

## Laura Bowman

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**From:** official information  
**Sent:** Monday, 20 December 2021 11:37 am  
**To:** [REDACTED]  
**Cc:** official information  
**Subject:** Final Response: LGOIMA 21416 - [REDACTED] - Libraries vaccine mandate  
**Attachments:** Finalised work - COVID-19 vaccination proposal - risk assessment - November 2021.pdf

Kia Ora,

Thank you for contacting Hamilton City Council regarding the Vaccine Mandate.

### **Why HCC is requiring My Vaccination Passports at Public Facilities:**

Our purpose at Hamilton City Council is to improve the wellbeing of Hamiltonians and put safety first in all we do. Since 2020, COVID-19 continues to bring challenges to our community, local businesses, healthcare system and the way we operate at Council.

In light of this, Elected Members decided on 30 November that My Vaccine Passes will be a condition of entry at public facing Council facilities for all people aged over 12 years. In making the decision Council undertook a risk assessment (attached), based on well-established information on the covid-19 virus. If you have any further questions, you can visit our web page [here](#). Information on Council's decision is contained in the council report available [here](#).

Our overriding consideration is and will continue to be the safety of our workforce, volunteers, and the community (many of whom are more vulnerable to potential COVID-19 transmission) who use our services.

### **Libraries Decision to require a My Vaccine Pass for entry**

Our library branches are all open. We also have Click and Collect running and e-Services available for anyone who are unable to enter our branches. To find out more about Click and Collect, visit [here](#). We are working through the logistics of offering the Summer Reading Programme to all Hamiltonians (those with my vaccine pass and those without) and will have information about this on our website in the next couple of weeks.

You have the right to seek an investigation and review by the Ombudsman of our response. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Kind regards,

### **Official Information Team**

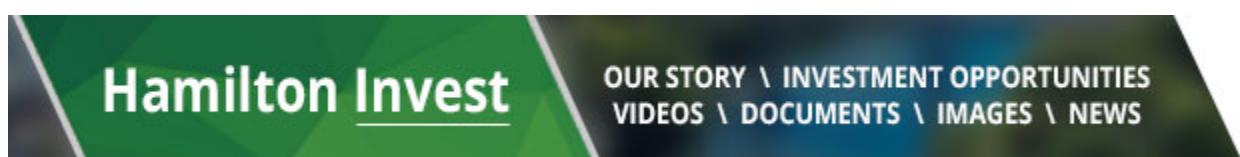
Legal Services & Risk | People and Organisational Performance

Email: [officialinformation@hcc.govt.nz](mailto:officialinformation@hcc.govt.nz)



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**From:** [REDACTED]

**Sent:** Friday, 17 December 2021 9:00 pm

**To:** Hamilton City Libraries <[info@hamiltoncitylibraries.patronpoint.com](mailto:info@hamiltoncitylibraries.patronpoint.com)>

**Subject:** Re: Central Library Upper Levels Reopening!

As you are discriminating against members of the public I would like to unsubscribe. I will also be returning my library card as it's useless

I am disappointed that what was once a public resource has now become for a select few.  
Isn't that the purpose of having a public library so that all can access books?

Regards [REDACTED]

Get [Outlook for Android](#)

