

From: [Stephanie Cottrill](#)
To: [REDACTED]
Cc: [Rainsforth Dix](#); [Murray Hahn](#); [Tom Lock](#)
Subject: Consultation - Assessment of requirement for halls staff to be vaccinated
Date: Wednesday, 29 September 2021 8:04:00 PM

Important message to permanent staff at Student Living – Halls

Dear All

We would like to know your views on a draft proposal for COVID-19 vaccination to be a requirement for residents and staff working in halls.

Here is a [memorandum](#) outlining the proposal which includes a further link to a detailed risk assessment.

Your Head of Hall is available to assist you with any queries in the first instance, alternatively contact me.

This is a confidential draft document and is not to be shared. This consultation is only intended for University permanent staff in halls, and University managed hall RAs who will be returning in 2022.

FYI Victoria University of Wellington RAs who are returning in 2022 will receive a similar memo inviting them to provide feedback via a separate link shared by the Head of Hall.

Please respond using the form embedded in the memo by **8am on Monday 4th October 2021**

Stephanie Cottrill

Associate Director Student Living - Halls
University Accommodation, Wellington
Te Herenga Waka—Victoria University of Wellington

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MEMORANDUM

TO	Student Living - Halls permanent staff
COPY TO	Rainsforth Dix, Director Student and Campus Living Murray Hahn, HR Senior Advisor Tom Lock, Health and Safety Representative
FROM	Stephanie Cottrill, Associate Director Student Living - Halls
DATE	30 September 2021
SUBJECT	Assessment of requirement for halls staff to be vaccinated

Last week, as part of regular meetings with Heads of Halls, Deputy Heads of Halls, and Night Managers, I discussed a risk assessment to determine how to manage the risk of serious illness or death from COVID-19 to our community to ensure it is as low as is reasonably practicable, and if COVID-19 vaccination should be required for certain roles in student accommodation.

In summary the key risks assessed are:

1. Risk of staff exposure to COVID-19 if it is present in the community

Risk Assessment	Raw risk	Very High	
	Residual risk	High	

The risk assessment identifies that the inherent or raw risk is very high due to the nature of the communal living hall environment, working with unwell residents, and the characteristics of the student cohort being social and late in the vaccination rollout. The risk is increased for live-in staff. With the application of controls including PPE and safe practices the risk to staff of exposure to COVID-19 without vaccination remains High.

2. Risk of staff spread of COVID-19 to others in the community if they have it

Risk Assessment	Raw risk	Very High	
	Residual risk	High	

The risk assessment identifies that if a staff member were to become infected with COVID-19, there is a very high risk of spread to many others. This is due to the long duration and high frequency of contact with many people in the hall who are not required to wear a mask in their residential environment, and the rapid nature of spread by students through the entire halls community and campus.

Under the Health and Safety at Work Act 2015, the University is required to manage the risk of infecting others with COVID-19 through our undertaking (student accommodation) to as low as is reasonably practicable.

3. Risk to Business Continuity, student care and Pastoral Care Code compliance following a positive case

Risk Assessment	Raw risk	Very High	
	Residual risk	High	

The risk assessment identifies very high inherent risks relating to:

- large scale displacement of students due to unavailability of one or more halls if a hall is identified as a location of interest, and
- insufficient availability of suitably trained staff.

Controls including guest restrictions, staff not working across multiple halls, and PPE controls do not sufficiently reduce the risk of the hall becoming a location of interest, potentially leading to large scale isolation or displacement of one or more resident communities. Additionally, there is a significant business continuity risk if a staff team is required to isolate due to exposure from a student or other staff member. The hall ability to manage risks relating to student wellbeing and behaviour required under the Pastoral Care Code would present an unattainable challenge.

Student population immunity as a control

The risk of a student infecting other students or staff is higher than a staff member infecting others.

Options to manage the risk presented by the student population are currently reliant on:

- voluntary vaccination
- wearing a face covering which is not usually required in their place of residence.

The inadequacy of these controls means the same consideration of vaccination should be applied to students residing in communal or shared university accommodation who are able to be vaccinated.

Conclusions

Under the Health and Safety at Work Act 2015 the University is required to manage risks to staff and others impacted by our undertakings, to a level that is as low as is reasonably practicable.

The identified risks remain high even with the full use of other controls already implemented by the University.

COVID-19 vaccination is identified as the strongest control to prevent serious illness and death from COVID-19, and a significant control to reduce the spread of the virus.

Vaccination of both the staff and resident student population would significantly reduce the risk of serious illness or death from COVID-19 to medium risk.

Risk Assessment	Raw risk	Very High	
	Residual risk with mandatory vaccination	Medium	

Mandatory vaccination of staff and students in halls would enable those with health conditions that make them vulnerable or those that for medical reasons are not able to take the vaccine, to live in the hall environment with much less risk and a greater deal of confidence.

Recommendation to University Senior Leadership Team

A recommendation has been drafted for the University Senior Leadership Team to consider that, given there is a further control of vaccination that society appears to be broadly adopting, and is being encouraged by the University, is the University willing to tolerate the high level of risk to accommodation staff as assessed.

Draft recommendations:

1. That current COVID-19 vaccination be mandated as a requirement for all staff who work in the halls of residence.
2. That current COVID-19 vaccination be mandated as a requirement for all students who live in student accommodation who are able to be vaccinated.
3. That partner halls are requested to align vaccination of staff and students with the University position.

Consultation

Please let us know if you support these recommendations, or if there is anything further you would like us to put forward for the University to consider in making this decision by Monday 4 October at 8am.
[Comment section]

Use the [form link](#) to respond to the following questions:

1. What is your view of current COVID-19 vaccination being a requirement of your employment?

[Select one option: I support the recommendation as stated, I do not support the recommendation in principle, The recommendation requires editing, Prefer not to say]

2. What is your view of current COVID-19 vaccination being a requirement for students who are able to be vaccinated, living in halls of residence?

[Select one option: I support the recommendation as stated, I do not support the recommendation in principle, The recommendation requires editing, Prefer not to say]

3. How do you feel about your colleagues being vaccinated?

[Select one option: I am comfortable working alongside unvaccinated staff, I'd prefer to work with vaccinated staff, Vaccination status is not important to me, Prefer not to say]

4. What is your current COVID-19 vaccination status?

[Select one option: Partially vaccinated, Fully vaccinated, Prefer not to say].

Permanent staff please share your views using this form: <https://forms.office.com/r/qHjZtCWbwc>

You can view the detailed risk assessment [here](#).

Thank you for taking the time to participate in planning for the safety of our community.

Consultation - requirement for halls staff to be vaccinated

Please let us know if you support the recommendations outlined in the staff memo dated 30 September, or if there is anything further you would like us to put forward for the University to consider in making this decision by **Monday 4 October 8am**.

This is an anonymous form seeking the views of current accommodation staff only, and is not to be shared with any other party.

* Required

1. What is your view of current COVID-19 vaccination being a requirement of your employment? *

- I support the recommendation as stated
- I do not support the recommendation in principle
- The recommendation requires editing. [Please comment at the end of this form]
- Prefer not to say

2. What is your view of current COVID-19 vaccination being a requirement for students who are able to be vaccinated, living in halls of residence? *

- I support the recommendation as stated
- I do not support the recommendation in principle
- The recommendation requires editing. [Please comment at the end of this form]
- Prefer not to say

3. How do you feel about your colleagues being vaccinated? *

- I am comfortable working alongside unvaccinated staff
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- Vaccination status is not important to me
- Prefer not to say

4. What is your current COVID-19 vaccination status? *

- Partially vaccinated
- Fully vaccinated
- Prefer not to say

5. Enter any additional comments here:

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

ID	Start time	Completion time	Email	What is your view of current COVID-19 vaccination being a requirement of your employment?	What is your view of current COVID-19 vaccination being a requirement for students who are able to be vaccinated, living in halls of residence?	How do you feel about your colleagues being vaccinated?	What is your current COVID-19 vaccination status?	Enter any additional comments here:
1	9/30/21 8:27:01	9/30/21 8:27:33	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	
2	9/30/21 8:23:02	9/30/21 8:33:44	anonymous	I support the recommendation as stated	I support the recommendation as stated	Prefer not to say	Partially vaccinated	
3	9/30/21 9:04:40	9/30/21 9:05:30	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	
4	9/30/21 9:43:01	9/30/21 9:46:02	anonymous	I support the recommendation as stated	I support the recommendation as stated	I am comfortable working alongside unvaccinated staff	Partially vaccinated	I believe it is really important to be vaccinated all hall staff including the residents. Because in near future we have to live with virus rather going for lock down so on. We are a close community and vaccination is a must.
5	9/30/21 9:50:41	9/30/21 9:55:50	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	I wholly support mandatory vaccination in halls of residence for staff and students. It is a high risk environment and one that is virtually impossible to implement and practice "bubbles" due to the nature of the cohort. We also have at-risk students who are unable to be vaccinated who we need to protect as best we can. **While I am comfortable working with unvaccinated colleagues and residents I would naturally prefer to work with other vaccinated people.

