

Reassessment of Ara Global Risk related to COVID-19

Background

In December 2021 Ara carried out an assessment of the risk in relation to the transmission of COVID-19, and considered whether a mandatory COVID-19 vaccination policy would mitigate that risk. The conclusion was that there was a high level of risk to be managed and that:

“In order to ensure that Ara Institute of Canterbury Ltd does everything practicable to enable a safe working and learning environment for Ara colleagues, learners, visitors, members of the public and other members of the wider Ara community, it is recommended that vaccination is mandated in order to access any of Ara's sites or campuses”

After consultation was undertaken with stakeholders, it was decided to implement the Ara COVID-19 Vaccination Policy to take effect on 14 February 2022.

We acknowledged that kaimahi and ākonga would be affected by the impact of this policy in their work and study life, and undertook to work with anyone who felt unable to comply with the policy to find alternative modes to keep working and studying.

Revised Position

Events since December 2021 have shifted. The Government firstly brought in their own vaccination mandates that effectively overtook our policy, and now more recently have substantially reduced those mandates and other control measures. We are now in an environment where there is both widespread community infection with Omicron COVID-19, but also where there is widespread protection from vaccinations and post infection immunity.

Although the policy focuses on vaccination as a primary tool for managing the risk of COVID-19 transmission, we recognise the critical role that health measures other than vaccination, such as face coverings, physical distancing, hand sanitising, and so on play in controlling transmission of the virus.

We have received advice from Government stating that mandatory vaccination policies are inappropriate in environments where the risk of contracting COVID-19 is not greater than in the general community.

These factors have led us to review the Ara COVID-19 Vaccination Policy and to propose that:

The Ara COVID-19 Vaccination Policy should be held in abeyance, that is, temporarily suspended, effective from 2 May 2022.

The proposed position is that:

1. Unless deemed through legislation or a risk assessment, Ara kaimahi and ākonga are not required to provide proof of vaccination status to enter Ara workplaces or otherwise engage in the learning and work activities of Ara, from 2 May 2022
2. Unless deemed through legislation or a risk assessment, visitors to Ara workplaces are not required to provide proof of vaccination status, from 2 May 2022

3. Ara kaimahi and ākonga will follow any proof of vaccination requirements imposed by third party organisations that they interact with
4. In relation to kaimahi recruitment, where the role would reasonably expect a requirement of proof of vaccination, we can require proof of vaccination as a pre-requisite for that role
5. In relation to prospective ākonga seeking to enrol in courses that require a placement in a sector that falls within scope of a vaccine mandate and/or where proof of vaccination is required, then vaccination can be a pre-requisite to enrolment
6. That given the uncertainty of the future course of the COVID-19 pandemic, the policy is held in abeyance only, and this will be reviewed at least every three months
7. That other risk mitigation measures will be constantly reviewed and improved where necessary.

New Risk Assessment

In coming to our new position, we conducted a risk assessment to consider the latest information in relation to the transmission of COVID-19 at Ara.

- See Appendix A: Risk Assessment for COVID-19 transmission on site - Ara Institute of Canterbury Ltd.

This brings together:

- A description of the affected people who come on-site and the physical environments they work in
- A revised set of risks that we recognise could harm us from the transmission of COVID-19
- Assumptions and guidance that help us to assess the risk and the potential tools available to minimise that risk
- An assessment of the scale of the risk using the criteria provided by our parent organisation, Te Pūkenga
- The mitigations that are currently in place to manage that risk
- A recommendation by the Vaccine Working Group.

The risk assessment was completed by the Vaccination Working Group, who are a group of kaimahi representing different functions of Ara.

Conclusion from Assessment

There are a range of mitigants available to manage the ongoing risk of COVID-19 transmission at Ara. The mandatory vaccination policy was considered a critical mitigant in an environment where community transmission was very low, and when significant vulnerable populations existed for which Ara has a duty of care.

The last four months has seen a change in the environment, in that there is now significant community protection either from vaccination (including a wider range of vaccinations) or direct immunity from catching and recovering from COVID-19, and that the Omicron variety of COVID-19 is now widespread in the community.

