>6</sup> <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/product-information>

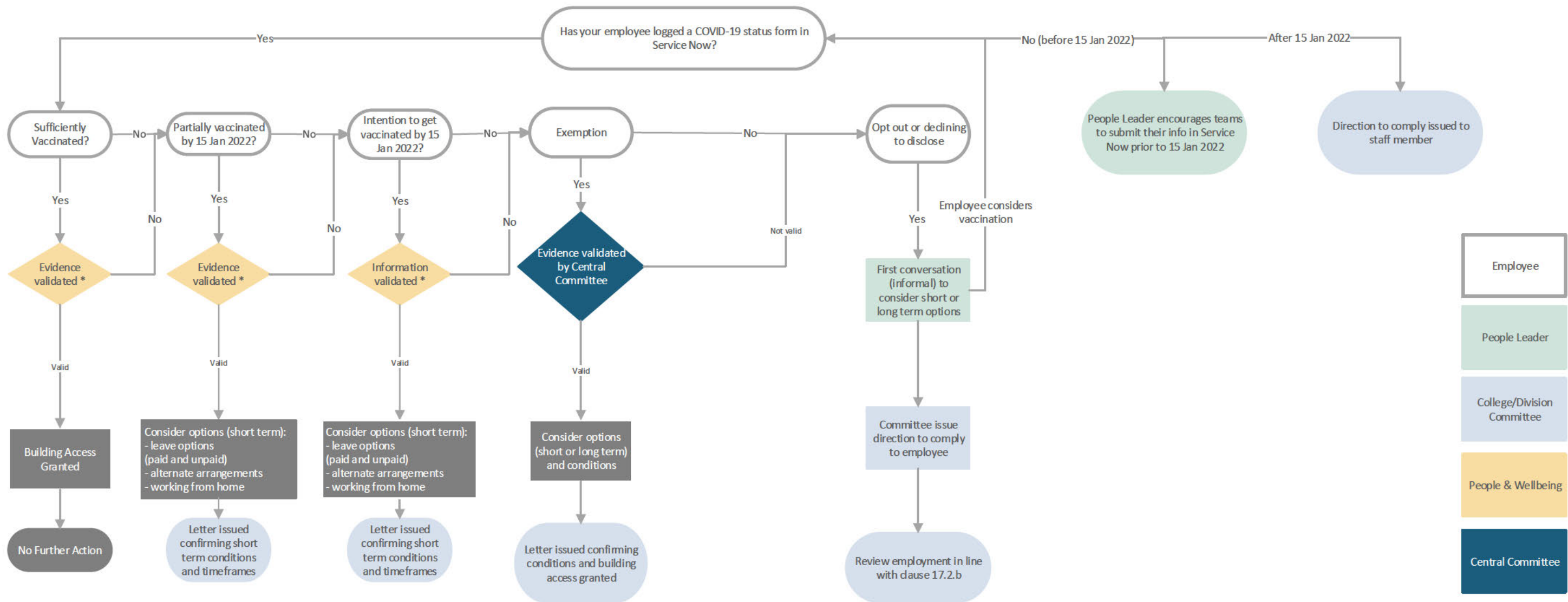
<sup>7</sup> <https://www.health.gov.au/news>

- Australian Government COVID-19 Vaccination Weighing up the Potential Benefits against Risk of Harm from COVID-19 Vaccine AstraZeneca<sup>8</sup>
- Tasmanian Public Health Advice: General considerations to risk assessment concerning COVID-19 vaccination policies for workplaces.

---

<sup>8</sup> [https://www.health.gov.au/sites/default/files/documents/2021/06/covid-19-vaccination-weighing-up-the-potential-benefits-against-risk-of-harm-from-covid-19-vaccine-astrazeneca\\_2.pdf](https://www.health.gov.au/sites/default/files/documents/2021/06/covid-19-vaccination-weighing-up-the-potential-benefits-against-risk-of-harm-from-covid-19-vaccine-astrazeneca_2.pdf)