6	9/30/21 10:14:16	9/30/21 10:14:50	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	
7	9/30/21 10:38:36	9/30/21 10:40:51	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	thank you for the continued dedication to delivering the best results for both students and staff, physical and mental health being priorities.
8	9/30/21 11:36:43	9/30/21 11:41:36	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	If this was to go ahead I believe it creates a interesting precedent for other vaccinations which are currently not funded for staff working in accommodation but are for recommended and funded for students living in student accommodation. I would like to see more vaccinations fully funded for staff working in student accommodation
9	9/30/21 16:12:53	9/30/21 16:13:33	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	
10	9/30/21 20:49:19	9/30/21 20:49:50	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	
11	10/1/21 11:22:43	10/1/21 11:23:35	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	I will be fully vaccinated by 2nd October as my 2nd appointment is tomorrow.
12	10/4/21 9:46:02	10/4/21 9:46:37	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	
13	10/4/21 9:49:47	10/4/21 9:51:36	anonymous	Prefer not to say	I support the recommendation as stated	Vaccination status is not important to me	Partially vaccinated	
14	10/4/21 9:53:18	10/4/21 9:54:35	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	
15	10/4/21 10:13:55	10/4/21 10:14:53	anonymous	I support the recommendation as stated	I support the recommendation as stated	I am comfortable working alongside unvaccinated staff	Fully vaccinated	

16	10/4/21 10:29:40	10/4/21 10:30:30	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated
17	10/4/21 15:15:28	10/4/21 15:17:09	anonymous	Prefer not to say	Prefer not to say	I am comfortable working alongside unvaccinated staff	Fully vaccinated

From: [Stephanie Cottrill](#)
To: [REDACTED]
Cc: [Tom Lock](#); [Murray Hahn](#); [Rainsforth Dix](#)
Subject: Important message to 2022 Returning Residential Advisors at Student Living – Halls
Date: Thursday, 30 September 2021 4:48:00 PM

Dear Heads of Hall,

As discussed. Please forward this message and link to your RAs who will be returning next year to any VUW hall and work with them to assist with any questions they may have. As this is only for current University staff, do not include any RAs who are not currently our employees.

I have copied in Tom Lock in his capacity as Health and Safety Rep and Murray Hahn, Senior Advisor HR.

Many thanks

Important message to 2022 Returning Residential Advisors at Student Living – Halls

Dear Residential Advisors,

Congratulations on your re-appointment to be an RA in 2022. As you will be returning in 2022, we would like to include you in the consultation about a draft proposal for COVID-19 vaccination to be a requirement for residents and staff working in halls. Here is a [memorandum](#) outlining the proposal.

Please let us know your views by completing the anonymous form embedded in the memo by **8am on Monday 4th October 2021**

This is a confidential draft document and is not to be shared. This consultation is only intended for University permanent staff in halls, and University managed hall RAs who will be returning in 2022.

Your Head of Hall is available to assist you with any queries in the first instance, alternatively contact me.

Stephanie Cottrill

Associate Director Student Living - Halls
University Accommodation, Wellington
Te Herenga Waka—Victoria University of Wellington

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MEMORANDUM

TO	Student Living – Halls Residential Advisors returning in 2022
COPY TO	Heads of Halls, Victoria University of Wellington Halls Rainsforth Dix, Director Student and Campus Living Murray Hahn, HR Senior Advisor Tom Lock, Health and Safety Representative
FROM	Stephanie Cottrill, Associate Director Student Living - Halls
DATE	30 September 2021
SUBJECT	Assessment of requirement for halls staff to be vaccinated

Last week, as part of regular meetings with Heads of Halls, Deputy Heads of Halls, and Night Managers, I discussed a risk assessment to determine how to manage the risk of serious illness or death from COVID-19 to our community to ensure it is as low as is reasonably practicable, and if COVID-19 vaccination should be required for certain roles in student accommodation.

In summary the key risks assessed are:

1. Risk of staff exposure to COVID-19 if it is present in the community

Risk Assessment	Raw risk	Very High	
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The risk assessment identifies that the inherent or raw risk is very high due to the nature of the communal living hall environment, working with unwell residents, and the characteristics of the student cohort being social and late in the vaccination rollout. The risk is increased for live-in staff. With the application of controls including PPE and safe practices the risk to staff of exposure to COVID-19 without vaccination remains High.

2. Risk of staff spread of COVID-19 to others in the community if they have it

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Under the Health and Safety at Work Act 2015, the University is required to manage the risk of infecting others with COVID-19 through our undertaking (student accommodation) to as low as is reasonably practicable.

3. Risk to Business Continuity, student care and Pastoral Care Code compliance following a positive case

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Controls including guest restrictions, staff not working across multiple halls, and PPE controls do not sufficiently reduce the risk of the hall becoming a location of interest, potentially leading to large scale isolation or displacement of one or more resident communities. Additionally, there is a significant business continuity risk if a staff team is required to isolate due to exposure from a student or other staff member. The hall ability to manage risks relating to student wellbeing and behaviour required under the Pastoral Care Code would present an unattainable challenge.

Student population immunity as a control

The risk of a student infecting other students or staff is higher than a staff member infecting others.

Options to manage the risk presented by the student population are currently reliant on:

- voluntary vaccination
- wearing a face covering which is not usually required in their place of residence.

The inadequacy of these controls means the same consideration of vaccination should be applied to students residing in communal or shared university accommodation who are able to be vaccinated.

Conclusions

Under the Health and Safety at Work Act 2015 the University is required to manage risks to staff and others impacted by our undertakings, to a level that is as low as is reasonably practicable.

The identified risks remain high even with the full use of other controls already implemented by the University.

COVID-19 vaccination is identified as the strongest control to prevent serious illness and death from COVID-19, and a significant control to reduce the spread of the virus.

Vaccination of both the staff and resident student population would significantly reduce the risk of serious illness or death from COVID-19 to medium risk.

Risk Assessment	Raw risk	Very High	
	Residual risk with mandatory vaccination	Medium	

Mandatory vaccination of staff and students in halls would enable those with health conditions that make them vulnerable or those that for medical reasons are not able to take the vaccine, to live in the hall environment with much less risk and a greater deal of confidence.

Recommendation to University Senior Leadership Team

A recommendation has been drafted for the University Senior Leadership Team to consider that, given there is a further control of vaccination that society appears to be broadly adopting, and is being encouraged by the University, is the University willing to tolerate the high level of risk to accommodation staff as assessed.

Draft recommendations:

1. That current COVID-19 vaccination be mandated as a requirement for all staff who work in the halls of residence.
2. That current COVID-19 vaccination be mandated as a requirement for all students who live in student accommodation who are able to be vaccinated.
3. That partner halls are requested to align vaccination of staff and students with the University position.

Consultation

Please let us know if you support these recommendations, or if there is anything further you would like us to put forward for the University to consider in making this decision by Monday 4 October at 8am.
[Comment section]

Use the form link to respond to the following questions:

1. What is your view of current COVID-19 vaccination being a requirement of your employment?

[Select one option: I support the recommendation as stated, I do not support the recommendation in principle, The recommendation requires editing, Prefer not to say]

2. What is your view of current COVID-19 vaccination being a requirement for students who are able to be vaccinated, living in halls of residence?

[Select one option: I support the recommendation as stated, I do not support the recommendation in principle, The recommendation requires editing, Prefer not to say]

3. How do you feel about your colleagues being vaccinated?

[Select one option: I am comfortable working alongside unvaccinated staff, I'd prefer to work with vaccinated staff, Vaccination status is not important to me, Prefer not to say]

4. What is your current COVID-19 vaccination status?

[Select one option: Partially vaccinated, Fully vaccinated, Prefer not to say].

RA's please share your views using this form: <https://forms.office.com/r/tjTuCUAFDx>

Please speak to your Head of Hall in the first instance if you have any questions or points of clarification.

Thank you for taking the time to participate in planning for the safety of our community.

RAs returning in 2022 consultation - requirement for halls staff to be vaccinated

Please let us know if you support the recommendations outlined in the staff memo dated 30 September, or if there is anything further you would like us to put forward for the University to consider in making this decision by **Monday 4 October 8am**.

This is an anonymous form seeking the views of current accommodation staff only, and is not to be shared with any other party.

* Required

1. What is your view of current COVID-19 vaccination being a requirement of your employment? *

- I support the recommendation as stated
- I do not support the recommendation in principle
- The recommendation requires editing. [Please comment at the end of this form]
- Prefer not to say

2. What is your view of current COVID-19 vaccination being a requirement for students who are able to be vaccinated, living in halls of residence? *

- I support the recommendation as stated
- I do not support the recommendation in principle
- The recommendation requires editing. [Please comment at the end of this form]
- Prefer not to say

3. How do you feel about your colleagues being vaccinated? *

- I am comfortable working alongside unvaccinated staff
- I'd prefer to work with vaccinated staff
- Vaccination status is not important to me
- Prefer not to say

4. What is your current COVID-19 vaccination status? *

- Partially vaccinated
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5. Enter any additional comments here:

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 Microsoft Forms

ID	Start time	Completion time	Email	What is your view of current COVID-19 vaccination being a requirement of your employment?	What is your view of current COVID-19 vaccination being a requirement for students who are able to be vaccinated, living in halls of residence?	How do you feel about your colleagues being vaccinated?	What is your current COVID-19 vaccination status?	Enter any additional comments here:
1	9/30/21 17:29:46	9/30/21 17:32:41	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	Halls of Residence are a very high risk environment. In conversations with other staff and residents, It's been highlighted that any transmissible virus is easy to spread. We hear a lot about "fresher-flu" in the halls spreading to many residents and RAs, this is certainly true. Mandating vaccines ensures the safety of our work, study and living environment
2	9/30/21 18:11:11	9/30/21 18:20:04	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	
3	9/30/21 18:47:35	9/30/21 18:48:55	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	While I acknowledge that getting a vaccination is a choice, it is a choice that effects every single person around them and beyond. If they choose to accept an off at the Halls of Residence then it should be a choice that is safe for the hall community.
4	9/30/21 19:04:28	9/30/21 19:05:53	anonymous	I support the recommendation as stated	I do not support the recommendation in principle	I am comfortable working alongside unvaccinated staff	Prefer not to say	
5	10/1/21 8:55:54	10/1/21 8:58:18	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	I think it is a good idea to ensure maximum precautions taken so that in future we can avoid having lockdowns and to look after our communities, would have to be worked around immune-compromised staff and students who may not be able to receive the
6	10/1/21 11:25:11	10/1/21 11:25:46	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	
7	10/1/21 14:18:59	10/1/21 14:19:30	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	
8	10/1/21 16:45:04	10/1/21 16:46:58	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	
9	10/4/21 10:21:59	10/4/21 10:29:28	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Partially vaccinated	Vaccine requirements can be very controversial. I fully support mandated vaccine requirements for healthier and safer hall communities but I would not want the hall to be discriminating against anyone who may choose not to be vaccinated or cannot be
10	10/4/21 11:44:46	10/4/21 11:47:45	anonymous	I support the recommendation as stated	I support the recommendation as stated	I'd prefer to work with vaccinated staff	Fully vaccinated	

Risk review to determine if vaccination should be required for staff roles working in student accommodation

This summary is to be read with the Risk Assessment file titled '210907 Student Living - Halls risk assessment COVID Sept 2021'

1. Are student accommodation staff at high risk of exposure to COVID-19?

Risk Assessment	Raw risk	Very High	
	Residual Risk	High	

Rationale:

COVID-19 Student characteristics generally

Highest risk period – any time when the strain is in the community (including if in the country)

Which strain is it? Delta variant is highly contagious. Government works in 14-day periods of risk.