In this respect, and in the context of the current Omicron variant outbreak, our position is that it cannot be considered that a mandatory general vaccination policy over and above Government requirements will now reduce the risk of harm from COVID-19 to kaimahi and ākonga at Ara.

There will still be some areas where legislated vaccination requirements will still apply. These currently include Health & Disability and Osteopathy Services.

The potential for harm from Covid-19 to the Ara community still exists, and strong mitigation measures need to stay in place. All existing measures will be reviewed for effectiveness, and new measures adopted as appropriate.

There will be an ongoing need to assess some Ara activities where additional COVID-19 risk mitigation measures may be required. These will be assessed by individual risk assessments that are focused on their unique activities and environments, and will involve the people directly involved.

Invitation for Feedback

We request that all kaimahi, ākonga, Te Tiriti partners, industry partners, and other stakeholders in the Ara Institute of Canterbury review this position paper and the associated risk assessment. We are interested in hearing of any specific concerns people may have about the impact of this proposal and ways in which these concerns can be effectively managed.

Before making a decision, Ara will carefully consider feedback. Until a final decision is made, people still need to be vaccinated to be on-site at all Ara locations.

Appendix A: Risk Assessment for COVID-19 transmission on site - Ara Institute of Canterbury Ltd

Completed By: Vaccinations Working Group

Date:

7/04/2022

Description of Activities and Roles
- Activities include but are not limited to teaching, learning and assessing, providing advice to current and prospective learners, pastoral care services, academic support services, disability support services, advice and guidance, health services, hairdressing and barbering, beauty and massage therapy treatments, osteopathy treatments, maintenance activities, technology support services, library services, research services, business incubation and innovation services and advice, corporate services, human resources services, marketing and sales services and project management services.
- Colleagues work directly with learners, their whanau, interact with other colleagues and members of the public.
- Colleagues carry out work that finds them across the full range of Ara sites and facilities.
- Ara learners and colleagues visit and are sometimes based at a wide range of external business and organisations (including in vulnerable communities) as part of learning/teaching placement activities and programmes of study.
- Suppliers and external contractors come onto Ara sites to perform their work.
- Existing or prospective learners and their whanau attend all Ara sites and facilities for a range of purposes including education activities, events, gatherings and as customers or retail and health related services.
- Members of the public visit Ara sites and facilities for a range of purposes including those that are tertiary education related, for events, gatherings and to access services like cafes/restaurants, gyms, salons, clinics, fitness studios, help/information desks, ICT support, libraries, health care and early learning education.
- Some Ara spaces are used by external parties through casual or ongoing hire, or as tenants.
- Many activities and roles involve people being in close proximity to each other.

Description of Environments, Facilities or Sites
- A range of indoor and outdoor spaces across campuses in Christchurch City, Manawa, Woolston, Ashburton, Timaru and Oamaru.
- Small single cell spaces through to large open plan spaces.
- Spaces with significant intermingling by colleagues, learners, visitors, the public, contractors, suppliers, industry/community partners, children, and whanau - particularly in public facing hubs and concourse spaces such as ALX Rakaia Centre City Campus, TA Block Timaru Campus, SSB Woolston Campus, Kahukura Atrium City Campus.
- Classrooms, workshops, labs, kitchens, cafes, restaurants, offices, libraries, public concourses, indoor/outdoor event spaces, a health centre, a theatre, a gym, sports halls, fitness studios, lecture theatres, early learning centres, storage warehouses, TV studios, radio studios, indoor/outdoor common spaces, playing fields, salons, simulated wards and home environments and clinics.
- Some spaces are new, and purpose built to provide more modern, open environments with very good ventilation whilst many spaces are older, more cellular and with poorer ventilation.
- Ara's security systems allow doors to be locked down to permitted users only in many cases whilst the nature of some of the other spaces (e.g. public concourse areas) are open to enable the public to come into buildings unimpeded.
- Spaces for learners such as libraries and computer labs, workshops (trades) are available outside of normal business hours.

