

Subject: COVID-19 Risk Management Plan COVID Safe Workplace – Mitigating Risks of Transmission and Harm Covers: All staff	Policy No: Effective: February 2022 Revised: N/A Review Date: July 2022
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1 RISK

That St Michael's Collegiate School ('Collegiate' or 'School') does not maintain sites so far as is reasonably practicable to reduce transmission and harm to workers resulting from the transmission of COVID-19.

2 CONTEXT

The following sets out the factors that were considered in understanding the possible work environment.

2.1 State and National Situation

2.1.1 Community transmission

- Tasmania reopened borders on 15 December 2021.
- Modelling by the Kirby Institute identifies a number of scenarios which could result in Tasmania experiencing a significant number of cases of COVID-19 following our borders re-opening.
- This modelling indicates that Tasmania could have between 43,000 and 77,000 cases in the 200 days from 15 December 2021, with a high number of hospitalisations and between 60 to 214 deaths, during the peak period of the outbreak.

2.1.2 Vaccine availability

- Vaccines are available at numerous sites throughout the state.

2.1.3 Improvement in health outcomes

- Vaccines help protect people by preventing serious health effects of COVID-19 (Safe Work Australia and AHPPC).
- Vaccinated workers can still carry and spread the virus.
- Non-vaccinated employees may therefore still be at risk of serious health effects despite a potentially large workplace vaccination rate.

2.2 Our workforce

- Collegiate will need to keep its sites open to ensure the continued delivery of education and other services to learners and the broader community.
- Collegiate has approximately 260 employees (including casuals, but not including relief) and 735 Kindergarten – Year 12 students and 80 children in the Early Learning Centre, together with volunteers and contractors.
- The bulk of Collegiate's workforce interact directly with other staff, students, volunteers and contractors in the normal course of employment and with a significant number of people who are vulnerable to the health impacts of COVID-19.

- Significant examples include services for children under 12 years of age and supports for NDIS students with highly intensive support requirements. School staff particularly are required to work in close proximity to students and other workers.
- At present there are cohorts of the workforce already subject to a Public Health Direction to have mandatory vaccinations, namely:
 - School psychologists, social workers, speech pathologists and school health nurses.
 - Early Childhood Education and Care staff, Teacher Assistants, Education Support Specialists and Auslan Assistants – supporting NDIS participants with high intensive supports.
- In terms of the Fair Work Ombudsman's "general guide to divide work into 4 broad tiers" (refer section 5 *Mandatory Vaccinations* below for more detail) it is therefore considered reasonable to conclude that the majority of Collegiate's workers are directly in a Tier 2 work site category, that is, where employees are required to have close contact with people who are particularly vulnerable to the health impacts of COVID-19.
- For the Tier 2 category the Fair Work Ombudsman provides that "An employer's direction to employees performing Tier 1 or Tier 2 work is more likely to be reasonable, given the increased risk of employees being infected with coronavirus, or giving coronavirus to a person who is particularly vulnerable to the health impacts of coronavirus."
- Business continuity for the front-line staff and learners is critically dependant on the non-school business unit functions.
- A minimal number of the Collegiate workforce is able to work from home given the nature of assigned duties and those that do still have face-to-face interaction with other people that may transmit COVID-19.

[Risk Management Plan follows – next page]