Risk is transient – and changes quickly, especially in early days of the outbreak

Some groups are more at risk of serious illness - Higher degree of risk for vulnerable groups (both residents and staff)

Current low rates of vaccination protection among students – especially among tertiary student age group who were among the last to be made eligible for vaccine.

Why is our work environment/community at greater risk?

Nature of the space being communal living. Unlike a hotel, student accommodation:

- Is collegial with frequent and close intermingling between residents who know one another, and with staff
- live in staff (RAs) are on the same floors as residents and further exposed, RA rooms have their own bathroom, however otherwise they live and dine with residents.
- Shared bathroom (toilet, shower and basin) facilities.
- Is a home, in a 24/7 living environment – students and their hygiene standards may be more relaxed.

Young people have been established as significant spreaders internationally (18-30)

- Students are highly social
- Late in the vaccination programme
- No control when off premises, mixing in the CBD. May visit 'location of interest' if COVID is in the community
- We don't know their undisclosed health conditions or those our community mix with
- Large shared dining facilities – contact 3 x per day with a high number of people
- History of non-compliance (eg Auckland returnees, bubbles breaches, unauthorised guests and intruders, disrespect of space requirements)

Why are our staff at greater risk?

- Staff may be working directly with unwell residents
- Students are not required to wear masks because it is their place of residence
- Longer duration and frequency of contact in a living environment than other environments
- Staff are exposed to a high number of individuals per day

- RAs live in the hall – length of onsite exposure is high, interaction with students is greater than any other role
- Staff required to be on residential floors in order to meet pastoral care needs

2. Are student accommodation staff at high risk of spreading COVID-19 if they have it?

Risk Assessment	Raw risk	Very High	
	Residual Risk	High	

Rationale:

Extent of the spread

The chance of infecting others such as within your household or other contacts is very high because Delta is so transmissible. (Ministry of Health COVID-19: About COVID. How Delta is different from earlier variants)

Staff are present for longer duration and frequency of contact could be higher. Staff present and exposed to high number of individuals per day. Staff required to be on residential floors in order to meet pastoral care needs.

Impact on students

If large groups of residents gather, transmission of the COVID virus may occur through aerosols, which could remain airborne or settle on surfaces. This could then contaminate staff and resident groups.

Residential Assistants live in the hall. The length of onsite exposure is high, interaction with students is greater than any other role. Vulnerable residents living in the community or living with a person at higher risk of severe illness.

Student tendency to be in close contact. Residents live in a collegial environment within halls and are highly social. A bubble (as defined in COVID guidelines) may exist between the residents of a floor within a hall.

Interface with the university – transfer to non-hall and vice-versa where residents attend university campus.

Shared bathroom (toilet, shower and basin) facilities.

External visitors

- Visitors from other halls and friends and family
- Contractors and families
- Staff from other parts of the community
- Emergency services
- Couriers and food deliveries. Contactless deliveries (where deliveries are permitted under relevant Alert Level in place) in compliance with relevant infection control measures

Catering and cleaning deliveries from suppliers (consumables).

How adequate are our COVID risk mitigations?

Engineering controls

Screens in use at reception areas. Control may be variable particularly if not installed in large halls where couriers attend reception areas

Some halls have mechanical ventilation systems. Otherwise, natural ventilation, e.g. open windows where possible

Health controls

Vaccination reduces risk significantly. Vaccination rate and herd immunity is currently low
Vaccination of students is unknown. Studies are demonstrating that this is a very robust control. could reduce residual risk if herd immunity was achieved within the accommodation setting refer risk 6 column H.

Physical distancing. Use of bubbles (as defined in COVID guidelines) may exist between the residents of a floor within a hall. However, some instances of breached bubbles and disrespect of personal space requirements

Hygiene. Cleaning contractor employed and sanitiser and hand washing facilities provided

Isolation bathrooms and allocated bathrooms

Administrative controls

Guest ban. Some instances of unauthorised guests in halls of residence

Balancing presence on residential floors and pastoral care code requirements. Impacts on on-site exposure to others

Safe practices information communicated to hall staff and residents. Relies on residents and staff following safe practices

Personal Protective Equipment (PPE)

Face coverings. Students not required to wear face covering due to their place of residence

Note unintended impacts to managing other risks by reducing exposure e.g. reducing time spent in resident facing activity. Staff, including RAs are present at work for longer duration and frequency of contact could be higher.

Staff present and exposed to high number of individuals per day. Staff required to be on residential floors in order to meet pastoral care needs.

Tolerability

Contributor notes:

Associate Director Student Living – Halls, Stephanie Cottrill (lead)

Senior Advisor Human Resources, Murray Hahn

Risk and Assurance Special Projects consultant, Jeff Munn

In consultation with:

Medical Director, Mauri Ora, Dr Gill Mark (further input required)

Associate Director Mauri Ora, Kevin (further input required)

Regional Public Health?

Staff consultation required:

Approval by: Director Student and Campus Living, Rainsforth Dix

SLT sign off required? Yes via DSCL

From: Grant Guilford
Sent: Monday, 4 October 2021 7:34 PM
To: Neil Paviour-Smith
Subject: Re: Vaccinations

Yes. It will be an issue. I've chatted to the TEU about their likely reaction if we took a 'must be vaccinated' stance and they would support that. We also discussed it at UNZ with Tim Fowler and he is going to seek some advice for us. [REDACTED]

Cheers
Grant

On 4/10/2021, at 4:58 PM, Neil Paviour-Smith <neil.ps@forsythbarr.co.nz> wrote:

Hi Grant

I suspect this issue will arise. Do you have a view? Is this something to bring up at the Council meeting? Who would have authority to decide yes/no on compulsion? (I don't have a particularly strong view either way although err to not compulsory).

<https://apc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.critic.co.nz%2Fnews%2Farticle%2F9805%2Faustralian-unis-mandate-vaccines-on-campus&data=04%7C01%7CGrant.guilford%40vuw.ac.nz%7C26c19045a9a74f7e12c508d986eb465d%7Ccfe63e236951427e8683bb84dcf1d20c%7C0%7C0%7C637689167386358099%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikk1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=PruGkTqnRTFHdEDg8wD4I096vRDcbWY1Vft2%2FVhJxcM%3D&reserved=0>

Thanks

Neil Paviour-Smith
+64 21 634560

Caution: This message and any accompanying attachments may contain information that is confidential and/or subject to copyright. If you are not the intended recipient, please notify us immediately and erase all copies of the message and attachments.

From: [Grant Guilford](#)
To: [Rainsforth Dix](#)
Subject: Fwd: Vaccination in Halls
Date: Thursday, 14 October 2021 2:21:05 PM
Attachments: [image001.png](#)

Notes and queries from Michael Turnbull.
Grant

Begin forwarded message:

From: Michael Turnbull - President <xxxxxxxxx@xxxxx.xxx.xx>
Date: 13 October 2021 at 2:32:45 PM NZDT
To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Cc: Tumuaki <xxxxxxx@xx.xxx.xx>
Subject: **Vaccination in Halls**

Tēnā koe Grant,

Thank you for your discussion the other week, in particular the portion on vaccination in Halls. I wanted to give you a quick update on the discussions we've been having from our end, and some of the concerns that have been raised.

We brought this forward to Student Assembly and the VUWSA Executive. In terms of SA, there was general support, however a lot of groups felt that they could not give a definite stance without further information and discussions with their peers. This is particularly relevant to our taura Māori and Pasifika and disabled students.

Although the VUWSA Executive were personally in support of this, one of our major concerns was ensuring that whatever stance we make is respectful and inclusive of the views of the student groups we partner with and represent. We have reached out to some of our principal representative groups and Ngāi Tauira, to ensure that we understand the needs and perspectives of our Māori, Pasifika, International, and Disabled student community at Te Herenga Waka. Unfortunately, given the time of the year, we will not be able to get an indication of whether these groups support the proposal or not as soon as we would have liked and so, at this point VUWSA cannot give you a definite stance either. We do however, have a couple questions around the vaccination which may help us get to a solid perspective sooner.

1. Will this decision involve Whānau House? If so, I recommend that this decision is not made until proper discussion is had with NT on the matter.
2. Will the vaccinations extend to staff, students, and external contractors within HoR? (Including caterers, night managers, and other external staff)
3. Has there been any movement as to whether partner halls will be included in this?

Very aware of how tricky a decision this is, and the time-sensitive nature of it. Unfortunately exam season has made it a lot harder for Reps to meet with their groups to discuss. Hopefully we will hear back from more of the groups soon, but for now can't give you anything definite. Some indication on the questions above will be really helpful!

Ngā mihi nui,

Michael Turnbull (he/him)

President

Victoria University of Wellington Students' Association

Te Rōpū Taura o te Kura Wānanga o te Upoko Ō te Ika a Māui

Level 4 Student Union Building, Victoria University of Wellington

PO Box 600, Wellington 6140

DDI: 04 463 6986 | M: 027 384 0549

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Received this message in error? Please let the sender know. Think about our environment before you print.

From: [Grant Guilford](#)
To: [Rainsforth Dix](#)
Subject: Re: Compulsory Vax
Date: Thursday, 14 October 2021 2:32:49 PM

Just in UNZ meeting now with MoE.