Description of Range of Affected People
- 15,000+ learners, 1200+ colleagues, 1000+ contractors and suppliers and 1000+ visitors of all ages, abilities, genders, health statuses and ethnicities from Christchurch, Timaru, Ashburton, Oamaru beyond into other parts of the Canterbury Region and from many different parts of New Zealand.
- 1000s of community members in contact with learners/tutors through work placements/apprenticeships, etc

Applicable Legislation
- Health and Safety at Work Act 2015 (HSWA)
- Public Health Response (Protection Framework) Order 2021
- Public Health Response (Vaccination) Order 2021
- Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021
- Education and Training Act 2020
- New Zealand Bill of Rights Act 1990

Description of Risks
The following are the undesirable outcomes associated with COVID-19 that Ara is focusing its attention to preventing or mitigating.
- Members of the Ara community (colleagues, learners and visitors) suffer illness, which can be serious, or even fatal by coming on-site and catching COVID-19.
- Ara is a vector of transmission of COVID-19 to a wider community of households, vulnerable communities, partner industries and workplaces, resulting in them suffering illness and business disruption.
- Ara suffers critical colleague shortages from the spread of COVID-19, which cause a reduction in the delivery of teaching and pastoral care services to learners. This reduces acceptable learning outcomes and creates increased workload and stress for learners and teaching colleagues.
- Large numbers of learners are unable to attend learning activities due to the spread of COVID-19 which causes their missing out on education, classes being cancelled, rescheduled, or repeated. This reduces acceptable learning outcomes and creates increased workload and stress for learners and teaching colleagues.
- An environment of fear or discomfort is created at Ara by the ongoing transmission of COVID-19, leading to a reduction in productivity for colleagues, and a barrier to learners to actively participate, contribute and succeed.
- Colleagues and learners are upset or confused by perceived issues of fairness and equity in how COVID-19 policies or exemptions are applied between different groups.
- Ara suffers reputational and/or financial harm from ongoing disruption to services and additional costs incurred by the transmission of COVID-19 amongst the Ara community.
- Colleagues, learners and Visitors do not comply with policies or public health measures causing increased transmission of COVID-19 and subsequent adverse effects.
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Assumptions & Guidance	
Assumption or Guide Note	Source of Information
COVID-19 causes illness, and this can be serious in some people.	<p>Ministry of Health advice: The symptoms of COVID-19 range widely from asymptomatic or a mild respiratory tract infection to severe and pneumonia, which can lead to severe inflammatory disease and respiratory failure. The most common symptoms of COVID-19 are like those of other common respiratory illnesses and include a new or worsening dry cough, sneezing and rhinorrhoea or nasal congestion, fever, sore throat and shortness of breath. Unlike other respiratory viral infections, COVID-19 was frequently associated with a temporary loss of smell or altered sense of taste, and sometimes this is the only symptom; this symptom is less common with Omicron variant infections than reported with Delta. Some cases have reported gastrointestinal symptoms including nausea, diarrhoea, vomiting and abdominal pain, headache, muscle aches, malaise, chest pain, joint pain, and confusion or irritability; these symptoms almost always occur with one or more of the common symptoms. For around 80 percent of cases, COVID-19 is a mild disease, but some develop more severe disease, particularly older adults, pregnant women and those with comorbidities, which can progress to multi-organ and respiratory failure. As for influenza and other respiratory viruses, many of those with laboratory-confirmed infection remain asymptomatic.</p> <p>There is increasing evidence emerging on the long-term health impacts of COVID-19 (long COVID). Most people with COVID-19 recover completely and return to normal health. However, some people who have been infected with the SARS-CoV-2 virus report a diverse range of symptoms beyond the time of 'recovery' from the acute phase of COVID-19 illness.</p>
COVID-19, especially the current Omicron variant is highly transmissible.	Ministry of Health Advice: The Omicron variant has spread worldwide rapidly and is now the major variant in many countries, including New Zealand. Omicron is much more transmissible than previous variants of the COVID-19 virus, including Delta.
COVID-19 is now widespread in the community and will continue to be for the long term.	Ministry of Health Advice 30/03/2022 for NZ: Today's seven day rolling average [of new infections] is 15,966. There are 105,065 active cases in the community. The total number of cases in NZ including those recovered is 643,875.