COVID-19 Vaccination requirements - process overview

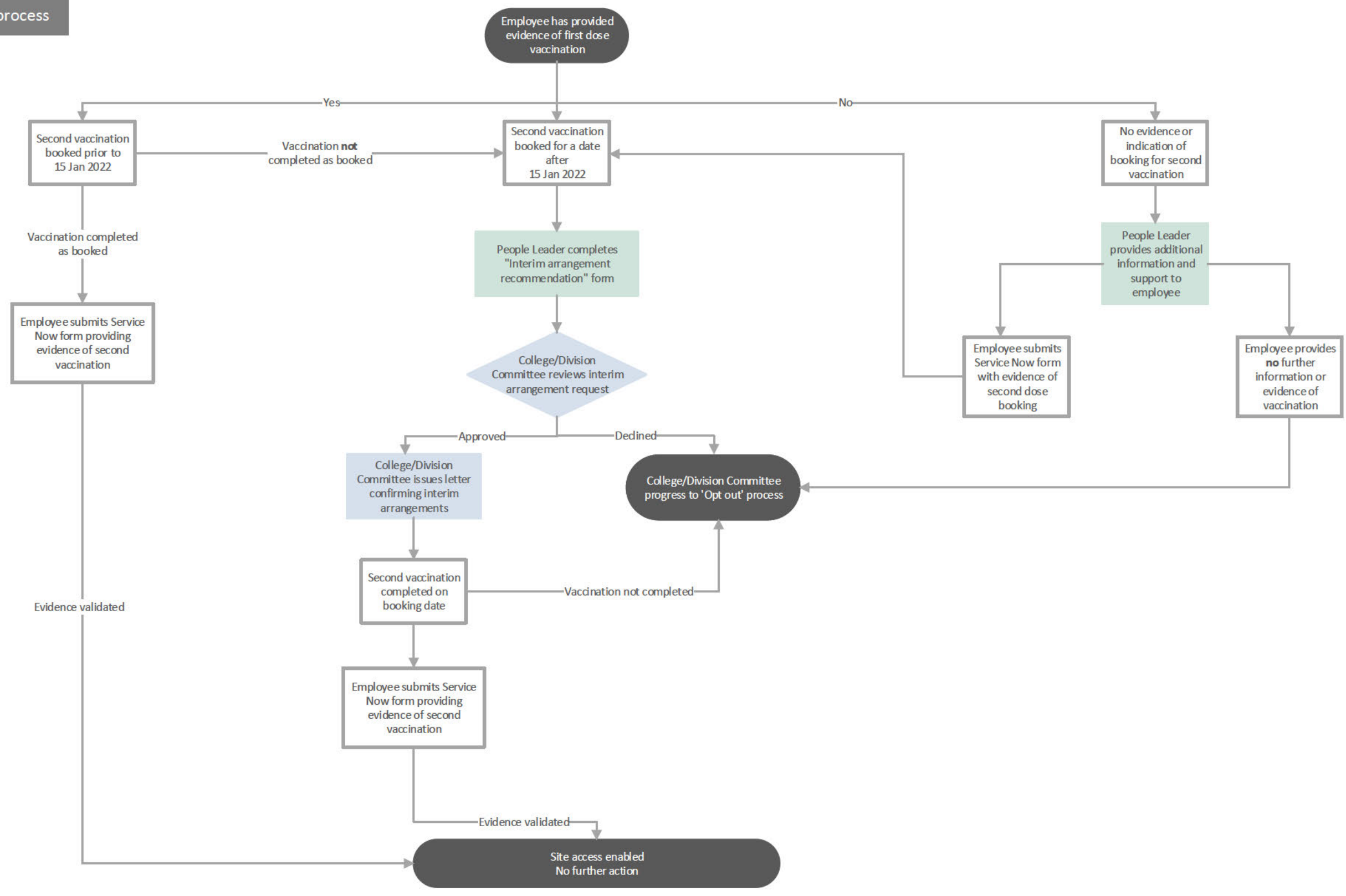


Employee
People Leader
College/Division Committee
People & Wellbeing
Central Committee

\* If evidence is insufficient the Safety and Wellbeing team will contact the employee through Service Now to provide advice on acceptable evidence that is required to be provided and they will be required to submit a new Service Now ticket.