On 14/10/2021, at 2:25 PM, Rainsforth Dix <xxxxxxxxxxx.xxx@xxx.xx nz> wrote:

We updated the risk assessment; [REDACTED]

I have spoken to Michael T and he is supportive. I understand some more discussion with rep groups would be useful.

I have spoken to the TEU who are ok with this approach subject to having redeployment options available if needed.

ER has drafted a clause for our offers, but Annemarie has said we are waiting for you to give the yes, this Friday?

I note the email Michael has sent to you.

R

-----Original Message-----

From: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>

Sent: Thursday, 14 October 2021 2:19 PM

To: Rainsforth Dix <xxxxxxxxxxx.xxx@xxx.xx nz>

Subject: Compulsory Vax

Hi Rainsforth

How are you getting on with your discussion on compulsory vaccination in the halls?

Cheers

Grant

From: [Grant Guilford](#)
To: [Taylah Shuker - President](#)
Cc: [Tumuaki](#); [Rainsforth Dix](#)
Subject: RE: Vaccination in Halls
Date: Thursday, 14 October 2021 3:39:05 PM
Attachments: [image001.png](#)

Thanks Michael

Very helpful.

Rainsforth and I have considered these issues/queries raised by the Student Assembly and by VUWSA. If she hasn't already done so, she will come back to you as soon as she can with our thoughts.

Much appreciated.

Grant

From: Michael Turnbull - President <xxxxxxxx@xxxxx.xxx.xx>
Sent: Wednesday, 13 October 2021 2:33 pm
To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Cc: Tumuaki <xxxxxxx@xx.xxx.xx>
Subject: Vaccination in Halls

Tēnā koe Grant,

Thank you for your discussion the other week, in particular the portion on vaccination in Halls. I wanted to give you a quick update on the discussions we've been having from our end, and some of the concerns that have been raised.

We brought this forward to Student Assembly and the VUWSA Executive. In terms of SA, there was general support, however a lot of groups felt that they could not give a definite stance without further information and discussions with their peers. This is particularly relevant to our taura Māori and Pasifika and disabled students.

Although the VUWSA Executive were personally in support of this, one of our major concerns was ensuring that whatever stance we make is respectful and inclusive of the views of the student groups we partner with and represent. We have reached out to some of our principal representative groups and Ngāi Tauira, to ensure that we understand the needs and perspectives of our Māori, Pasifika, International, and Disabled student community at Te Herenga Waka. Unfortunately, given the time of the year, we will not be able to get an indication of whether these groups support the proposal or not as soon as we would have liked and so, at this point VUWSA cannot give you a definite stance either. We do however, have a couple questions around the vaccination which may help us get to a solid perspective sooner.

1. Will this decision involve Whānau House? If so, I recommend that this decision is not made until proper discussion is had with NT on the matter.
2. Will the vaccinations extend to staff, students, and external contractors within HoR? (Including caterers, night managers, and other external staff)
3. Has there been any movement as to whether partner halls will be included in this?

Very aware of how tricky a decision this is, and the time-sensitive nature of it. Unfortunately

exam season has made it a lot harder for Reps to meet with their groups to discuss. Hopefully we will hear back from more of the groups soon, but for now can't give you anything definite. Some indication on the questions above will be really helpful!

Ngā mihi nui,

Michael Turnbull (he/him)

President

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From: [Rainsforth Dix](#)
To: [Grant Guilford](#)
Cc: [Mark Loveard](#); [Steve Wragg](#); [Simon Johnson](#); [Jackie Anderson](#)
Subject: Mandating COVID 19 Vaccinations in student accommodation
Date: Thursday, 14 October 2021 7:03:08 PM
Attachments: [211014 Memo Mandate of Vaccinations in Halls.docx](#)
[211012 Updated Student Living- Halls Risk Assessment COVID October 2021.xlsm](#)

Grant,

Further to our discussion this afternoon, I have updated the memo requesting your approval.

I attach the amended memo and the updated risk assessment.

Kind regards,
Rainsforth

MEMORANDUM

TO	Grant Guilford, Vice-Chancellor
COPY TO	
FROM	Rainsforth Dix, Director Student and Campus Living
DATE	14 October 2021
SUBJECT	Recommendation of requirement for halls staff and residents to be vaccinated

Introduction

The context of student accommodation is a 24 hour a day, seven day a week living environment providing housing and pastoral care to 2500 students. Hall communities are made up of 180-400 residents, mostly first time away from home aged 17 -20 years of age, and professional staff including student residential advisors who live on site. Flats and apartments provide a smaller shared living environment serving more mature independent students.

Other PCBUs are based on site in catered halls including contracted catering staff throughout the day and evening, cleaning contractors who work across a range of halls throughout the day, and various infrastructure contractors responding to both planned preventative and reactive maintenance. Contracted security guards frequently work over night in support of the 24/7 operation.

Halls are also visited regularly by other University staff delivering university services to students and staff such as Mauri Ora Student Support Co-ordinators, student interest office team, recreation, HR, digital solutions and the central accommodation team based at Kelburn.

Friends and family of the residential community visit residents in the residential area and, couriers and delivery services regularly come and go from reception.

This paper is focused on our Health and Safety at Work Act 2015 obligations to our staff and those affected by our undertakings, in particular the resident community who we also hold a duty of care to under the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021. A further paper will consider risks to other PCBUs and visitors. We have also considered other risks as noted below.

Risk assessment and consultation process

WorkSafe's guidance for determining a mandatory requirement for COVID-19 vaccination is to conduct a detailed risk assessment and consult with staff, including the Health and Safety Representative.

The University Accommodation risk assessment is attached as Appendix 1. While we have been in regular contact with our liaison at Regional Public Health throughout the COVID-19 Delta outbreak, our

experience makes it clear they would refer any question of mandatory vaccination back to the University.

Legal Risks:

Human Rights Act - There is potential for a Human Rights issue to be raised. There is no recommendation in the proposal to exempt someone who refuses the vaccine on religious grounds. That could lead to arguments about discrimination under the Human Rights Act.

In regard to anyone who the University accepted was exempted for genuine health reasons, there is an additional risk of a discrimination claim. If the Halls are saying that unvaccinated people present an unacceptable risk in that environment, then such an exemption would still not be conducive to them being permitted to work or reside in the Halls. Alternatively, it would be necessary to consider whether a Hall, or a separate secure area of a Hall (for example) should be made available to accommodate those who can't be vaccinated.

Comment: On balance, the greater community good outweighs an individual's rights under the Human Rights Act. One death from COVID 19 is unacceptable. It is preferable for the University to be facing a Human Rights claim than a grieving parent.

Given that the number of people in New Zealand who are unable to be vaccinated due to anaphylaxis is very small and we would be unable to accommodate unvaccinated students without significantly increasing the risk for our staff, and for residents with underlying health conditions, we consider there is no option for unvaccinated students to be accommodated in the University's student accommodation.

Employment Issues

We can amend our employment letters of offer for **new** staff to introduce a pre-employment requirement regarding vaccination to be added, but this needs consideration about whether ongoing proof about maintaining adequate vaccination status is required in the agreed terms (bearing in mind boosters may be required next year and in subsequent years). In addition, as noted above, if that means that we are concluding in effect that unvaccinated people in the Halls represent an unacceptable risk for the University to manage, then it has a knock-on effect on existing staff and residents in the Halls, and other areas of the University where prolonged close contact occurs.

Therefore, if we decide to take this approach to recruitment of new staff in the Halls, the University will need to work carefully through the more complex issues associated with existing staff and students. In regard to existing staff, it will be important to act in good faith and have individual discussions with current affected staff to try and reach agreement on the proposed changes.

Redeployment as mentioned above will need to be considered on a case-by-case basis, and more broadly and more carefully than looking just within Accommodation Services.

Comment:

- We will initiate the requirement for COVID-19 vaccination in the RA contracts for 2022 using the new paragraph HR legal have supplied for the employment agreements.
- The new paragraph will be added to employment agreements for all new accommodation appointments.

- We note that the vaccination requirement will need to be worded to 'remain up to date' as further boosters will likely be needed.
- Vaccination evidence supplied by staff will be managed and stored using the same process as current Police vetting requirements are now.
- All current staff have advised they are vaccinated. We will put in place a register with supporting evidence.
- Redeployment of any current staff who refuse vaccination - the university will work through a process for redeployment elsewhere within the university.

Consultation

1. Current Staff

Meetings were held with Heads of Halls, Deputy Heads of Halls and Night Managers as part of forming the risk assessment, further discussions were led by Heads of Halls with other staff.

A summary of the key risks assessed is below.

Four questions were put to staff with options of 'prefer not to say,' the questionnaire and feedback summary is attached as Appendix 1.

In addition to consulting with the Health and Safety Representative, because of the personal nature of vaccinations, all University halls permanent staff members and all Residential Advisors employed by the university who have been interviewed and offered to return in 2022 were consulted. An anonymous online form was used to enable individual views to be considered freely.

Consultation results:

71% of permanent staff responded

- All except two respondents supported mandatory vaccination for hall staff roles.
- All except one staff member supported mandatory vaccination of residents who are able to be vaccinated.
- Most staff prefer to work with vaccinated colleagues.
- Regardless of other exceptions, all responding staff were either partially or fully vaccinated.

71% of RAs returning in 2022 responded. RAs were in agreement other than one exception. The exception supported mandatory staff vaccination regardless of other views expressed.

- All respondents supported mandatory vaccination for hall staff roles.
- 9/10 respondents supported mandatory vaccination for residents who are able to be vaccinated, one did not support this in principle.
- 9/10 respondents prefer to work alongside vaccinated staff. One was comfortable working with unvaccinated colleagues.
- 9/10 respondents were either partially or fully vaccinated, one respondent preferred not to say.

The Health and Safety Representative was in support of consultation of each staff member and the process used, and in support overall of mandatory vaccination for staff and students.

2. TEU

The TEU are supportive of the proposed approach for student accommodation so long as there are redeployment options available within the University.

Comment:

- Redeployment of any current staff who refuse vaccination - the university will work through a process for redeployment elsewhere within the university.