<p>Current vaccinations are highly effective at reducing serious illness but have less effect at preventing transmission.</p>	<p>Ministry of Health Advice: A person is significantly less likely to be severely sick, hospitalised or die from Omicron if vaccinated, especially following the third (booster) dose. Real life evidence highlights in those countries with high vaccination rates (~95%) that this does provide some population immunity on top of individual immunity. While vaccination provides less protection against contracting and transmitting the Omicron variant compared with earlier variants, it still provides some protection, especially after the third (booster) dose.</p>
<p>There will be ongoing outbreaks of different COVID-19 variants</p>	<p>Ministry of Health Advice: The SARS-CoV-2 virus that causes COVID-19 has undergone genetic mutations over time.</p>
<p>Transmission is mainly caused by airborne transmission.</p>	<p>Ministry of Health Advice: Infection occurs in three main ways: 1. Breathing air that contains infectious particles 2. Infectious particles landing on your mouth, nose or eyes (for example, through being coughed or sneezed on) 3. Touching your mouth, nose or eyes when your hands have been contaminated by the virus, either through direct contamination, or indirectly by touching surfaces contaminated with the virus. Current evidence shows the virus that causes COVID-19 (SARS-CoV-2) is spread by aerosols which is why air ventilation is important. Transmission from surfaces is the least common but it is still important to clean surfaces to reduce the risk</p>
<p>New Zealand now has high vaccination rates and reduced risk of reinfection for those who have recently recovered from COVID-19.</p>	<p>Ministry of Health statistics as at 29/03/2022: 98.7% of the Canterbury DHB and 93.8% of the Sth Canty DHB population have received vaccination preliminary vaccination courses COVID-19 Press Conference 23/03/2022: To date we have had more than 500,000 reported cases of COVID-19 and expert modellers say there have probably been 1.7 million actual infections. That figure, coupled with 95 percent of New Zealanders being fully vaccinated, means we now have a high level of collective immunity.</p>
<p>There will be a high uptake of the booster and subsequent vaccinations</p>	<p>Ministry of Health statistics as at 29/03/2022: Current booster vaccination rates are ~76% in Canty and Sth Canty regions.</p>
<p>Other measures are effective and are still required to control the transmission of COVID-19</p>	<p>Ministry of Health advice: Other key public health measures should continue to be deployed to reduce the spread of the virus. These include: - Vaccination (increasing booster rates to the highest possible level) - Staying home when sick - Mask use in indoor settings - Improving ventilation - Physical distancing - Basic hygiene practices.</p> <p>Ministry of Health advice: Masks help to prevent transmission of the virus that causes COVID-19 in two ways: - decreasing the amount of virus spread by an infectious person by catching the particles containing virus in the mask (source control). - helping to prevent a person from inhaling particles containing virus (wearer protection). The best protection from infection occurs when everyone is wearing a mask. The combination of source control AND wearer protection is much more effective than just one or the other.</p>

Available Rapid Antigen Testing is not a highly accurate test for detecting Covid, especially in asymptomatic people.	Ministry of Health advice: Rapid antigen testing (RAT) helps to tell if a person is infectious with COVID-19 and can pass the virus to others. They are quick and relatively simple to do but are not as accurate at telling whether you have COVID-19 as the PCR test you may have had before. RATs are better at detecting COVID-19 when people have symptoms. They are recommended for people who feel unwell with Covid-19 symptoms, or for those who live in the same household as someone who has COVID-19. RAT results are less reliable for people who don't fit these categories.
The Vaccine Pass system is being wound down and will not be supported for general use to prove vaccination compliance	COVID-19 Press Conference 23/03/2022: From 4 April, My Vaccine Pass will no longer be required by the Government meaning Kiwis will no longer have to be vaccinated in order to enter those venues covered by the Pass. Scanning in requirements for the vaccinated will also end.
The government is removing most vaccine mandates. However Health & Disability workers will still need to be fully vaccinated under the Public Health Orders.	COVID-19 Press Conference 23/03/2022: From 4 April, vaccine mandates will be removed, except for health and disability, aged care, corrections and border workforces.
Vaccine mandates are no longer regarded as appropriate as a first response to the Covid risk in workplaces.	Worksafe NZ updated vaccination guidance for workplaces 1/4/22: Employer vaccination requirements should be used carefully, based on public health advice and in line with providers' normal responsibilities, and are not a suitable first response for managing COVID-19 in most workplaces. The public health justification for requiring vaccination is when the risk of contracting and transmitting COVID-19 at work is higher than it is in the community. This is the basis on which some Government vaccination mandates have been retained. Employers may also consider other risk factors that are relevant and justifiable in respect of their workplace(s). Outside of those sectors which continue to be covered by government vaccine mandates (such as Health), WorkSafe considers that few workplaces will be able to justify an employer vaccination requirement for health and safety or public health reasons. For those who can, this would likely be only for specific roles. In deciding what controls to implement, employers will need to consider what is reasonably practicable. Employers should first consider the controls that are least intrusive to employees before requiring vaccinations.