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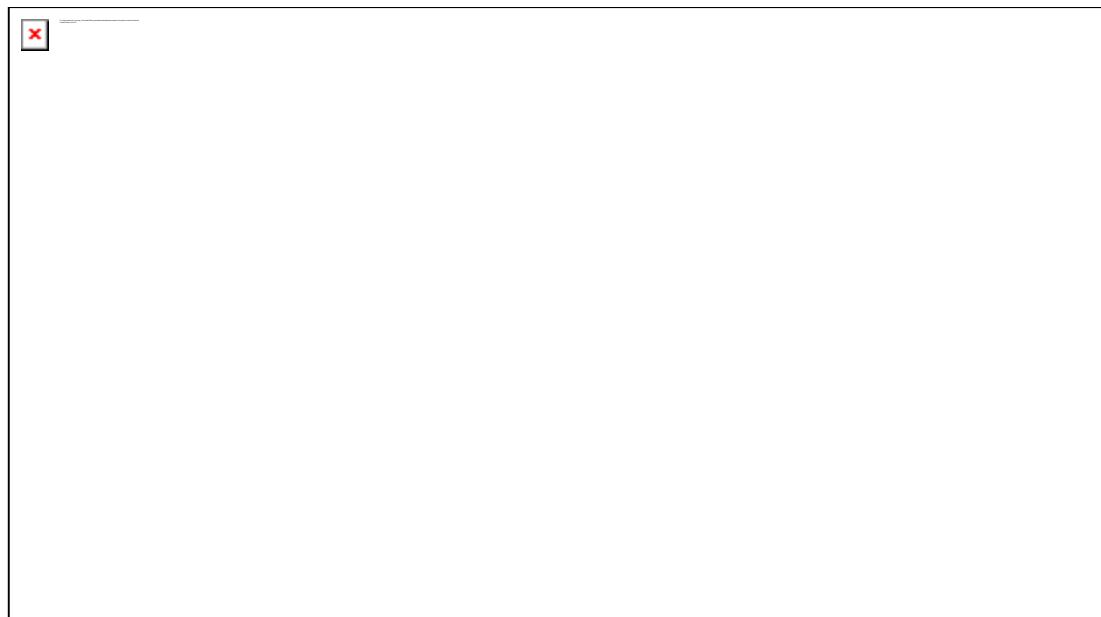
**From:** Hamilton City Libraries <[info@hamiltoncitylibraries.patronpoint.com](mailto:info@hamiltoncitylibraries.patronpoint.com)>

**Sent:** Friday, December 17, 2021 8:04:46 PM

**To:** [REDACTED]

**Subject:** Central Library Upper Levels Reopening!

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**Come on up!**

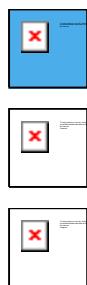
Kia ora [REDACTED]

We're excited to re-open Central Library's upper floors (levels 2 and 3) from **Monday 20 November**. Thanks for your patience and support during our lift upgrade, and we hope you enjoy being able to explore all levels of our library as before.

## Holds Fees

We offered free holds to help library users access our collections while the upper floors were closed. Now that we're back open, if you have placed a hold on an item and it becomes available from Monday 20 December you will be charged the hold fee. This does not apply to items already waiting to be collected.

## Connect with us



You're receiving this notice because your main library is Central Library.  
To change your main library to [another location](#), please [get in touch with us](#).

[Manage email preferences](#)

Hamilton City Libraries  
9 Garden Place Hamilton 3204  
[Phone: 07 838 6824](#)



# COVID-19 Vaccination Proposal

## RISK ASSESSMENT

**Amohia ake te ora o te iwi,  
ka puta ki te wheiao.**

To protect the wellbeing of our people is paramount.

King Tuuheitia Pootatau Te Wherowhero VII



**Hamilton  
City Council**  
Te kaunihera o Kirikiriroa

## APPROACH

This risk assessment was undertaken in line with guidance issued by WorkSafe New Zealand<sup>1</sup> and incorporates that advice into the approach taken.

The approach includes an assessment of the level of risk associated with COVID-19 based on the role (including the work being done and the location from which the work is being done) rather than the individual performing the role to determine the effectiveness of existing controls and their impact, and the potential risk impact from the use of vaccines.

Indigenous ethnic inequities in infectious diseases are clear. Maaori experience higher rates of infectious diseases than other New Zealanders. Maaori generally have higher rates of chronic conditions and comorbidities and, following international trends, are likely to have an increased risk of infection should a community outbreak occur. The unequal distribution and exposure to the determinants of health further increases the risk for Maaori. This requires equity to be a central feature to the COVID-19 response, ensuring the active protection of the health and wellbeing of our Maaori staff.

## CONTEXT OF RISK ASSESSMENT

Hamilton City Council has an obligation to provide a safe and healthy working environment for all of our workers, which extends to contractors and others that we engage as well as our employee, and those people visiting our workplaces, including our customers, visitors, and wider communities. This commitment is reinforced through our organisational purpose, to 'Improve the Wellbeing of Hamiltonians' and places front and center our Non-Negotiable: 'Safety first in all we do'.

Demonstrating a commitment to Te Tiriti o Waitangi and the achievement of Maaori health equity is a critical component of this Plan. Meeting these obligations requires collective effort across the organisation and the application of Te Tiriti articles and principles at every level of the response. Equity considerations should continue to be integrated across the response.