3. Students

A preliminary discussion with VUWSA's Engagement Vice President and President-elect also provided early indication that VUWSA would be likely to be in support of mandatory vaccination for both hall staff and students who are able to be vaccinated.

The VUWSA President then raised the matter with the Student Assembly and there is general support for this, with more detailed discussions with Maori, Pasifika and disability students needed.

Specific questions raised by the Student Assembly:

1. Will this decision involve Whānau House? If so, I recommend that this decision is not made until proper discussion is had with NT on the matter.

Comment: Yes, the issue has been brought to their attention.

2. Will the vaccinations extend to staff, students, and external contractors within HoR? (Including caterers, night managers, and other external staff).

Comment: Yes, this will progress within the next 2-4 weeks.

3. Has there been any movement as to whether partner halls will be included in this?




Comment: This will also apply to them.

Risk Assessment

A risk assessment was undertaken to determine how to manage the risk of serious illness or death from COVID-19 to our community to ensure it is as low as is reasonably practicable, and if COVID-19 vaccination should be required for certain roles in student accommodation.

In summary the key risks assessed are:

1. Risk of staff exposure to COVID-19 if it is present in the community

Risk Assessment	Raw risk	Very High	
	Residual risk with current controls	High	
	Residual risk with vaccination	Medium	

The risk assessment identifies that the inherent or raw risk is very high due to the nature of the communal living hall environment, working with unwell residents, and the characteristics of the student cohort being social and late in the vaccination rollout.

- The risk is increased for live-in staff who are primarily student Residential Advisors.
- Every staff role in halls requires frequent exposure to the residential environment due to the nature of halls and in order to meet pastoral care obligations over a 24/7 operation.
- With the application of controls including PPE and safe practices the risk to staff of exposure to COVID-19 without vaccination remains high.

Being vaccinated gives you a high degree of protection against Delta infection, and an even higher degree of protection against severe illness, hospitalisation, and death. Evidence currently shows the effectiveness of two doses of the Pfizer vaccine against illness due to Delta infection is about 88% and the protection against hospitalization due to Delta infection about 96%. (Ministry of Health 16 August 2021)

Vaccination of staff would reduce the risk of severe illness for vaccinated staff but does not reduce staff exposure to the virus from students and others in the hall. A vaccination requirement for residents would also reduce the likelihood of exposure which would reduce the overall risk to medium.

2. Risk of staff spread of COVID-19 to others in the community if they have it

Risk Assessment	Raw risk	Very High	
	Residual risk with current controls	High	
	Residual risk with vaccination	Medium	

The risk assessment identifies that if a staff member were to become infected with COVID-19, there is a very high risk of spread to many others. This is due to the long duration and high frequency of contact with many people in the hall who are not required to wear a mask in their residential environment, and the rapid nature of spread by students through the entire halls community and campus.

Under the Health and Safety at Work Act 2015, the University is required to manage the risk of infecting others with COVID-19 through our undertaking to as low as is reasonably practicable. Under the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 the University has a duty of care to students to have responsive health, safety and wellbeing systems, particularly for residents considered to be at risk.

3. Risk to Business Continuity, student care and Pastoral Care Code compliance following a positive case

Risk Assessment	Raw risk	Very High	
	Residual risk with current controls	High	
	Residual risk with vaccination	Medium	

The risk assessment identifies very high inherent risks relating to:

- large scale displacement of students due to unavailability of one or more halls if a hall is identified as a location of interest, and

- insufficient availability of suitably trained staff.

Controls including guest restrictions, staff not working across multiple halls, and PPE controls do not sufficiently reduce the risk of the hall becoming a location of interest, potentially leading to large scale isolation or displacement of one or more resident communities. Additionally, there is a significant business continuity risk if a staff team is required to isolate due to exposure from a student or other staff member. The hall ability to manage risks relating to student wellbeing and behaviour and to maintain staff to student ratios required under the Pastoral Care Code, would present an unattainable challenge.

Student population immunity as a control

The risk of a student infecting other students or staff is higher than a staff member infecting others.

Options to manage the risk presented by the student population are currently reliant on:

- voluntary vaccination
- wearing a face covering which is not usually required in their place of residence.

The inadequacy of these controls means the same consideration of vaccination should be applied to students residing in communal or shared university accommodation who are able to be vaccinated.

What percentage of vaccination is enough to reduce the risk?

The current government position is that vaccination of 90% of the eligible population over the age of 12 is what it would take to protect the rest of the population and not overwhelm the hospital system. This figure is under ongoing debate. The University could align any agreed accommodation vaccination target for residents with government targets.

Conclusions

Under the Health and Safety at Work Act 2015 the University is required to manage risks to staff and others impacted by our undertakings, to a level that is as low as is reasonably practicable.

The identified risks remain high even with the full use of other controls already implemented by the University.

COVID-19 vaccination is identified as the strongest control to prevent serious illness and death from COVID-19, and a significant control to reduce the spread of the virus.

Vaccination of both the staff and resident student population would significantly reduce the risk of serious illness or death from COVID-19 to medium risk. Vaccination would also significantly reduce the business continuity and pastoral care risks.

Mandatory vaccination of staff and students in halls would enable those with health conditions that make them vulnerable or those that for medical reasons are not able to take the vaccine, to live in the hall environment with much less risk and a greater deal of confidence.

Recommendations:

1. That all staff who work in a halls of residence are required to have a current COVID-19 vaccination.
 - 1.1 We are about to send out offers to our 2022 Residential Advisors. We seek approval to include this in their employment agreements.
 - 1.2 We have new roles in upcoming recruitment, we seek approval to mandate vaccination for new staff.
 - 1.3 Our expectation is that all staff who are able to be vaccinated would provide evidence by 10 January 2022. Current staff are vaccinated to 100%.
2. We recommend that all applicants for accommodation are required to provide evidence of current COVID-19 vaccination prior to arrival.
 - 2.1 For those that refuse, we would require evidence that they meet the Ministry of Health guidance for exemption.
 - 2.2 Applicants that are unable to provide evidence of either of the above would not be able to live in student accommodation; this would not prevent them from enrolling and studying at this University.
 - 2.3 Where a new student is not vaccinated prior to arrival but confirms they wish to be vaccinated upon arrival, we will plan to support their early arrival and first vaccination before registering at a hall.
Mauri Ora (Student Health) has confirmed support for this.
3. That partner halls are requested to align vaccination of staff and students with the University position.

A further paper regarding vaccination of others that frequent halls and other PCBUs will follow.

Appendix 1 Detailed risk assessment (separate PDF Attachment)

Appendix 2 Feedback from staff consultation

Appendix 2. Feedback from staff consultation

Permanent staff

71% of permanent staff responded (17 staff). All except two respondents supported mandatory vaccination for staff. All except one staff member supported mandatory vaccination of residents who are able to be vaccinated. Most staff prefer to work with vaccinated staff. Despite other exceptions all responding staff were either partially or fully vaccinated.

What is your view of current COVID-19 vaccination being a requirement of your employment?

- 15 support, 2 prefer not to say

What is your view of current COVID-19 vaccination being a requirement for students who are able to be vaccinated, living in halls of residence?

- 16 support, 1 prefer not to say

How do you feel about your colleagues being vaccinated?

- 12 prefer to work with vaccinated staff
- 3 comfortable working alongside unvaccinated staff
- 1 prefer not to say

What is your current COVID-19 vaccination status?

- 9 partially vaccinated
- 8 Fully vaccinated

Permanent staff – all comments

“I believe it is really important to be vaccinated all hall staff including the residents. Because in near future we have to live with virus rather going for lock down so on. We are a close community and vaccination is a must.”

“I wholly support mandatory vaccination in halls of residence for staff and students. It is a high risk environment and one that is virtually impossible to implement and practice “bubbles” due to the nature of the cohort. We also have at-risk students who are unable to be vaccinated who we need to protect as best we can. **While I am comfortable working with unvaccinated colleagues and residents I would naturally prefer to work with other vaccinated people.”

“thank you for the continued dedication to delivering the best results for both students and staff, physical and mental health being priorities.”

“If this was to go ahead I believe it creates a interesting precedent for other vaccinations which are currently not funded for staff working in accommodation but are for recommended and funded for students living in student accommodation. I would like to see more vaccinations fully funded for staff working in student accommodation”

“I will be fully vaccinated by 2nd October as my 2nd appointment is tomorrow.”

Residential Advisors returning in 2022

71% of RAs returning in 2022 responded (10 staff). RAs were in agreement other than one exception. The exception supported mandatory staff vaccination regardless of other views expressed. All respondents supported mandatory vaccination for hall staff roles. 9/10 respondents supported mandatory vaccination for residents who are able to be vaccinated, one did not support this in principle. 9/10 respondents prefer to work alongside vaccinated staff. One was comfortable working with

unvaccinated colleagues. 9/10 respondents were either partially or fully vaccinated, one respondent preferred not to say.

What is your view of current COVID-19 vaccination being a requirement of your employment?

- 10 support (100%)

What is your view of current COVID-19 vaccination being a requirement for students who are able to be vaccinated, living in halls of residence?

- 9 support, 1 do not support the recommendation in principle

How do you feel about your colleagues being vaccinated?

- 9 prefer to work with vaccinated staff,
- 1 comfortable working alongside unvaccinated staff

What is your current COVID-19 vaccination status?

- 4 partially vaccinated
- 5 Fully vaccinated
- 1 prefer not to say

Returning Residential Advisors - all comments

“Halls of Residence are a very high risk environment. In conversations with other staff and residents, It's been highlighted that any transmissible virus is easy to spread. We hear a lot about "fresher-flu" in the halls spreading to many residents and RAs, this is certainly true. Mandating vaccines ensures the safety of our work, study and living environment for all. I commend the recommendations to the Senior Leadership Team.”

“While I acknowledge that getting a vaccination is a choice, it is a choice that effects every single person around them and beyond. If they choose to accept an off at the Halls of Residence then it should be a choice that is safe for the hall community.”