3 RISK MANAGEMENT PLAN

Consequences if the risk occurred (What is the impact of things going wrong?)	Existing risk treatment actions (What are we already doing to reduce the likelihood of the risk occurring or the impact of the consequences if the risk occurs?)	Residual Risk Rating			Details of proposed additional risk treatment actions (ARTA)	Managed Risk Rating		
		Consequence	Likelihood	Risk rating		Consequence	Likelihood	Risk rating
<u>Wellbeing and Safety</u> <ul style="list-style-type: none"> • Collegiate does not provide a safe workplace for workers • Breach of duty of care for students • Permanent disability or impairment • Stress/trauma event requiring ongoing professional support • Long-term decline in staff and student morale • Increased psychological stress • Workplaces contribute to increased worker, student and community transmission <u>Legal and Regulatory</u> <ul style="list-style-type: none"> • Significant breach of laws and regulations (WH&S Act 2012) • Increased regulatory oversight • Fines and penalties • Increased workers compensation claims • Increased claims of breach of duty of care <u>Learner and Client Outcomes</u> <ul style="list-style-type: none"> • Heightened psychological stress and anxiety • Impaired workforce impacts on learning delivery • Learner engagement and outcomes decline • Reduced learning opportunities that can be delivered as learning from home increases • Increase in vulnerability for some student cohorts 	<ul style="list-style-type: none"> • Appropriate cleaning if a positive case on site • Promotion of <ul style="list-style-type: none"> ○ Hand washing and sanitising ○ Social distancing ○ Vaccinations ○ Not attending if have the mildest of symptoms • Regular and co-ordinated communications with staff, students and the community regarding COVID-19 management • Policy that all workers within Collegiate are to provide evidence of being fully vaccinated against COVID-19 (unless exempted) • Face masks are required to be worn by all staff (unless exempted) • Following of Public Health advice if a positive case is/was on site (e.g. clean, close, face masks) 	Mo	L	H	<p>The following are additional treatments in ascending order of effectiveness.</p> <ol style="list-style-type: none"> 1. Protective screens at sites where they effectively contribute to transmission reduction 2. Documented clearance to work post a COVID - 19 infection 3. Appropriate site management arrangements for visitors and clients on sites more than 15 minutes 4. Lawful and reasonable direction to provide evidence of being fully vaccinated against COVID-19 if required 	Mi	P	M

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		Consequence	Likelihood	Risk rating		Consequence	Likelihood	Risk rating
<u>Operations and Infrastructure</u> <ul style="list-style-type: none"> • Prolonged interruption of service delivery • Short to medium term closure of one or more campuses • Increase in resource requirements to ensure sites remain open • Support services for learning delivery not maintained – Information Technology support, Facility Services <u>Reputation/Stakeholder Management</u> <ul style="list-style-type: none"> • Long term impact on reputation at a state level • Prolonged community outrage • Significant adverse state media coverage • External scrutiny <u>Strategic</u> <ul style="list-style-type: none"> • Failure to achieve policy outcomes • Material and enduring adverse outcomes • Required major change to strategic plan and management of associated risks 	<ul style="list-style-type: none"> • Site COVID-19 safety plans (local practices) • Check in TAS app for all sites • Site emergency management plans for a positive case • Flexibility in Work from Home arrangements (noting that residences carry a similar risk to workplaces and also regarded as workplaces if WFH) • Facilitation of vaccination sites • Limited inter and intrastate excursions • Learning from home arrangements and resources established • Population vaccination rates anticipated to be at 90% for those eligible for vaccination • Voluntary survey to assist in monitoring vaccination rates of employees. • Well ventilated learning environments and 							

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		Consequence	Likelihood	Risk rating		Consequence	Likelihood	Risk rating
	enhancement of outdoor learning environments <ul style="list-style-type: none"> • Provision of contingency level of masks at sites • COVID-19 Co-ordination team appropriately resourced 							

4 MANAGED RISK RATING

Collectively the proposed additional risk treatment actions in the Risk Management Plan above reduce the consequences from moderate to minor and the likelihood rating to possible, with the clearance to work having the least impact and mandating that all workers are vaccinated having the majority of the impact. The lawful and reasonable direction mitigation assists in ensuring that the mandated vaccination policy is able to be implemented and therefore effectively mitigate the risk.

Using the consequence and likelihood scales and the risk rating matrix above, it is anticipated that these will reduce the consequences if the event occurs to **MINOR** and the likelihood reduced to **POSSIBLE** resulting in a revised risk rating of **MEDIUM**.

		Consequence Rating				
		Negligible	Minor	Moderate	Major	Severe
Likelihood	Almost certain	Medium	High	Extreme	Extreme	Extreme
	Likely	Low	Medium	High	Extreme	Extreme
	Possible	Low	Medium	Medium	High	Extreme
	Unlikely	Low	Low	Medium	Medium	High
	Rare	Low	Low	Low	Low	Medium

5 MANDATORY VACCINATIONS

5.1 Vaccines as a mitigation strategy

The Australian Health Protection Principal Committee (AHPPC) is a national decision-making committee for health emergencies. It is comprised of all state and territory Chief Health Officers and is chaired by the Australian Chief Medical Officer.