1. Partial vaccination process



Employee

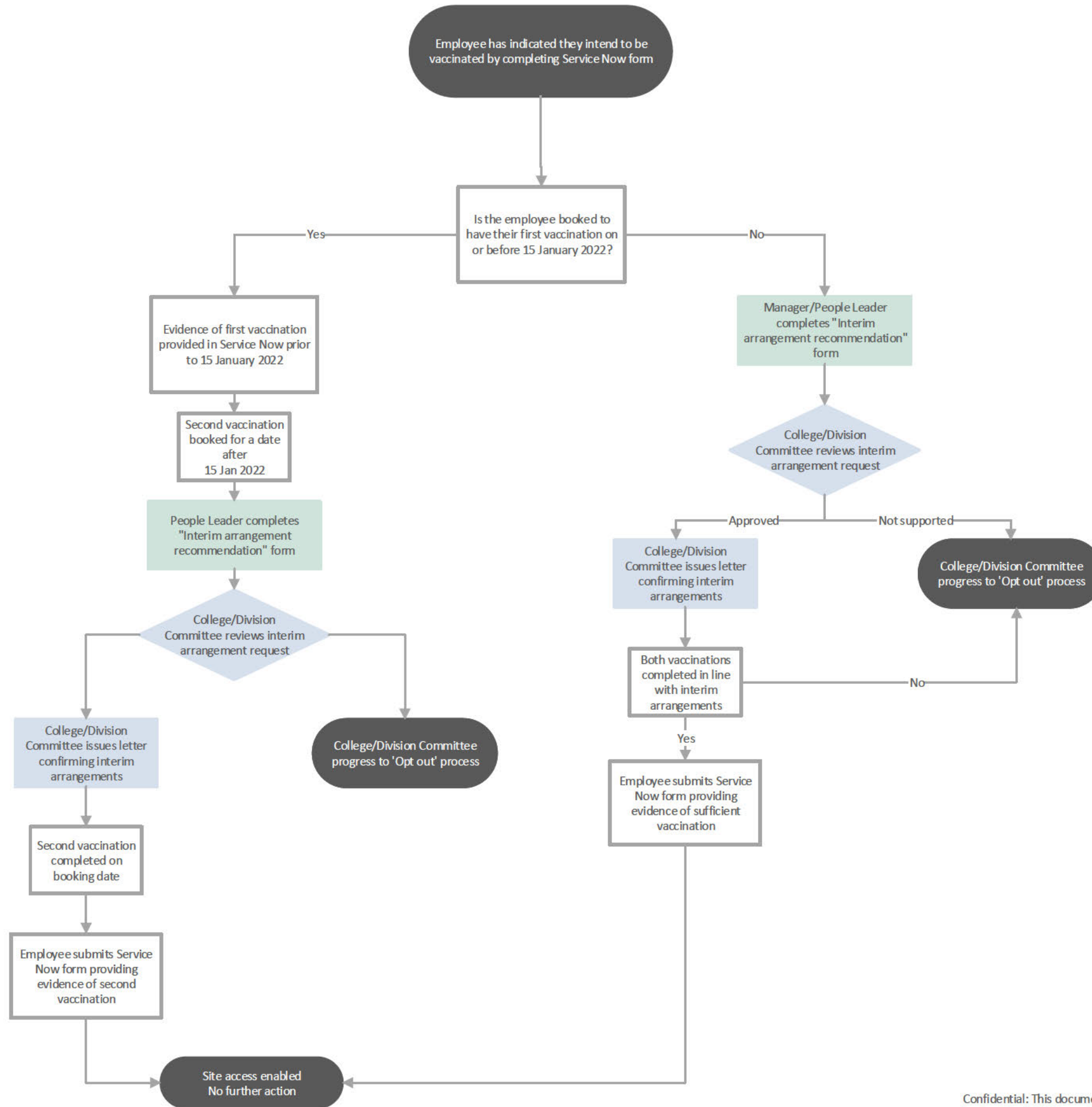
People Leader

College/Division Committee

People & Wellbeing

Central Committee

2. Intention to be vaccinated process



Employee

People Leader

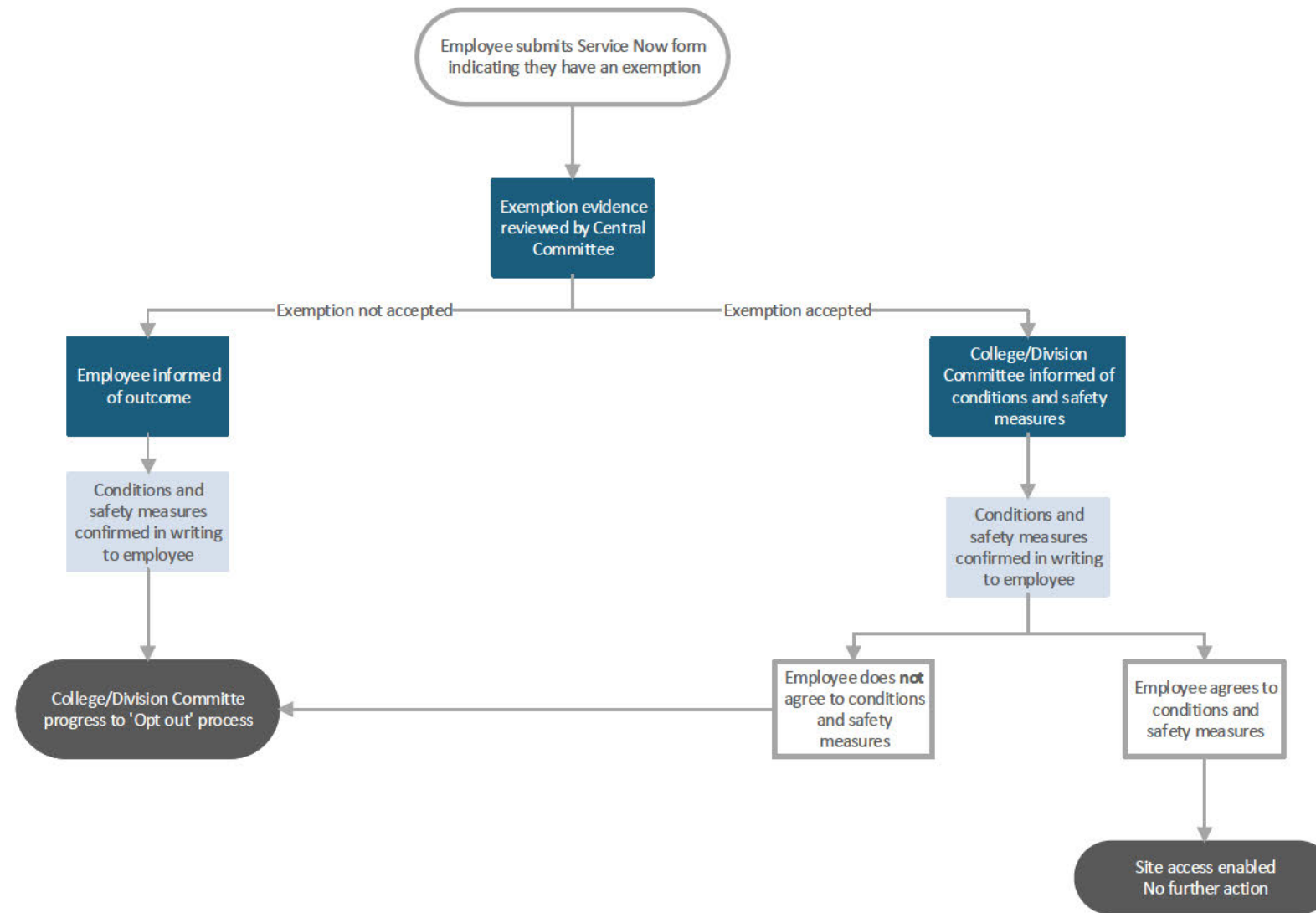
College/Division Committee

People & Wellbeing

Central Committee



### 3. Exemption process



Employee

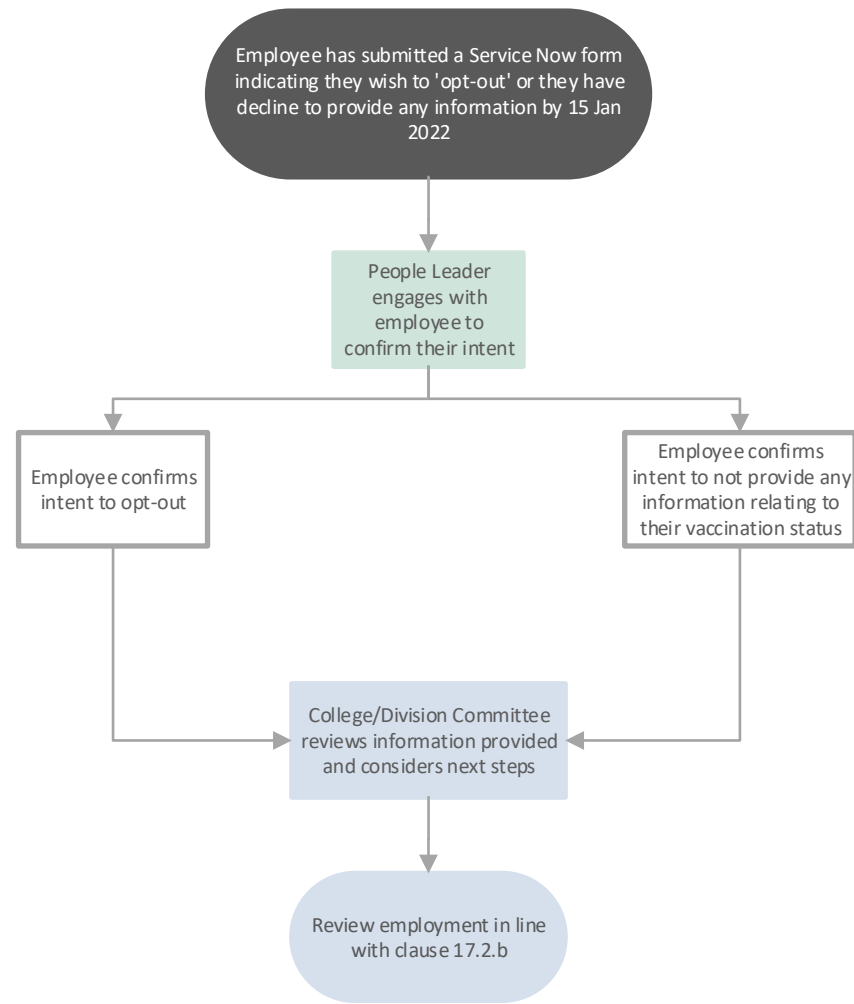
People Leader

College/Division Committee

People & Wellbeing

Central Committee

4. Opt-out or decline to disclose process



Employee

People Leader

College/Division Committee

People & Wellbeing

Central Committee

---

**From:** Safe and Fair Community Unit  
**Sent:** Wednesday, 20 July 2022 10:05 AM  
**To:** [REDACTED]  
**Subject:** RE: Access to Hunter St Building

Hi [REDACTED],

Have you been able to access the campus? You should now have access.

Kind regards,


[REDACTED]  
The Safe and Fair Community Unit  
Student Life and Enrichment  
University of Tasmania

Ph: ± [REDACTED]  
Email: [SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)



CRICOS 00586B

**After-hours**  **Crisis Support**  
Call **1300 511 709** or text **0488 884 168**  
5pm – 9am weekdays | 24 hours weekends and public holidays

**Need to talk?**   
Call or text to speak with  
a qualified counsellor



---

**From:** [REDACTED]  
**Sent:** Tuesday, 5 July 2022 10:02 AM  
**To:** Safe and Fair Community Unit <[SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)>  
**Subject:** Access to Hunter St Building

Hello!

I am a full time student in Certificate III in Visual Arts.  
I have a UTAS/TasTafe ID Card with the id [REDACTED] I do not have a UTAS email so i am unable to scan/upload my COVID-19 vaccination status so that i can access the building.  
Please see attached my COVID-19 vaccination status, can you please link this to my card?

Many thanks,

---

**From:** Safe and Fair Community Unit  
**Sent:** Friday, 15 July 2022 4:11 PM  
**To:** [REDACTED]  
**Subject:** RE: [REDACTED]

Hi [REDACTED]

If you could please contact the academics that would be great!

Thanks  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Friday, 15 July 2022 2:58 PM  
**To:** Safe and Fair Community Unit <SaFCU@utas.edu.au>; [REDACTED]  
**Subject:** RE: [REDACTED]

Hi [REDACTED]

Thanks for confirming this. Can I also just confirm that [REDACTED] unit coordinators have been brought up to speed or would you like me to reach out to the relevant academics?