“I think it is a good idea to ensure maximum precautions taken so that in future we can avoid having lockdowns and to look after our communities, would have to be worked around immune-compromised staff and students who may not be able to receive the vaccine, but I completely support the memorandum.”

“Vaccine requirements can be very controversial. I fully support mandated vaccine requirements for healthier and safer hall communities but I would not want the hall to be discriminating against anyone who may choose not to be vaccinated or cannot be vaccinated for medical or cultural reasons. What will be the protocol for this?”

USING THE RISK MANAGEMENT TOOLKIT

The aim of this toolkit is to guide those carrying out risk assessments, to ensure all risks associated with an activity are identified, controlled and managed appropriately.

Use this toolkit in conjunction with the Risk Management Procedure, which outlines step by step how to undertake a risk assessment. Risk management training is also provided by Victoria's Safety, Risk and Assurance Unit. Contact safety@vuw.ac.nz

Overview of the risk management tools

Tool	Description
RM01 Risk Identification Template	Use to brainstorm risks for each of the different risk categories.
RM02 Sample Risk Register	Use as a template to document the risk assessment relevant to your activities.
RM03 Guide to Categorising Hazards	Use as a prompt to identify different types of risks, and to help determine controls for preventing the risk occurring.
RM04 Guide to Assessing Consequences	Use to determine the severity of the consequences of risks.
RM05 Guide to Assessing Likelihood	Use to determine how likely the consequences of a risk will occur.
RM06 Risk Assessment Matrix and Triage Tool	Guide to help determine the level of risk associated with an activity, and the actions required to manage the risk.
RM07 Guide to Assessing Controls	Use to identify whether risk controls will eliminate or minimise risk.
RM08 Heat Map	Use to show the risk profile and/or distribution of risk. It highlights the high risks to focus on and their categories of risk such as financial and HR.

RM01 RISK IDENTIFICATION TEMPLATE

Use this template to brainstorm risks in each category. Establish the context for the activity of the Risk Management Procedure and RM 08 - Risk heat map of this toolkit for coding each category.

Health and Safety	Operations/Service Delivery
--------------------------	------------------------------------

Strategic	Environment
------------------	--------------------

Quality	Financial
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Information and ITS	Legislative Compliance
----------------------------	-------------------------------

Political or Reputational	Human Resources
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Project Delivery	Infrastructure
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Teaching Programme Delivery	Research Programme Delivery
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RM02A SAFETY RISK REGISTER

Student Living Halls - Covid 19

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Safety coordination	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category.	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or consequence of a risk occurring. Refer to legislation, regulations, industry guidance and codes of practice where required	When working with other organisations or departments, collaborate to agree which party is responsible for controls.	Checks carried out on the controls. Mechanisms in place to confirm controls are being applied.	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
Type of risk.	Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25	Consequence (C) 1-5				Likelihood (L) 1-5	Residual risk (CxL)			
	This section outlines risks associated with pastoral care and health and safety requirements											
	Health and Safety at Work Act 2015 Education (Pastoral Care) Amendment Act 2019 Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021											
The risk associated with these mental health conditions (could be underlying) may be considered also following a positive COVID case in a hall of residence or presence of risks over an extended period												
1	Mental health - suicidal ideation If a resident has a mental health condition which is undiagnosed, suicidal ideation may be triggered. Highest risk Wednesday - Saturday nights	4 Serious	4 Likely	16 Very High	Oversight and treatment provided by Student Support Coordinator	Student Health and/or external health provider Te Haika/Crisis Resolution Service, ED, RAAC	Manager lives on or near the premises and provides leadership and support to RAs	4 Serious	3 Possible	12 High	ADSLH	
2	Mental health - suicide threatened If a resident has a mental health condition which is unchecked, or their treatment is not followed, unsafe behaviour may be triggered resulting in threatened suicide.	4 Serious	4 Likely	16 Very High	Student Support Coordinator	Oversight and treatment provided by Student Health and/or external health provider Te Haika/Crisis Resolution Service, Police, ED, RAAC	Manager lives on or near the premises and provides leadership and support to RAs	4 Serious	3 Possible	12 High	ADSLH	
3	Mental health - suicide attempt If a resident has a mental health condition which is untreated or treatment is not followed, unsafe behaviour may be triggered resulting in attempted suicide.	5 Very serious	4 Likely	20 Very High	Student Support Coordinator	Oversight and treatment provided by Student Health and/or external provider Te Haika/Crisis Resolution Service, Police, ED, RAAC	Manager lives on or near the premises and provides leadership and support to RAs	5 Very serious	3 Possible	15 High	ADSLH	
4	Mental health - harm to self and others If a resident has a mental health condition which is unchecked, untreated or treatment is not followed, unsafe behaviour may be triggered resulting in harm to self or others.	3 Moderate	3 Possible	9 Medium	Student Support Coordinator	Oversight and treatment provided by Student Health and/or external provider Te Haika/Crisis Resolution Service, Police, ED, RAAC	Manager lives on or near the premises and provides leadership and support to RAs	3 Moderate	2 Unlikely	6 Medium	ADSLH	
5	Mental health - depression or anxiety If a resident has a mental health condition which is unchecked, untreated or treatment is not followed, unsafe behaviour may be triggered resulting in depression, anxiety or sadness	3 Moderate	4 Likely	12 High	Management oversight, reporting and corrective action			3 Moderate	2 Unlikely	6 Medium	ADSLH	

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Safety coordination	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category. Type of risk.	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or consequence of a risk occurring. Refer to legislation, regulations, industry guidance and codes of practice where required	When working with other organisations or departments, collaborate to agree which party is responsible for controls.	Checks carried out on the controls. Mechanisms in place to confirm controls are being applied.	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
6	<p>Residents exposure to COVID 19. residents may be exposed to others who have COVID 19. Residents live in a collegial environment within halls and are highly social . A bubble (as defined in COVID 19 guidelines) may exist between the residents of a floor within a hall.</p> <p>Residents frequent social environs within Wellington city. If a resident contracts COVID 19 from being exposed to another person, who has COVID 19, where COVID 19 is present in the community, particularly if a person has visited a location of interest or travelled from a higher Alert Level region, COVID 19 could be transferred between hall residents .</p> <p><i>Resident may also be considered 'learner at risk' as set out in the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 (Note - resident means a learner who resides in student accommodation) in that the University has reasonable grounds to believe that there is a serious issue relating to the resident's health, safety, or wellbeing.</i></p>	5 Very serious	4 Likely	20 Very High	<p>Safe practices information communicated to residents</p> <p>Hand washing and sanitiser</p> <p>Physical distancing</p> <p>Isolation</p> <p>MIQ (if positive)</p> <p>Rostered dining and physical distancing. Large shared dining facilities. Note: 3 x per day with a high number of people</p> <p>University process for managing positive COVID case on campus</p> <p>Government controls to manage travel between regions</p> <p>Note: Face covering not used by residents inside accommodation premises</p>	<p>Catering provider - contractor's controls</p> <p>Advice from: Student Health Regional Public Health TEC</p> <p>Note: Interface with the University – transfer to non-hall and vice-versa</p>	<p>Contact tracing and record keeping inc. QR code</p> <p>COVID testing</p>	4 Serious	3 Possible	12 High		

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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
6	<p>Resident may be high index of suspicion contact requiring strict COVID 19 management protocols.</p> <p>Note: COVID 19 in the community, August 2021.</p> <p>Some variants of the COVID 19 virus may be more contagious than others e.g. Delta strain. It should be noted that Residential Assistants are members of student groups and staff. Younger people may be considered 'super spreaders' (18-30 yrs.). Current low rates of vaccination protection. Young people are late eligibility in the vaccination programme.</p> <p>Students are not required to wear masks because it is their place of residence</p> <p>Longer duration and frequency of contact</p> <p>High number of individuals exposed to per day</p> <p>RAs live in the hall – length of onsite exposure is high, interaction with students is greater than any other role Some other roles live in the halls. Night Managers work with high student numbers.</p>											

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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
7	<p>Availability of staff - unwell If staff are unavailable because they are unwell, contracted COVID or isolating due to close contact. The safety of students and workers will be impacted. For example, insufficient management, supervisors or technical staff available. E.G Hall Managers, RA, SSC. Specialist skills not available.</p> <p>Could affect University's ability for identifying and timely reporting of incidents and concerning behaviours; and providing wellbeing and safety awareness of residents and responding to emergencies and critical procedures as required under the H&SAWA and PCC</p> <p>May also impact required level of live-in accommodation staff e.g. RAs required by the PCC to provide appropriate oversight and support for residents, a sense of community, and personal growth.</p> <p>A higher level of risk may be tolerated for short periods e.g. if a Night Manager becomes unwell during the shift and a replacement is unavailable until the next shift.</p>	3 Moderate	4 Likely	12 High	<p>Face covering</p> <p>Physical distancing</p> <p>Hand washing</p> <p>Isolation/MIQ</p>	<p>Advice from: Human Resources Student Health Regional Public Health TEC</p>	<p>COVID testing</p>	3 Moderate	3 Possible	9 Medium	ADSLH	
8	<p>Bubbles and control of gatherings. If large groups of residents gather, transmission of the COVID 19 virus may occur through aerosols, which could remain airborne or settle on surfaces. This could then contaminate resident groups.</p> <p>This may also prevent the University from providing residents with healthy and safe learning environments, and accessible learning environments where they can connect with others, build relationships, support each other, and welcome their friends, families, and whanau.</p>	4 Serious	3 Possible	12 High	<p>Maintain physical distancing, group and bubble controls</p> <p>Keep surfaces clean to prevent persons touching droplets which have settled</p> <p>Implement deep cleaning process to commercial standard in bathrooms, kitchens</p> <p>Ensure good ventilation. Some halls may have mechanical ventilation systems</p> <p>Display signage to ask people with symptoms consistent of COVID 19 not to enter. Signage should be placed near the entrance to buildings or grounds</p> <p>Display signs relating to gatherings in line with official advice</p>	<p>Advice from: Student Health Regional Public Health TEC</p> <p>Cleaning contractor</p>	<p>Contact tracing and record keeping inc. QR code</p> <p>COVID testing</p>	4 Serious	2 Unlikely	8 Medium		