We have a duty of care under the Health and Safety at Work Act 2015<sup>2</sup> to take all reasonably practicable steps to eliminate, or otherwise minimise, any risks to our people. Hamilton City Council continually assesses these risks, which also includes the risk presented by having COVID-19 in the workplace as well as the community.

New Zealand has moved away from an elimination strategy, towards one of minimisation and protection. This will result in a degree of ongoing community transmission as restrictions start to ease as we move away from lockdowns under the alert level system and into the new framework. It is

reasonable to expect that with loosening of restrictions, and a strategy of “minimise and protect”, people will be at a higher risk of contracting (and therefore or transmitting) COVID-19 in the coming weeks/months, with the likelihood of infection, transmission and the health impact and outcomes of any infection being mitigated somewhat through the use of vaccinations<sup>3</sup> and other risk mitigations that make up the COVID-19 Protection Framework.

Vaccination rollout using Pfizer vaccine is currently underway across New Zealand with the Government working towards a vaccination target rate of 90% of the eligible population within each local District Health Board to be fully vaccinated (having received first and second doses). The Government has announced that we will move to the new Covid-19 Protection Framework on 3 December 2021.

The purpose of this risk assessment undertaken by Council is to determine the current risk associated with COVID-19, and to assess the effectiveness of control mechanisms, including the potential use of vaccination as a workplace control, on reducing risk to a level that is deemed acceptable, or as low as reasonably practicable.

## ASSESSMENT OF PROBABILITY

The Delta variant of COVID-19 is described by the New Zealand Ministry of Health as being a more infectious mutation of the virus. It is predicted that without any controls, the R<sub>0</sub>-value would be between 5 and 6 - meaning that one infected person may infect up to 5 to 6 others. It has been described as “highly transmissible”.

The probability of infection taking hold when directly exposed to COVID-19 viral particles can vary from person to person, but there is enough anecdotal evidence to show that in the absence of other controls e.g., mask wearing, social distancing, and hygiene practices, there is a high probability of becoming infected when directly exposed to COVID-19. This is seen in the number of household infections that occur when those household members share a space with a COVID-19 positive person. There is also increasing evidence of infection occurring due to incidental exposure outside the home, as seen in MIQ facilities between rooms when doors have been opened.

The infectiousness has also been identified in the challenges associated with connecting some cases epidemiologically due to the transient nature of some of the exposure events. An example of this is the way in which the initial infection in this outbreak occurred, with no known direct exposure link, and the possibility of unidentified chains of infection.

On this basis, it is reasonably foreseeable that if a person is exposed to COVID-19 without any controls in place there is a **high probability** of infection as a result.

## ASSESSMENT OF CONSEQUENCE

The range of consequences for a person infected with COVID-19 is extremely broad and will depend on a myriad of factors. While some people may be completely asymptomatic for the duration of the infection, others may lose their life to the infection or its associate complications.

As at November 2021 there have been over 5.15 million deaths associated with COVID-19 globally, with 40 in New Zealand.

While some individuals may recover from all COVID-19 symptoms within a few days (or not experience any at all), others will continue to struggle with lingering, and sometimes debilitating, effects for significant time after the infection has cleared.

As well as potentially serious consequences in respect of mortality and health (both long term and short term), which must be a primary consideration, there are also consequences of infection related to business continuity and the provision of important services to the community. Widespread infection of staff, or infection of people holding key or highly skilled roles could have a serious impact in this regard.

## ASSESSMENT OF EXPOSURE

The degree to which a person is exposed to COVID-19 is the determining factor as to whether a person might become infected, and therefore be prone to the consequences associated with the virus. When examining WorkSafe New Zealand guidance on risk assessments<sup>4</sup>, the risk factors described by the regulator relate specifically to whether a person will be exposed, and if exposed, how quickly might the contact tracing identify that they have been exposed.

For the purposes of this assessment, exposure will be rated as either 'lower risk' or 'higher risk' and/or determined by the Central Government Health Order mandating specific areas and roles that will be required to be vaccinated<sup>5</sup>. There is also a further undertaking to determine those Council Facilities that will require a vaccination passport to enter the premises under the new framework and therefore both the public and employees will be required to be vaccinated under the legislation expected to be introduced shortly.