Assessment of Scale of Risk	Rating	Explanatory notes on rating
Te Pūkenga have provided this list of questions and recommended it be used to gauge the scale of risk being assessed. Please note the questions are modified from the previous risk assessment completed in December 2021 and cannot be directly compared.		
How many people do kaimahi and ākonga come into contact with when carrying out their work or study and how close together are they? (none to very few - lower risk; many - higher risk) Score between 0 and 4	3	Ara is operating as an open institution, with significant numbers of colleagues, learners, visitors, the public, contractors, suppliers, industry/community partners, children and whanau present on any given day. This can vary from site to site and from activity to activity, so the impact varies between people. Likelihood of exposure to COVID has been reduced by having many colleagues working from home, limiting the maximum number that can attend events and gatherings, and increasing spacing where possible.
How easy will it be to identify the people who the kaimahi and ākonga come into contact with? (easy to identify i.e. co-workers - lower risk; difficult to identify i.e. unknown public - higher risk) Score between 1 and 3	2	The Govt have largely disestablished contact tracing. Ara will maintain QR codes for those who wish to keep their own records and security scanning and class registers continue to be maintained at Ara. Events for potential learners and families are typically run by registration. Only members of the general public with proof of vaccination can come on site but their identities are not recorded. The large number of infected people make it impractical to provide individualised contact tracing or notification.

Are people sharing a vehicle with others? (Co-workers - lower risk; not co-workers - higher risk) Score between 0 and 3	1	This is a minor activity involving few people, usually known to each other so does not affect many people at Ara. Likelihood has been reduced by limiting intercampus travel.
Are people sharing bathrooms and cooking/eating areas? (In a single room with no shared facilities - lower risk; dormitories and shared bathrooms and kitchens - higher risk) Score between 2 and 4	3	The use of shared facilities remains across Ara campuses is common, although interactions are typically short term and involve small numbers of people, so the impact is considered generally minor. However there is ongoing sustained sharing of facilities in Student Accommodation where there have been outbreaks of covid and this remains a high-risk area.
How long are kaimahi and ākonga in close contact with other people when carrying out their work or study? (brief contact - lower risk; long contact - higher risk) Score between 2 and 4	3	The impact varies as it depends on the activities in question. For some, contact will be very brief as people pass in corridors or along concourse areas. For other areas, contact can be sustained for long periods of time (e.g. beauty or massage therapy treatments or hair colouring). Workshops and learning events for some regularly run over an entire day. With campuses serving to provide places to take part in learning and other forms of engagement with a variety of people, contact time is normally well in excess of 15 minutes and more likely to be an hour or more as this is fairly standard duration for lessons. Events like orientation, graduation and colleague kick-off days can run for significant portions of the day and will bring together otherwise disparate groups (people who do not ordinarily work or study together) into a single setting although these have had capacity limits imposed. The nature of practical on-site learning means that sustained close contact instances for learners is likely. For colleagues the likelihood of infection has reduced as greater working from home practices have been adopted.
Does the work or study involve interaction with people considered at higher risk of severe illness from COVID19? (little to none - lower risk; constant contact - higher risk) Score between 2 and 4	2	Ara serves a wide range of learners, industries and communities and is staffed by colleagues from many and varied individual sets of circumstances. Within these groups, Ara will, at any given moment, provide learning to people or groups who have higher risk profiles than others and Ara is also aware of many colleagues that are themselves health compromised or more vulnerable to infection than others. Ara connects very closely with industries and sectors that are specifically listed within Public Health Response Orders and are by association more likely to be in regular contact with those considered at higher risk from infection with COVID-19 (e.g. Manawa HREF and the Osteopathy Clinic). In the normal course of business, people will move between these settings frequently and cannot be segregated. Therefore the likelihood of contact is moderate to high. However, we know that all current colleagues and learners coming on site have been vaccinated, and this provides significantly reduced impact from catching Covid.
What is the risk of COVID-19 infection and transmission in the work or study environment when compared to the risk outside of that environment? (equal to outside of work or study environment - lower risk; higher than outside work or study environment - higher risk) Score between 0 and 3	0	The risk of infection at Ara is no more likely than the risk of being infected in the general community. Efforts to mitigate transmission such as mask use, regular cleaning, working from home policies, and cancelled events may make Ara less risky than the outside environment.
Do people in the work or study environment comply with the rules around wearing face coverings and keeping a safe distance? (strong compliance - lower risk; poor compliance - higher risk) Score between 1 and 3	1	Ara colleagues and learners continue to maintain good compliance with the mask rules. Mask wearing, hand washing and social distancing are likely to continue to be key and visible forms of infection control going forwards and have become much more normalised.
Total Risk Score:	15	This assessment concludes that the overall activities being undertaken in an environment of MODERATE RISK.