Thanks  
[REDACTED]

---

**From:** Safe and Fair Community Unit <[SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)>  
**Sent:** Friday, 15 July 2022 1:53 PM  
**To:** [REDACTED]  
**Cc:** Safe and Fair Community Unit <[SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)>  
**Subject:** [REDACTED]

Hi [REDACTED]

[REDACTED] has been contacted and advised that he can attend campus and classes as long as he wears an N95 mask.

Kind regards,


[REDACTED] r  
The Safe and Fair Community Unit  
Student Life and Enrichment  
University of Tasmania

Ph: [REDACTED]  
Email: [SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)



**After-hours**  **Crisis Support**

Call **1300 511 709** or text **0488 884 168**  
5pm – 9am weekdays | 24 hours weekends and public holidays

**Need to talk?**   
Call or text to speak with  
a qualified counsellor

UNIVERSITY of  
**TASMANIA** 

STAR Funded initiative | CRICOS Provider Code 00586B

---

**From:** [REDACTED]  
**Sent:** Thursday, 14 July 2022 8:26 PM  
**To:** [REDACTED]  
**Cc:** Safe and Fair Community Unit <[SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)>  
**Subject:** [REDACTED]

Hi [REDACTED]

Thanks for that – that’s incredibly helpful. If you could let me know once you’ve contacted [REDACTED] I will discuss his final units with him to ensure his enrolment is correct.

Thanks  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Thursday, 14 July 2022 5:17 PM  
**To:** [REDACTED]  
**Cc:** Safe and Fair Community Unit <[SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)>  
**Subject:** [REDACTED]

Hi [REDACTED]

[REDACTED] will be contacted tomorrow by our team – in short he will be able to come onto campus if he wears an N95 Mask. The University position is currently being considered, and will be communicated in due course – it would be important for [REDACTED] to know that placements can still require vaccination if applicable.

---

**From:** [REDACTED]  
**Sent:** Thursday, 14 July 2022 3:24 PM  
**To:** [REDACTED]  
**Subject:** [REDACTED]

[REDACTED]

I’m not sure if you recall but in the lead up to semester 1 [REDACTED] was in touch with us as he has chosen not to receive the COVID-19 vaccine and therefore was not able to come on campus due to our COVID vaccine mandate.

I have been corresponding with him in the lead up to sem 2 and there are 3 units he can enrol into from off campus, despite technically being on campus units because the coordinators have approved this. however, there are still 2 units in his course that, for accreditation reasons, need to be studied on campus. One is in semester 2 of each year and one is in semester 1 of each year. He also has 1 elective he’ll do in 2023.

[REDACTED] just mentioned there may be some conversations happening at the moment that might allow [REDACTED] to increase his sem 2 enrolment to allow him to study that sem 2 only unit that must be studied on campus, despite

not having been vaccinated. Would this be something you would be happy to discuss? I can provide additional information if necessary but it would be great if we could chat this week to ensure his enrolment is finalised before the start of week 2.

Thanks



College of Sciences and Engineering  
Student Life and Enrichment | Academic Division  
University of Tasmania

Contact UConnect for all your student enquiries:  
Phone: 1300 826 663 / +61 3 6226 6111 (M-F, 9am to 5pm)  
Email: [U.Connect@utas.edu.au](mailto:U.Connect@utas.edu.au)  
Submit an enquiry: [utas.edu.au/uconnect/contact](https://utas.edu.au/uconnect/contact)  
Your resource for answers: [askus.utas.edu.au](https://askus.utas.edu.au)



CRICOS Provider Code: 00586B

This email is confidential, and is for the intended recipient only. Access, disclosure, copying, distribution, or reliance on any of it by anyone outside the intended recipient organisation is prohibited and may be a criminal offence. Please delete if obtained in error and email confirmation to the sender. The views expressed in this email are not necessarily the views of the University of Tasmania, unless clearly intended otherwise.

---

**From:** Safe and Fair Community Unit  
**Sent:** Tuesday, 19 July 2022 4:45 PM  
**To:** [REDACTED]  
**Subject:** [REDACTED]

Hi [REDACTED]

Please note there is nothing preventing you attending campus immediately; completing the form mentioned below will simply tidy up paperwork. You will be able to study and attend other activities on campus as long as you wear a N95 mask. Please note that you will still need to meet any Dept of Education requirements regarding vaccination for the purpose of attending placements in a school or other education facility they control.

To formalise the exemption please follow this link [FAQs COVID 19](#) and then select "upload your vaccination status". At some point you will be asked if you are 'opting out' or similar. Select this and state that you want an exemption and refer to the SaFCU advice of 15.07. It will be approved. As mentioned earlier, this does not apply to any requirements that may be placed on attendance at schools for placement.