New Zealand is currently moving from an elimination strategy, to one of minimisation and protection, which attempts to slow the spread of COVID-19 rather than removing community transmission completely. There is an understanding within a suppression strategy that COVID-19 will still circulate within the community to varying degrees (depending on a number of factors, including vaccination rates and other controls in place). With community transmission remaining for the foreseeable future, we will soon be faced with

a higher degree of exposure while carrying out our work than we previously have been.

When considering exposure, it is important to consider the degree to which our workers may be exposed to COVID-19, and the degree to which our workers could expose others to the virus. As our duties under the Health and Safety at Work Act 2015<sup>6</sup> extend to others in our workplaces, or those who are impacted by our operations, it is appropriate to consider the level of risk to those communities as well as to our workers.

The WorkSafe guidance refers to a number of example questions relating to exposure, where the risk is seen to be framed around:

- The number of people the employee comes into contact with when carrying out the work .
- The degree to which employees carrying out the tasks are in proximity to other people, and for how long.
- Whether there is a higher risk of infection and transmission within the work environment, compared to the non-work environment.
- The level of interaction with people who are not known to the employee.

Hamilton City Council has a significant number of roles and activities, with **1341** staff undertaking **655** role types, however the majority of roles can be placed into one or more of the following broad categories. We have undertaken to assess each role individually, working with our team leaders to examine each role specifically against the WorkSafe guidelines. It is also reasonably practicable to assess the risk of these categories to determine exposure as a proxy for a role-by-role based assessment and subsequently, the level of risk posed to those workers. The following points outline these broad categories:

- Roles subject to **Covid-19 Public Health Response (Vaccinations) Order 2021**
- Roles in environments specified as “higher risk” under the protection framework
- Roles that work with children under 12, or other vulnerable members of the community
- **Office Based Roles** - predominately indoor based with little to no public interaction
- **Public Facing Roles** - public facing roles and/or roles with a high level of public interaction (including community-based events)
- **Physical Works Role** - predominately outdoor based with little to no public interaction
- **Essential Service Roles** - positions that are essential in providing and maintaining critical services and functions to support the running of the city

The Ministry of Health has since announced the **Covid-19 Public Health Response (Vaccinations) Amendment Order (No 3) Schedule 2<sup>7</sup>** which requires:

- Education and health and disability staff to have received one dose of the Covid-19 vaccine by 15 November 2021 and be fully vaccinated by 1 January 2022, and
- Corrections workers to be fully vaccinated by 8 December 2021.

This amendment came into effect on 25 October 2021 and applies to the health and disability sector, education services and prisons. There are 25 role types filled by 65 employees within Council, which are associated to the Health Order affecting education workers, and a separate process is already being undertaken to work with those employees who must be vaccinated per the Government mandate in order to carry out their duties.

In October, the Government announced the COVID-19 Protection Framework (the traffic light system) and the new legislation to be introduced alongside it. Under the new framework, businesses or operators offering services in various environments regarded as being higher risk (events, hospitality close personal services, funerals, weddings etc.) can restrict services/entry to only vaccinated patrons. Businesses/services which require vaccination will be able to operate with greater freedoms under the various traffic light settings than those who don't. The Government also announced that businesses requiring vaccination certificates from public would also, under the legislation to be introduced, need to operate with a fully vaccinated staff.

We are working with our community leaders to understand the approach to be taken with our business units and worksites falling into the higher risk categories under the new Framework. Decisions made in respect of public access could have a direct impact on vaccination requirements for the staff working in those environments. A separate process may need to be undertaken with those employees who must be vaccinated under the new legislation to be introduced as we move into the COVID-19 Protection Framework, to the extent that it is relevant to the specific workplaces.

## **STAFF WORKING WITH CHILDREN UNDER 12, OR OTHER VULNERABLE MEMBERS OF THE COMMUNITY**

For staff working with children under 12, or other vulnerable members of the community, there is potential for harmful exposure in both directions, and the consequences may be more direct for these persons. Staff working with children will be working in close proximity to a part of the population in which there is no current option for vaccination – meaning that there is a higher degree of exposure to people infected with COVID-19. There is also a risk of exposure for those children, and to others who may be vulnerable, where a staff member may have a COVID-19 infection.