Mitigations of Risk	Description
The following are the actions that have been identified as helping reduce transmission of COVID-19 at Ara.	
Physical distancing is being maximised in any given space.	Events and gatherings have limits on total numbers in compliance with Protection Framework. Teaching spaces have been rearranged where practical.
Hand sanitising and social distancing is encouraged.	Regular reminders for good sanitation practice. Supplies of hand sanitiser located around all locations.
Common contact points are regularly cleaned.	There is regular cleaning of door handles, stair rails, elevator controls etc.
Ventilation in buildings has been reviewed and improvements made where required.	
A significant proportion of colleagues, learners and visitors are vaccinated.	Community vaccination levels exceed 95%. Mandatory vaccinations are currently required for all people coming onsite. Security system & personnel are set up to assure compliance. Alternative arrangements have been made with colleagues who are unable to attend onsite either because of vaccine hesitancy or Covid vulnerability. Unvaccinated learners have been excluded where alternative study arrangements have not been possible.
Time is provided for colleagues to get vaccinated in worktime.	Colleagues able to take time off work to get vaccinated.
Some large events and activities have been cancelled or postponed.	Large scale events like graduation have been cancelled.
Face coverings are in active use.	Government mask requirements have been implemented and regular reminders publicised. Medical grade masks are supplied to colleagues where they are required for teaching, close contact services and health practice.
The number of staff on site has been minimised.	During the peak of the Omicron outbreak non-teaching colleagues are rostered to work from home. The option is available to work from home if on-site presence not essential.
Free Rapid Antigen Tests are provided to essential workers	Colleagues deemed essential able to access free RATs to assess health even if asymptomatic.

Vaccination Working Group – Conclusion and Recommendation
<p>The risk of harm from COVID-19 infection to colleagues and learners while at Ara is generally moderate, as we recognise that there is significant community vaccination and public health measures that are mitigating the worst effects. The risk of infection while at Ara is no greater, or potentially even less, than that in the general community. Worksafe have now advised that they do not consider mandatory vaccination is an appropriate first measure to protect the workplace over other mitigating actions.</p> <p>Instead, management of the risks from COVID-19 is now primarily linked to good on-site management, education, and proactive implementation of public health measures. A full range of these are now in place at Ara.</p> <p>The group recommends that:</p> <ol style="list-style-type: none"> 1. the current Ara COVID-19 vaccination policy can be put into abeyance during the current Omicron outbreak without materially increasing risk. 2. all other existing mitigations should continue to be reviewed and where necessary strengthened by developing specific policy guidelines or management directives. 3. that those areas which are of higher-than-normal risk should have their own risk assessment performed, and if necessary enhanced mitigations applied. For example the Early Learning Centre and Student Accommodation service. <p>Putting the policy into abeyance rather than withdrawing it, is to recognise that the course of COVID-19 remains uncertain, and we cannot state with any certainty that a mandatory vaccination policy will not be needed at a future date.</p>