Kind regards,

[REDACTED]

[REDACTED]

The Safe and Fair Community Unit  
Student Life and Enrichment  
University of Tasmania

[REDACTED]

Email: [SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)

UNIVERSITY of  
**TASMANIA** 

CRICOS 00586B

**After-hours**  **Crisis Support**

Call **1300 511 709** or text **0488 884 168**

5pm – 9am weekdays | 24 hours weekends and public holidays

**Need to talk?** 

Call or text to speak with  
a qualified counsellor

UNIVERSITY of  
**TASMANIA** 

UNAF funded initiative | CRICOS Provider Code 00586B

---

**From:** [REDACTED]  
**Sent:** Tuesday, 19 July 2022 4:26 PM

To: Safe and Fair Community Unit <SaFCU@utas.edu.au>

Subject: [REDACTED]

Hi there, my name is [REDACTED] and I am studying primary education.

I received a call last week from a staffer at the university who said that I would be granted a vaccine exemption for this semester so I could study on campus. I did not remember her name specifically (sorry), the number was 6226 4769.

I was hoping you could point me in the right direction regarding obtaining the exemption.

Thanks heaps.

Kind regards,

[REDACTED]

Kind Regards,

[REDACTED]

Student in Primary Education (BEd)

This email is confidential, and is for the intended recipient only. Access, disclosure, copying, distribution, or reliance on any of it by anyone outside the intended recipient organisation is prohibited and may be a criminal offence. Please delete if obtained in error and email confirmation to the sender. The views expressed in this email are not necessarily the views of the University of Tasmania, unless clearly intended otherwise.



---

**From:** Safe and Fair Community Unit  
**Sent:** Monday, 18 July 2022 4:25 PM  
**To:** [REDACTED]  
**Subject:** RE: Studies with UTAS - vaccination exemption

Hi [REDACTED]

Please follow this link and then select "Upload your vaccination status" then "opt out" when asked about vaccination status. Then for reason you can state why you do not want to be vaccinated and request an exemption.

[Uploading Vaccination Status](#)

I still suggest that you make contact with a student adviser or course co-ordinator in order to plan your studies...especially if you wish to commence this week.

Kind regards,

[REDACTED]

[REDACTED]  
The Safe and Fair Community Unit  
Student Life and Enrichment  
University of Tasmania

[REDACTED]  
Email: [SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)

UNIVERSITY of  
**TASMANIA** 

CRICOS 00586B

**After-hours**  **Crisis Support**

Call **1300 511 709** or text **0488 884 168**

5pm – 9am weekdays | 24 hours weekends and public holidays

**Need to talk?** 

Call or text to speak with  
a qualified counsellor

UNIVERSITY of  
**TASMANIA** 

SSAF Funding Initiative | CRICOS Provider Code 00586B

---

**From:** [REDACTED]  
**Sent:** Monday, 18 July 2022 2:53 PM  
**To:** Safe and Fair Community Unit <[SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)>  
**Subject:** Re: Studies with UTAS

Thx for the reply, if you saw the results from my semester, that was due to not being able to complete the units as I was not able to continue studying online. I also may be changing courses. As far as the exemption goes, would I have to do anything to get that rolling?

---

**From:** Safe and Fair Community Unit <[SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)>

**Sent:** Monday, 18 July 2022 2:45 PM

**To:** [REDACTED]

**Subject:** Studies with UTAS

Hi [REDACTED]

I spoke with you this morning regarding the vaccination requirements that the university has outlined for students. As mentioned, students that do not wish to be vaccinated may now seek an exemption from the requirement, that allows them to attend classes and other activities on campus. The requirement will be that you wear a N95 mask when on campus. This does not however exempt students from vaccination requirements that may be in place for health settings and Tasmanian Department of Education settings (schools).

In reviewing your recent enrolment and results I recommend that you do not attempt to re-commence studies this semester. We are already in week two and as you mentioned you would have to find accommodation closer to campus if you wished to study. Furthermore, I note that there is a recommendation on your file that you meet with the course coordinator and a student adviser to plan your next enrolment. I have attached a copy of the advice, in case you have not seen it before. It is probably best that you plan to resume next year. I recommend that you start the discussion with the course co-ordinator soon, so that you are ready to enrol when 2023 enrolments open in October this year.

Kind regards,

[REDACTED]

[REDACTED]

The Safe and Fair Community Unit  
Student Life and Enrichment  
University of Tasmania

[REDACTED]

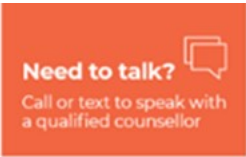
Email: [SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)



CRICOS 00586B

**After-hours**  **Crisis Support**

Call **1300 511 709** or text **0488 884 168**  
5pm – 9am weekdays | 24 hours weekends and public holidays



UNIVERSITY of   
**TASMANIA**

TSAP Funded initiative | CRICOS Provider Code 00586B

---

**From:** Safe and Fair Community Unit  
**Sent:** Wednesday, 20 July 2022 12:05 PM  
**To:** [REDACTED]  
**Subject:** UTAS - Mandatory Vaccination Exemption

Hi [REDACTED]

here is the body of the email that was sent to you. Hope this helps

Chris

Dear [REDACTED]

*I write to advise that your medical exemption has been re-assessed by the College of Health and Medicine COVID-19 Mandatory Vaccination Committee and been extended to December 16<sup>th</sup> 2022 to allow you to complete your planned studies in NSP3. You will be awarded an AO (Assessment Ongoing) result for NUR135 in NSP2 given you are unable to participate in the placement component at this time.*