**Number of people the workers will come into contact with:** Moderate to High.

**Proximity to other people:** Moderate to High. Distancing can be challenging due to nature of the work.

**Risk of transmission compared to non-work environment:** Higher risk where restrictions are being eased regionally.

**Level of interaction with people who are not known:** Moderate to High .

The level of exposure for these workers is **HIGHER**. In addition, the risk tolerance is very low because of the impacts of transmitting COVID-19 to children under 12, or other vulnerable members of the community.

## OFFICE-BASED STAFF

Office-based staff who do not have public-facing roles work for long periods in indoor environments where there is limited interaction with the public, however there is regular and prolonged interaction expected within the office between a potentially large number of other co-workers and teams, including individuals or teams who are undertaking work outside of the office and need to undertake certain tasks within the office. There is a potential for any of these workers to be infected outside the workplace, and arrive at work prior to a test and diagnosis, and then transmit the virus to others.

**Number of people the workers will come into contact with:** Low to Moderate.

**Proximity to other people:** Low to Moderate. Distancing is mostly achievable within the office environment. Difficult to achieve in shared spaces such as entry points, stairways, elevators and communal areas.

**Risk of transmission compared to non-work environment:** Low. Similar risk where restrictions are being eased regionally.

**Level of interaction with people who are not known:** Low.

For these workers, there is a **LOWER** level of exposure.

## PUBLIC-FACING STAFF

Public-facing staff undertake a range of tasks in environments that may be either indoor or outdoor, some within the control of Hamilton City Council, and some that are not. There are a number of activities which may require our workers to interact in close proximity with others from across every community within Hamilton. Wherever there is interaction with the public, there is opportunity for COVID-19 to spread to our staff, or from our staff into the community. There have already been a number of exposure events within a number of public facing roles and activities already at alert Levels 4 and 3 of the current outbreak.

**Number of people the workers will come into contact with:** Moderate to High.

**Proximity to other people:** Moderate to High. Distancing is sometimes achievable within the workplace. Difficult to achieve in shared spaces in the work environment and in some public facing roles.

**Risk of transmission compared to non-work environment:** Higher risk where restrictions are being eased regionally.

**Level of interaction with people who are not known:** Moderate to High.

For these workers, the level of exposure is **HIGHER**.

## STAFF WORKING OUTDOORS

Staff working outdoors undertake work where the environment is generally not conducive to the spread of COVID-19 due to the impact of wind and sunlight. Workers performing these duties may be required to interact with team members, as well as some interactions with members of public and contractors. These workers will also spend time indoors with others from time-to-time, for example in break rooms, offices and vehicles.

**Number of people the workers will come into contact with:** Low.

**Proximity to other people:** Low to Moderate. Distancing is mostly achievable within the workplace. Difficult to achieve in shared spaces although limited time in these spaces.

**Risk of transmission compared to non-work environment:** Low. Similar risk where restrictions are being eased regionally.

**Level of interaction with people who are not known:** Low to Moderate.

The exposure level for these workers is deemed to be **LOWER**.

## ESSENTIAL WORKERS

Essential workers undertake a range of important tasks required to operate essential services across the city, such as water, wastewater, and roading. The tasks are performed in both indoor and outdoor environments. Workers performing these duties may be required to interact with team members, as well as some interactions with members of public and contractors. Essential workers are critical to the safety of the community and any risk of contracting COVID-19 within these work groups could have an extremely detrimental impact on our ability to provide core services. The risk rating takes into consideration the significance of the potential consequences for the community if essential workers were to be infected with COVID-19.

**Number of people the workers will come into contact with:** Low.

**Proximity to other people:** Low to Moderate. Distancing is mostly achievable within the workplace. Difficult to achieve in shared spaces although limited time in these spaces.

**Risk of transmission compared to non-work environment:** Low. Similar risk where restrictions are being eased regionally.

**Level of interaction with people who are not known:** Low to Moderate.

The exposure level for these workers is deemed to be **LOW** however the impact on the Community should these workers become infected is much **HIGHER**.

## RISK ASSESSMENT TOOL

The WorkSafe Risk Assessment tool has been adapted and designed to assess current roles within Hamilton City Council. The tool is based on a questionnaire and consists of seven questions, which are individually rated as either 'lower risk' or 'higher risk', depending on the level of exposure.