AHPPC released a public statement on 15 November 2021 on COVID-19 in schools and early childhood education and care¹. Amongst others, this was referenced when considering the effectiveness of requiring staff to be vaccinated as a risk mitigation strategy in the workplace. The stated position of AHPPC is “that schools are an essential service and should open and remain open whenever possible. The committee recognises the wide-ranging benefits for students and the community when schools are open and face-to-face learning occurs.”

The AHPPC states that a vaccinated person is less likely to introduce COVID-19 to the school. The AHPPC sets out several actions that should be considered to reduce opportunities for introduction of the virus to schools. One of these actions is to “encourage all vaccine-eligible adults who volunteer or are otherwise engaged by the school are fully vaccinated before they enter a school; and encouraging all vaccine-eligible adults who visit a school to be fully vaccinated.” In its statement the AHPPC concludes that “Vaccination of all adults around children is the most effective way to protect children from disease.”

The AHPPC statement supports the view that vaccinations are the most effective mitigation strategy to reduce transmission to workers, students, clients, and the community.

¹ Australian Health Protection Principal Committee (AHPPC) statement on COVID-19, schools and early childhood education and care, <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-covid-19-schools-and-early-childhood-education-and-care>, 18/11/2021

5.2 Lawful and Reasonable Direction

In assessing whether requiring workers to be vaccinated through a lawful and reasonable direction (LRD) could be applied as an effective mitigation strategy consideration was given to what would be considered “reasonable”. Reference was made to the Fair Work Ombudsman’s general guide to divide work into 4 broad tiers:

- **Tier 1 work**, where employees are required as part of their duties to interact with people with an increased risk of being infected with coronavirus (for example, employees working in hotel quarantine or border control).
- **Tier 2 work**, where employees are required to have close contact with people who are particularly vulnerable to the health impacts of coronavirus (for example, employees working in health care or aged care).
- **Tier 3 work**, where there is interaction or likely interaction between employees and other people such as customers, other employees or the public in the normal course of employment (for example, stores providing essential goods and services).
- **Tier 4 work**, where employees have minimal face-to-face interaction as part of their normal employment duties (for example, where they are working from home).”

The Fair Work Ombudsman’s view regarding the reasonableness of a direction to be vaccinated to each of the above tiers is:

- An employer’s direction to employees performing Tier 1 or Tier 2 work is more likely to be reasonable, given the increased risk of employees being infected with coronavirus, or giving coronavirus to a person who is particularly vulnerable to the health impacts of coronavirus.
- An employer’s direction to employees performing Tier 4 work is unlikely to be reasonable, given the limited risk of transmission of the coronavirus.
- For employees performing Tier 3 work:
 - Where no community transmission of coronavirus has occurred for some time in the area where the employer is located, a direction to employees to be vaccinated is in most cases less likely to be reasonable.
 - where community transmission of coronavirus is occurring in an area and an employer is operating a workplace in that area that needs to remain open to provide essential goods and services, a direction to employees to receive a vaccination is more likely to be reasonable.

Collegiate’s view is that the majority of workers reside directly in Tier 2 (see Section 2.4 *Workforce* above) as employees are required to have close contact with people who are particularly vulnerable to the health impacts of coronavirus and noting that modelling indicates transmission rates will increase to between 43,000 and 77,000 in the first 200 days throughout the state.

Collegiate will need to reduce the likelihood of campuses closing to ensure the continued delivery of education and other services to learners and the broader community. A requirement for workers to be vaccinated therefore appears reasonable based on the Fair Work Ombudsman’s general guidance.

Note: Legal or health advice has not been uniquely sought in this risk assessment to assess the risk. It has been based on publicly available information and an internal assessment of current COVID-19 mitigations and possible future mitigation strategies if the number of cases increase, as the modelling suggests.