*Your medical exemption has been approved subject to the following provisions:*

- You will be granted access to the campus as of 16 December 2022 on condition that you wear a TGA\* recommended mask at all times.*
- It is recommended that you be outdoors or alone to take your mask off for eating and drinking purposes.*
- We encourage you to limit your access to campus for your own safety and only attend the buildings where your classes are held or undertake study online.*

*\*The most commonly available TGA-recommended masks are blue surgical masks. N95 masks are the most effective masks and should be used if possible.*

*While you are permitted to continue your studies during NSP 2 and 3, your vaccination status may limit your ability to progress within and complete the course.*

*As we have previously advised, vaccination against certain conditions, including COVID-19, is a prerequisite of completing the Bachelor of Nursing and you will be required to undertake Professional Experience Placement (PEP) in various healthcare settings in the course, including in NSP2, and PEPs are an inherent requirement of your course. Placement organisations will assess medical exemptions independently of the University. We are therefore unable to guarantee at this point in time that you will be able to complete your placements if your vaccination status does not meet the requirements of the host organisation. Currently, most placement organisations require a minimum of double vaccination. The University is currently seeking further advice regarding student medical exemption requirements for PEP and will be in contact should further information become available.*


*Although you are permitted to access the UTAS campus at this time, the College of Health and Medicine COVID-19 Mandatory Vaccination Committee will reconsider your vaccination status following NSP3 and provide you with further advice in relation to your ability to participate in PEPs with your medical exemption status.*


*Please respond in writing to confirm that you have received this email and understand the information in it. If you have any questions or require support, please don't hesitate to contact me or a representative from the Safe and Fair Communities Unit.*

Kind regards,



Kind regards,

  
The Safe and Fair Community Unit  
Student Life and Enrichment  
University of Tasmania


  
Email: [SaFCU@utas.edu.au](mailto:SaFCU@utas.edu.au)



CRICOS 00586B

**After-hours**  **Crisis Support**

Call **1300 511 709** or text **0488 884 168**  
5pm – 9am weekdays | 24 hours weekends and public holidays

**Need to talk?**   
Call or text to speak with  
a qualified counsellor

UNIVERSITY of  
**TASMANIA** 

SSAF Funded Initiative | CRICOS Provider Code 00586B

---

**From:** PHEOC Operations <pheoc.operations@health.tas.gov.au>  
**Sent:** Wednesday, 15 June 2022 5:34 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** general considerations for vaccination mandate risk assessment.  
**Attachments:** Attachment 1 - General considerations to risk assessment concerning COVID\_.pdf

Hi [REDACTED]

I have had approval from [REDACTED] to share this with you, with the caveat that it is in draft form and still being refined.

Thanks for the meeting today, I felt it was very productive!

I have not yet had feedback regarding the Ibis but will let you know when I do.

Kind regards,

[REDACTED]

[REDACTED]

**Public Health Emergency Operations Centre (PHEOC) | Department of Health**  
Level 1, 50 Elizabeth Street Hobart 7000 | GPO Box 125 Hobart 7001

*We acknowledge the traditional owners of the land on which we work and live, and respect their ongoing custodianship of the land. We pay respect to Tasmanian Aboriginal people, and Elders past and present and emerging.*

---

**CONFIDENTIALITY NOTICE AND DISCLAIMER**

The information in this transmission may be confidential and/or protected by legal professional privilege, and is intended only for the person or persons to whom it is addressed. If you are not such a person, you are warned that any disclosure, copying or dissemination of the information is unauthorised. If you have received the transmission in error, please immediately contact this office by telephone, fax or email, to inform us of the error and to enable arrangements to be made for the destruction of the transmission, or its return at our cost. No liability is accepted for any unauthorised use of the information contained in this transmission.

## General considerations to risk assessment concerning COVID-19 vaccination policies for workplaces

**Risk assessment:** The overall assessment of whether mandatory vaccination policies are required should consider each of the following modifiable factors:

- Features of the workplace *plus*
- Measures and restrictions currently in place *plus*
- Vaccination coverage and general vaccination policy considerations relevant to that setting.

### 1. Features of the workplace

- **Vulnerability of workforce and clientele:** those at risk of severe outcomes from SARS-CoV-2 are older individuals (aged 65 years and older), people who are immunocompromised or have underlying medical conditions. However, severe disease can occur at any age.
- **Workplace setting:** the risk of the workplace varies in a number of ways, including:
  - Increased risk of infection to the individual (e.g. hotel quarantine)
  - Increased risk to patients or clients in the setting, i.e. severe consequences of infection due to existing vulnerabilities (e.g. residential aged care)
  - Increased risk of initiating community spread from an infection in that setting (e.g. large gatherings)
  - Severe disruption to essential services if workers became sick and required isolation (e.g. health care settings).

### 2. Measures and restrictions currently in place

Vaccination is one risk mitigation strategy that should be used in combination with a number of other strategies to minimise the consequences of COVID-19, including mask wearing, infection prevention and control practices (PPE, environmental cleaning), screening and encouraging symptomatic individuals to stay home, ventilation, and interventions affecting density and movement of staff.

### 3. Vaccination coverage and general policy considerations

The existing vaccination coverage should be understood in considering the need for vaccine mandates. The following policy considerations, as outlined by Leask et al (2021) in Table 1 below, should be addressed.