Using the risk assessment tool 1276 positions were assessed across HCC, using a desk top approach, and involved people leaders and those who performed the roles. 145 positions rated all 7 questions as having 'higher risk' at one end of the scale, with 169 positions rating at least 1 question as having 'higher risk'. There were 0 positions that assessed all 7 questions as having a 'lower risk' and therefore all roles that were assessed had a level of 'higher risk' exposure in at least one aspect within the role.

Business Portfolio	Total Higher Risk							Grand Total
	1	2	3	4	5	6	7	
Community	54	49	70	73	18	125	144	533
Infrastructure Operations	47	11	29	52	20	42	1	202
People and Organisational Performance	49	46	72	10	9			186
Growth				101	24			125
Venue, Tourism & Major Events			23		68	27		118
Development	19	10	17	15	6			67
Strategy and communication		27	3	12	3			45
<b>Grand Total</b>	<b>169</b>	<b>143</b>	<b>214</b>	<b>263</b>	<b>148</b>	<b>194</b>	<b>145</b>	<b>1276</b>

**HCC initial risk of exposure to COVID -19 for roles across the business**

The reason for this risk assessment is to identify where there is risk of exposure for staff at Hamilton City Council and if a vaccination is required to ensure their safety. Please complete all three steps outlined below before returning to [hands@hcc.govt.nz](mailto:hands@hcc.govt.nz)

**Step one:****Business Unit:****Unit Manager:****Safety and Wellbeing Business Partner:****Person completing the risk assessment:****Role assessed e.g., zoo keeper:****Number of staff employed in this role e.g., 20:****Step two:**

Please identify which of the five categories listed below the role being assessed falls into. If there are two or more it aligns with, pick the category it most aligns with:

1. **Office Based Roles** - staff who are predominately based in the office with no or very little interaction with others outside the office environment
2. **Physical Works Roles** - staff engaged in physical work that requires use of equipment, work indoors and/or outdoors
3. **Office Based Roles & Physical Works** - staff who may work in an office environment and be required to work or attend work indoors/outdoors as part of their role
4. **Public Facing Roles** – staff who are involved with public or client facing roles e.g.: library, museum, zoo, pools
5. **Essential Workers** - staff who are who are essential to maintain critical services and functions within Council

**Select from the drop down box:**

Please identify the category this role most aligns with:

**Step three:**

<b>Description</b>	<b>Risk Rating</b>	<b>Please select risk rating from dropdown</b>
How many people does the employee carrying out that work come into contact with?	<b>Lower risk</b> = Very few <b>Higher risk</b> = Many	
How easy will it be to identify the people who the employee comes into contact with?	<b>Lower risk</b> = Easy to identify, such as co-workers <b>Higher risk</b> = difficult to identify, such as unknown members of public	
How close is the employee carrying out the tasks in proximity to other people?	<b>Lower risk</b> = 2 metres or more in an outdoor space <b>Higher risk</b> = Close physical contact in	
How long does the work require the employee to be in that proximity to other people?	<b>Lower risk</b> = brief contact <b>Higher risk</b> = lengthy contact	
Does the work involve regular interaction with people considered at higher risk of severe illness from COVID-19, such as people with underlying health conditions?	<b>Lower risk</b> = little to none <b>Higher risk</b> = whole time	
What is the risk of COVID-19 infection and transmission in the work environment when compared to the risk outside work?	<b>Lower risk</b> = equal to outside work <b>Higher risk</b> = higher than outside work	
Will the work continue to involve regular interaction with unknown people if the region is at	<b>Lower risk</b> = no <b>Higher risk</b> = yes	
	<b>Total Lower risk:</b>	<b>0</b>
	<b>Total Higher risk:</b>	<b>0</b>

Thank you for helping us gather information to help provide Hamilton City Council with information on the roles within the business that present a higher level of risk to being exposed to COVID-19. The information will now be collated between all business units to help inform senior leadership of the potential risk in the business. Consultation with the business units will then commence to ensure all interested parties have an opportunity to be involved in possible next steps.

Please return this completed risk assessment [hands@hcc.govt.nz](mailto:hands@hcc.govt.nz)

## RISK TOLERANCE

Hamilton City Council have in principle determined that a role presenting with any level of 'higher risk' exposure should be assessed in more detail with all possible mechanisms for reducing that risk being explored further, including implementing a requirement that staff performing those roles be vaccinated against COVID-19.