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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
9	Re entry to halls and university If the University is unable to provide a robust and fair process for residents to return to their accommodation following circumstances out of their control e.g. lock down in line with COVID 19 alert levels, student's study may be interrupted and the University will not comply with requirements of the PCC	4 Serious	3 Possible	12 High	Student Living arrangements for returning to halls, in line with government and TEC guidelines	Advice from: Student Health Regional Public Health TEC	Contact tracing and record keeping inc. QR code COVID testing	4 Serious	2 Unlikely	8 Medium		
References include WorkSafe - Assessing whether a specific role needs to be performed by a vaccinated worker; Ministry of Health, Guidelines for Businesses and Services; Ministry of Health COVID-19: About COVID; Employment New Zealand, Vaccines and the workplace; TEU Position Paper 14.09.2021					Refer also University intranet for COVID 19 Alert Level guidelines; Procedure for positive COVID case on campus							
10	Staff exposure to COVID 19. If staff are exposed to a resident who has COVID 19. Residents live in a collegial environment within halls and are highly social. A bubble (as defined in COVID 19 guidelines) may exist between the residents of a floor within a hall. Residents frequent social environs within Wellington city. If a resident contracts COVID 19 from being exposed to another person, who has COVID 19, where COVID is present in the community, particularly if a person has visited a location of interest or travelled from a higher Alert Level region, COVID could be transferred between hall residents and staff. Resident may also be considered 'learner at risk' Resident may be high index of suspicion contact requiring strict COVID management protocols. Note: COVID 19 in the community, August 2021. Some variants of the COVID 19 virus may be more contagious than others e.g. Delta strain.	5 Very serious	4 Likely	20 Very High	Safe practices information communicated to residents Hand washing and sanitiser Face covering Screen at reception Physical distancing Isolation MIQ (if positive) Rostered dining and physical distancing. Large shared dining facilities. Note: 3 x per day with a high number of people University process for managing positive COVID 19 case on campus Government controls to manage travel between regions	Catering provider - contractor's controls Advice from: Human Resources Student Health Regional Public Health TEC Note: Interface with the University – transfer to non-hall and vice-versa	Contact tracing and record keeping inc. QR code COVID testing From Ministry of Health COVID-19: About the Delta variant (16 August 2021) 'Being fully vaccinated gives you a high degree of protection against Delta infection, and an even higher degree of protection against severe illness, hospitalisation and death. Evidence currently shows the effectiveness of two doses of the Pfizer vaccine against illness due to Delta infection is about 88% and the protection against hospitalisation due to Delta infection about 96%'.	4 Serious	3 Possible	12 High	ADSLH	

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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
10	<p>It should be noted that Residential Assistants are members of student groups and staff. Younger people may be considered 'super spreaders' (18-30 yrs.). Current low rates of vaccination protection. Young people are late eligibility in the vaccination programme.</p> <p>Students are not required to wear masks because it is their place of residence</p> <p>Longer duration and frequency of contact</p> <p>High number of individuals exposed to per day</p> <p>RAs live in the hall – length of onsite exposure is high, interaction with students is greater than any other role Some other roles live in the halls. Night Managers work with high student numbers.</p> <p>Staff required to be on residential floors in order to meet pastoral care needs. Student Support Coordinators work with individual residents on a 1:1 basis. May be considered lower risk than RA and Night Manager</p>											

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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
11	<p>Application of safe hygiene and distancing practices. If staff and residents do not apply safe practices a positive case of COVID could affect others. This will be exacerbated if controls including gatherings and bubbles are not adhered to. E.g. if residents leave halls and do not behave in a COVID safe manner outside of their halls the likelihood of contracting and transmitting COVID will be increased.</p> <p>Note: shared bathroom facilities in halls and 24/7 living environment – students may be more relaxed in their home where hygiene standards may be more relaxed. Students are not required to wear masks because it is their place of residence.</p> <p>Staff present for longer duration and frequency of contact could be higher. Staff are present in halls and are exposed to high numbers of individuals per day. This may increase the risk of staff contracting and spreading COVID.</p> <p>Residential Assistants live in the hall – length of onsite exposure is high, interaction with students is greater than any other role.</p> <p>Staff required to be on residential floors in order to meet pastoral care needs.</p>	4 Serious	4 Likely	16 Very High	<p>Safe practices information communicated to hall staff and residents</p> <p>Face covering</p> <p>Screen at reception</p> <p>Hand washing and sanitiser</p> <p>Physical distancing</p> <p>Isolation/MIQ</p> <p>Regular cleaning. Increase frequency of clening in shared bathroom facilities</p> <p>Special cleaning where required</p> <p>University process for managing positive COVID case</p>	<p>Catering provider</p> <p>Cleaning contractor</p> <p>Advice from: Human Resources Student Health Regional Public Health TEC</p>	<p>Contact tracing and record keeping inc. QR code</p> <p>COVID testing</p>	4 Serious	3 Possible	12 High	ADSLH	
12	<p>Bubbles and control of gatherings. If large groups of residents gather, transmission of the COVID virus may occur through aerosols, which could remain airborne or settle on surfaces. This could then contaminate staff and resident groups. Transmission of certain variants may be greater e.g. Delta.</p> <p>Ministry of Health COVID-19: About the Delta variant The Delta variant has spread rapidly worldwide and is now the main variant in many countries. It is the most transmissible variant, spreading a lot more easily than the original version of the COVID-19 virus and other variants.</p> <p>Ministry of Health COVID-19: About COVID Infection occurs in three main ways: Breathing in air that contains infectious particles;</p>	4 Serious	4 Likely	16 Very High	<p>Maintain physical distancing, group and bubble controls</p> <p>Keep surfaces clean to prevent persons touching droplets which have settled</p> <p>Implement deep cleaning process to commercial standard in bathrooms, kitchens</p> <p>Ensure good ventilation. Some halls may have mechanical ventilation systems</p> <p>Display signage to ask people with symptoms consistent of COVID-19 not to enter. Signage should be placed near the entrance to buildings or grounds</p> <p>Display signs relating to gatherings in line with official advice</p>	<p>Advice from: Human Resources Student Health Regional Public Health TEC</p> <p>Cleaning contractor</p>	<p>Contact tracing and record keeping inc. QR code</p> <p>COVID testing</p>	4 Serious	3 Possible	12 High	ADSLH	

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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
13	<p>Availability of staff. If insufficient staff are available because they are persons at higher risk of severe illness or looking after vulnerable dependants the safety of students and workers will be impacted. For example, insufficient management, supervisors or technical staff available. E.G Hall Managers, RA, SSC. Specialist skills not available.</p> <p>Sufficient time available to arrange cover for duties. Risk will be greater if short notice.</p>	3 Moderate	3 Possible	9 Medium	Face covering Physical distancing Isolation Remote working	Advice from: Human Resources Student Health Regional Public Health TEC	COVID testing	3 Moderate	3 Possible	9 Medium	ADSLH	
14	<p>Persons at higher risk of severe illness. A worker may be at greater risk of contracting COVID if any of the conditions set out in the assessments above are present and/or they are, for example over 70 years old with a medical condition; have a medical condition and/or compromised immunity, are pregnant. Some of these indicators may be more likely than others in a hall setting.</p> <p>Ministry of Health - COVID-19: Advice for higher risk people</p> <p>Relevant medical conditions include: Chronic lung disease such as cystic fibrosis, bronchiectasis, chronic obstructive respiratory disease and emphysema, severe asthma that needs multiple medications and medical care. Serious heart conditions such as congestive heart failure hypertension that isn't well controlled diabetes that isn't well controlled chronic kidney disease liver disease.</p> <p>Consider also persons with risk of allergic reaction to the COVID 19 vaccination.</p>	5 Very serious	3 Possible	15 High	Face covering University guideline for different Alert Levels Remote working Handwashing and sanitiser Ministry of Health COVID-19: Advice for persons at higher risk of severe illness	Advice from: Human Resources Student Health Regional Public Health TEC Person at risk of severe illness to liaise with GP regarding relevant medical condition	Contact tracing and record keeping inc. QR code COVID testing	4 Serious	1 Extremely unlikely	4 Medium	ADSLH	Given that the number of people in New Zealand who are unable to be vaccinated due to anaphylaxis is very small and Student Living would be unable to accommodate unvaccinated students without significantly increasing the risk for its staff, and for residents with underlying health conditions, Student Living will update their recommendations so that there is no option for unvaccinated students to be accommodated in the University's student accommodation.