<b>Prerequisites for vaccine mandate</b>	
A	Is the mandate legal?
B	Is the burden of disease high enough?
C	Is the vaccine safe?
D	Does the vaccine reduce transmission? Is the vaccine effective?
E	Is vaccine supply sufficient and accessible?
F	Have other, less restrictive, measures been tried first?
<b>Procedural recommendations</b>	

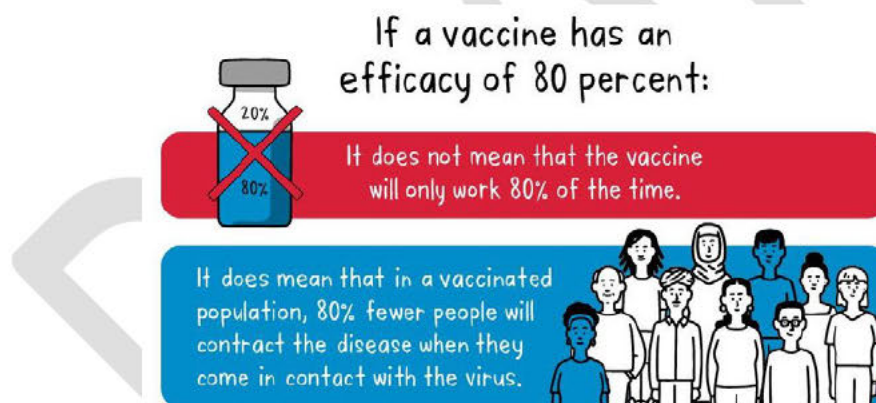


G	Does the mandate disproportionately penalise lower socioeconomic groups?
H	Is there a plan in place to support those mandating vaccination (i.e. employers)?
I	Are affected populations being considered in planning?
Modified from Leask J, Seale H, Williams JH, Kaufman J, Wiley K, Mahimbo A, Clark KK, Danchin MH, Attwell K. Policy considerations for mandatory COVID-19 vaccination from the Collaboration on Social Science and Immunisation. Medical Journal of Australia. 2021 Dec 13;215(11):499-503.	

#### D. Does the vaccine reduce transmission? Is the vaccine effective?

##### About vaccine effectiveness (VE):

- Data concerning vaccine effectiveness specific to Omicron continues to emerge.
- Vaccine efficacy is a measure of how well vaccines work in controlled trial environments, with selective eligibility criteria.
- Vaccine effectiveness is a measure of how well vaccines work in the real world. Clinical trials include a wide range of people – a broad age range, both sexes, different ethnicities and those with known medical conditions – but they cannot be a perfect representation of the whole population.
- If a vaccine has 80% efficacy against severe illness, it means that in a vaccinated population, 80% fewer people will develop the disease compared to unvaccinated persons.



A summary of the short-term effectiveness of COVID-19 vaccines against the Omicron variant is presented in Table 2 below, but key points are:

- A third (first booster) dose of COVID-19 vaccine provides high vaccine effectiveness in the first 1-2 months after vaccination against severe disease and moderate protection against symptomatic infection.
- Effectiveness against infection wanes at four-six weeks following vaccination. Effectiveness against severe disease is reasonably maintained for up to six months (maximum follow-up period of most Omicron studies).

##### Protection against severe outcomes:

- Each dose of a COVID-19 vaccine adds additional protection against severe outcomes, namely hospitalisation and death.
- COVID-19 vaccine impact is greatest against severe disease at the level of the individual, which will also reduce impact on health services.

**Protection against infection:**

- The effectiveness of COVID-19 vaccines in providing protection against infection is modest, and wanes over a period of weeks to early months. However, although modest, vaccination will assist in reducing virus transmission across the community, particularly in certain settings.

**Duration of protection:**

- Vaccine effectiveness declines over time.
- This waning immunity is most evident for protection against any infection or symptomatic infection.
- VE against infection: for both two and three doses, immunity peaks at 2-6 weeks post-vaccination.
- VE against severe disease following a 3-dose or 4-dose schedule is well maintained (with evidence up to six months), especially for protection specifically against mortality.

**New variants of concern:** high vaccination coverage will support a rapid response to a new SARS-CoV-2 variant of concern, as additional required vaccine doses will add to an existing level of immunity to provide hybrid protection.

	<b>Any infection</b>	<b>Symptomatic disease</b>	<b>Severe disease - hospitalisation</b>	<b>Severe disease - death</b>
<b>Dose 1</b>	n/a	n/a	n/a	n/a
<b>Dose 2</b>	Low to moderate	Low to high	Moderate to high	Moderate to very high
<b>Dose 3</b>	Low to moderate	Moderate to high	Moderate to very high	Very high

**Footnote:** VE estimates are not presented for dose 1, as the vast majority of studies concerning Omicron involve two, three and four dose schedules  
Categories of VE: **Low:** VE estimates from studies <40%; **moderate:** VE estimates from studies 40 to <70%; **high:** VE estimates from studies 70% to <95%; **very high:** VE estimates from studies ≥95%

Caveats on data: current as at 29 April 2022. Data presented for Omicron only, as the dominant VOC in Australia. There is currently less data concerning VE for fourth doses and for this reason fourth dose data is not presented. Estimates of VE vary widely across studies due to the highly heterogeneous methodology.