There is a higher risk tolerance in some roles than others. This is largely dependent on the consequences that could arise if a staff member were to be infected, or if a member of the public was to be infected as a result of their interaction with a staff member. For example, there are some highly skilled essential roles which very few people are able to perform. There could be a significant impact on service to the community if a person holding one of these roles were to become infected. There are some roles that interact with particularly vulnerable people in the community who would either be more likely to contract the virus if exposed, and/or more likely to be seriously affected by an infection.

Based on this risk assessment HCC is proposing that ALL positions required to perform their substantive duties at work should be fully vaccinated in order to mitigate the risk of contracting or transmitting COVID-19 in the workplace as far as is reasonably practicable.

It is also important to note that other risk mitigants would also need to be present and that vaccination is not the only risk control present or required to reduce the risk to an acceptable level, based on HCC's risk tolerance.

## IMPACT OF EXISTING CONTROLS

There are a broad range of controls already in place to prevent infection, and these are associated with particular levels within the established hierarchy of control from the lowest level of effectiveness through to the highest:

### PPE CONTROL: THE USE OF FACE COVERINGS

**Effectiveness:** partially effective

These work by reducing the spread of viral particles from person-to-person by capturing droplets that would normally be expelled through breathing, talking, coughing or sneezing. There are varying degrees of effectiveness, depending on the material being used, the fit, and whether these are worn correctly. N95 or surgical masks may be better than reusable cloth masks, but must be replaced more often and can become ineffective when they become moist (either from the environment or from the humidity of exhaled breath). While masks reduce the probability that viral particles will be passed from person-to-person, there has still been infection between persons who are masked and so are not to be considered infallible as a control measure.

## **ADMINISTRATIVE CONTROL: PHYSICAL DISTANCING.**

**Effectiveness:** partially effective

Physical distancing of at least one metre within the workplace, and two metres between people in public works by reducing the opportunity for viral particles to pass from one person through the air to another, as the particles are expelled only so far into the airspace around the infected person and is effective for transmission by droplets. However, aerosol transmission of Delta has reduced the effectiveness of this control. It is heavily reliant on people "following the rules" and has been shown to be a challenging control to manage due to a number of factors (including incidental breaches and the lack of visual cues to remind people of what 2 metres looks like in different environments).

## **ADMINISTRATIVE CONTROL: HYGIENE**

**Effectiveness:** partially effective

Practicing good personal hygiene and the regular use of handwashing and/or hand sanitiser helps to remove viral particles which people may have come into contact with through touching surfaces that have been contaminated with particles, which is particularly important when touching the face, eating, or adjusting masks. Regular cleaning of surfaces, particularly high-touch surfaces such as lift buttons, door handles etc. works in the same way, by removing any particles from the surfaces before they are touched. The effectiveness of these types of controls is highly dependent on a number of factors, including the type of soap or sanitiser being used, the method and duration of handwashing, and whether individuals remember to clean their hands prior to touching the face etc.

Rules have also been put in place in relation to staying home if sick, which works by reducing the potential for COVID particles to be deposited in the workplace by infected people and picked up by others. This relies on people following this requirement - however when applied correctly can reduce the potential exposure to COVID-19. This is not infallible even when applied correctly, as it is possible to be infected with COVID-19 but not show symptoms (this is known as being A-symptomatic).

This particular control relies heavily on behaviours which may be impacted subconsciously, so is not an effective control in isolation and requires a number of other controls to be in place to create defence in depth. The aerosol nature of virus transmission also limits the effectiveness of this control.

## ENGINEERING CONTROL: WORKPLACE DESIGN

### **Effectiveness:** partially effective

Design factors such as ventilation systems and air circulation can reduce the level of exposure if designed correctly with COVID-19 transmission in mind. Many buildings occupied or entered by Hamilton City Council staff will not have been designed in a way that provides adequate protection, however some buildings may have a level of air changes and ventilation which exceeds American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) standards. It is not financially feasible to upgrade ventilation systems in all of our facilities, nor do we have the time to undertake such substantial building works. This is reliant on other controls, such as physical distancing and hygiene being in place and only reduces exposure so far.

## ISOLATION CONTROL: WORKING FROM HOME

### **Effectiveness:** effective

This control is currently being used extensively to reduce the level of exposure to COVID-19. It works by removing people from situations and environments whereby they may be infected. It is effective for work-related exposure for those who are able to work from home during periods of lockdown, however it should be noted that there are potential exposure events that may occur inside the home. Exposure to COVID-19 at home while performing work is difficult to influence and control by Hamilton City Council so has not considered as part of this assessment.

Working from home is an effective control (it is used as part of lockdown measures to reduce exposure), however it may give rise to other potential wellbeing, cultural and productivity challenges associated with being isolated from work colleagues for extended periods or on a permanent basis. It is also not possible for all roles to perform their work from home, or for that to be sustainable long-term. While in a heightened alert level, many services have been halted which requires workers who are not undertaking essential services to be sheltering at home. Once alert level restrictions are eased, most employees will be required to work onsite at some point or to some extent to effectively undertake their duties, connect with colleagues and therefore the control itself may be wholly unsuitable and unable to be applied for certain roles.

Each of these controls work by reducing the likelihood of infection, either by impacting the probability of infection, or by decreasing the level of exposure. Due to the way these controls work, they do not reduce the potential consequences of COVID-19 once infection has taken place.

While not a control, we note also the important role the testing plays in the fight against COVID-19. While testing is a vital tool in identifying infection, which can generate a reduction in exposure risk created by that infected

person through their immediate isolation following a positive result, it does not reduce the likelihood of becoming infected or the consequences of the infection. An infected person may also have created a risk of exposure during an infectious period prior to being tested, or receiving the result.

While our staff survey indicated that the majority of our people are or intend to be fully vaccinated (with this already being a requirement for some through the Public Health Order mandate) we have not considered this a “current control” as this has not been fully defined or implemented as a required control across our entire workplace setting at this point. This assessment considers the application of vaccinations as a “proposed” control only.

## IMPACT OF VACCINATION

According to the Ministry of Health<sup>8</sup>, being fully vaccinated (currently described as two doses of the Pfizer vaccine) provides protection in three ways. The first is by minimising the likelihood of infection, and the second is that it reduces the seriousness of illness if infected. The third way it provides protection is that it helps to reduce the likelihood of transmission.

The effectiveness of two doses of the Pfizer vaccine provides 64% to 95% protection against symptomatic illness.

Two doses of the vaccine provides 90-96% protection against hospitalisation or severe illness due to Delta infection.

To understand the long-term efficacy and safety of the vaccine, participants in the clinical trials are being tracked for another two years after their second dose of the Pfizer vaccine.

There is still potential for infection to occur regardless of vaccination, however it is much less likely for serious illness or hospitalisation to be required and very unlikely for an infected person to pass away as a result of their infection.

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## SUMMARY

This risk assessment has determined that there is a significant impact on risk reduction for potential consequences associated with the use of vaccination alongside other controls. Without vaccination we are reliant on existing control measures that may not be sustainable or realistic over time, as seen by extended lock-downs and other alert level restrictions. Workers occupying roles at the lower end of the risk scale, even those workers in outdoor settings or in office environments with limited contact, still present with a level of risk due to the contact that they have with others and the shared facilities that they access. Due to the potentially serious consequences associated with COVID-19, HCC's view is that any level of risk, even low risk, needs to be addressed and reduced. A fully vaccinated workforce would provide for a reduction in the seriousness of consequences if infected, would reduce likelihood of infection and would reduce likelihood of transmission if infected. Vaccination would offer the best mitigation of the risks presented by COVID-19 when combined with all other current controls in place.

A LOWER level of risk is achievable using existing controls, including using isolation to restrict workers to their home to undertake work. In this way, it would be unlikely for that person to be infected during the course of their work – however this may not be a sustainable method of working in the long-term, and there are a large number of roles across Hamilton City Council where this is not impossible. We do however need to be mindful that working remotely is supported by our flexible working policy and often sought by job seekers in a tight labour market. For certain roles, working from home could provide a suitable alternative not requiring vaccination.

Hamilton City Council  
Garden Place, Private Bag 3010, Hamilton

 HamiltonCityCouncil

 @hamilton\_city\_nz

 07 838 6699

**hamilton.govt.nz**