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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
15	Unvaccinated people. If staff or residents in halls are not vaccinated against COVID 19, due to health or religious grounds the risk of infection or transfer of COVID will still be present with limited control. (Refer also Business risk - Legal 20).	4 Serious	4 Likely	16 Very High	Safe practices information communicated to hall staff and residents Face covering Screen at reception Hand washing and sanitiser Physical distancing Regular cleaning. Increase frequency of cleaning in shared bathroom facilities Special cleaning where required University process for managing positive COVID case. Redeployment of any current staff who refuse vaccination - Student Living will advise the university and work through a process for redeployment elsewhere within the university. At this stage Student Living is not aware of anyone this would apply to. Director, Student and Campus Living Rainsforth met with TEU organiser Nicki Wilford who is in support.			4 Serious	2 Unlikely	8 Medium	ADSLH	Given that the number of people in New Zealand who are unable to be vaccinated due to anaphylaxis is very small and Student Living would be unable to accommodate unvaccinated students without significantly increasing the risk for its staff, and for residents with underlying health conditions, Student Living will update their recommendations so that there is no option for unvaccinated students to be accommodated in the University's student accommodation.
16	Staff resilience. If Halls staff and Residential Assistants respond to a prolonged event involving COVID 19 they may suffer Post Traumatic Stress Disorder after . This could be exacerbated by limited experience or knowledge.	3 Moderate	3 Possible	9 Medium	Employee Assistant Programme (EAP) University process for managing positive COVID case on campus Management support and Supervision	Advice from: Human Resources Student Health Regional Public Health TEC	Manager provides leadership and support to staff Oversight by Associate Director Student Living Halls	3 Moderate	3 Possible	9 Medium	ADSLH	
17	Student resilience If student(s) become isolated from their peers in uncertain circumstances, any existing vulnerability will be exacerbated Nineteen active management students in halls. Approximately 40%. Thirty nine monitoring residents remained in hall. Approximately 40%.	4 Serious	4 Likely	16 Very High	Professional supports for each vulnerable student Guideline for student engagement under AL4 and AL3	Advice from: Student Support Coordinator		4 Serious	2 Unlikely	8 Medium	ADSLH	
18	Working extended hours. If staff work long hours or shift patterns with shorter than desired rest period due to insufficient staff cover this could cause fatigue in workers leading to increased probability for error resulting in harm	4 Serious	4 Likely	16 Very High	Adequate rest between shifts and temporary reduced shift duration on site (flexible work arrangements)	Oversight by Associate Directors		3 Moderate	3 Possible	9 Medium	ADSLH	

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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
19	<p>Responding to positive COVID 19 result in hall If a positive COVID 19 case occurs within a hall and there is insufficient and/or timely guidance available for wider community, residents and staff may be exposed to the virus due to delayed, incorrect or no response.</p> <p>Residents remain in hall - staff could have been working with unwell residents before symptomatic.</p> <p>Guidance for businesses that are locations of interest following a visit by a confirmed (or probable) COVID-19 case 29 August 2021 Being a location of interest means that a confirmed (or probable) case has visited your premises during their infectious period.</p>	4 Serious	5 Almost certain	20 Very High	<p>University guidelines on intranet for working in different alert levels and including action to take in event of positive COVID case</p> <p>Safe practices information communicated to hall staff and residents</p> <p>Resident isolated and transferred to Government MIQ facility</p>	<p>Advice from: Regional Public Health Student Health MoH guidance TEC and MoE Human Resources</p>	<p>Manager provides leadership and support to staff</p> <p>Oversight and advice from Associate Director Student Living Halls</p> <p>COVID testing</p> <p>Contact tracing and record keeping inc. QR code</p>	4 Serious	3 Possible	12 High	ADSLH	
20	<p>Responding to an incident If a resident returns to a hall after visiting a 'location of interest' or travelling from a region at a higher COVID Alert Level, hall staff and residents could be exposed to a higher risk of COVID.</p> <p>Refer also University requirements for emergency response under H&SAWA and PCC</p> <p>Ministry of Health COVID-19: About COVID. How Delta is different from earlier variants Science is telling us the Delta variant has a number of differences compared to earlier iterations of the virus. These differences mean that the Delta variant is a greater threat to the health of individuals who contract the infection and a greater challenge to contain the spread of the virus in an outbreak. The chance of infecting others such as within your household or other contacts is very high because Delta is so transmissible. It is estimated that on average, one person infected with Delta may infect 5 or 6 other people. This is how Delta outbreaks in places overseas have grown so rapidly. People with Delta infections seem to carry much more virus (have a higher viral load) and for a longer period of time than those infected with the original virus or other variants</p>	5 Very serious	4 Likely	20 Very High	<p>Safe practices information communicated to hall staff and residents Isolation</p> <p>Manager on call Guidelines for responding to a positive COVID on campus</p> <p>Follow government and Student Health advice</p> <p>Information and advice provided to residents on emergency actions and reporting incidents and raising health and safety concerns as required by the PCC.</p>	<p>Advice from: Human Resources Student Health Regional Public Health TEC</p> <p>Guidance for businesses that are locations of interest following a visit by a confirmed (or probable) COVID-19 case 29 August 2021 Being a location of interest means that a confirmed (or probable) case has visited your premises during their infectious period.</p>	<p>Advice from Associate Director Student Living Halls</p> <p>COVID testing</p> <p>Contact tracing and record keeping inc. QR code</p>	4 Serious	3 Possible	12 High	ADSLH	
21	<p>Receiving hospital or MIQ discharges If a resident or staff member returns to work or hall of residence following discharge from MIQ or hospital, any continuity of care will not be maintained - staff receiving the person are not trained and competent to provide treatment or monitoring.</p>	4 Serious	4 Likely	16 Very High	<p>Staff member returns to work only when well</p> <p>University process for responding to a positive COVID case</p>	Liaise with Student Health	Manager provides leadership and support to staff	3 Moderate	2 Unlikely	6 Medium	ADSLH	

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Safety coordination	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category. Type of risk.	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or consequence of a risk occurring. Refer to legislation, regulations, industry guidance and codes of practice where required	When working with other organisations or departments, collaborate to agree which party is responsible for controls.	Checks carried out on the controls. Mechanisms in place to confirm controls are being applied.	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
22	<p>Unexpected death in a hall If staff or resident has COVID symptoms which are unchecked it may become serious or fatal and infect others in the hall.</p> <p>Note: current low rates of vaccination protection.</p>	5 Very serious	5 Almost certain	25 Very High	<p>Safe practices information communicated to hall staff and residents</p> <p>University guidelines for operating at different alert levels</p> <p>Face covering</p> <p>Hand washing and sanitiser</p> <p>Physical distancing</p> <p>University process for responding to a positive COVID case on campus</p> <p>Isolation person transferred to MIQ or hospital</p> <p>Critical Incident Procedure</p>	Oversight and treatment provided by Student Health and/or external provider	Manager provides leadership and support to staff	5 Very serious	2 Unlikely	10 High	ADSLH	
23	<p>Unsafe behaviour. If residents do not follow University guidelines and practices for COVID safety if it in the community they will put themselves and others at risk.</p> <p>Some experience of non-compliance e.g. breach of travel restrictions, disrespect of space requirements, bubbles breached and unauthorised guests.</p> <p>Refer also resident's responsibilities within a communal living environment as set out in the PCC</p> <p>Note: current low rates of vaccination protection.</p>	4 Serious	4 Likely	16 Very High	<p>Safe practices information communicated to hall staff and residents</p> <p>Monitoring by hall management and RA</p>		Manager provides leadership and support to staff	4 Serious	3 Possible	12 High	ADSLH	
24	<p>Security - perimeter control If premises are not secure, unauthorised access may occur. Intruder has unknown health condition causes infection risk to staff or residents. Residents feel unsafe.</p>	3 Moderate	4 Likely	12 High	<p>CCTV, Security foot patrol, swipe/proximity card control, mechanical locking on doors, management on the premises during office hours</p> <p>Night Manager</p>		Manager provides leadership and support to staff	3 Moderate	2 Unlikely	6 Medium	ADSLI	

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Safety coordination	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category. Type of risk.	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or consequence of a risk occurring. Refer to legislation, regulations, industry guidance and codes of practice where required	When working with other organisations or departments, collaborate to agree which party is responsible for controls.	Checks carried out on the controls. Mechanisms in place to confirm controls are being applied.	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
25	<p>Large scale displacement - place of interest If a hall becomes unavailable due to contamination from COVID the hall will be a 'location of interest' and University will be unable to provide safety and welfare facilities to residents who are displaced.</p> <p>Note: current low rates of vaccination protection.</p> <p>Risk could be exacerbated if unavailable hall is Weir House. Additional consideration in line with PCC for residents under 18 years.</p> <p>Guidance for businesses that are locations of interest following a visit by a confirmed (or probable) COVID-19 case 29 August 2021 Being a location of interest means that a confirmed (or probable) case has visited your premises during their infectious period.</p>	4 Serious	3 Possible	12 High	Critical incident plan Spare capacity at other halls Special cleaning process Isolation	Ministry of Health Guidance Cleaning contractor	Manager provides leadership and support to staff Contact tracing and record keeping inc. QR code	4 Serious	2 Unlikely	8 Medium	ADSLI	
26	<p>Vulnerability of out lying student accommodation Kelburn Flats premises are individual properties and separate from large hall of residence. Tenants are young and inexperienced leading to higher potential and probability for an incident to occur if they are not familiar with COVID response procedures.</p> <p>The risk may be increased due to staff isolation and less frequent contact with others.</p> <p>Note: current low rates of vaccination protection.</p>	4 Serious	3 Possible	12 High	Safe practice information communicated to hall staff and residents University guidelines for operating at different alert levels Face covering Physical distancing Critical Incident Procedure Kelburn Flats premises may have ability for natural dilution ventilation only e.g. opening windows		Contact tracing and record keeping Inc. QR code	4 Serious	2 Unlikely	8 Medium	ADSLH	
27	<p>Senior management visiting hall. If Associate Directors and other senior staff attend hall premises they may be at risk if positive COVID case has been present.</p> <p>This group of workers are not based in halls and visit them less frequently than others who are based there.</p>	4 Serious	4 Likely	16 Very High	University guidelines for operating at different alert levels Hand washing and sanitiser Face covering Physical distancing Critical Incident Procedure Management staff work remotely		Contact tracing and record keeping inc. QR code	4 Serious	2 Unlikely	8 Medium	ADSLI ADSLH	

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Safety coordination	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category. Type of risk.	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or consequence of a risk occurring. Refer to legislation, regulations, industry guidance and codes of practice where required	When working with other organisations or departments, collaborate to agree which party is responsible for controls.	Checks carried out on the controls. Mechanisms in place to confirm controls are being applied.	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25				Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
28	<p>Working with others in halls of residence. Health and vaccination status of contractor's staff and visitors in halls is not known. This could exacerbate the risk of COVID transmission if present in the community.</p> <p>Note: current low rates of vaccination protection.</p> <p>External visitors include: Visitors from other halls and friends and family Contractors and families Staff from other parts of the community Emergency services Couriers and food deliveries Catering and cleaning deliveries from suppliers (consumables)</p>	4 Serious	4 Likely	16 Very High	<p>University guidelines for operating at different alert levels</p> <p>Essential work only</p> <p>Physical distancing from workers, delivery personnel and others</p> <p>Face covering</p> <p>Hand Washing</p> <p>Cleaning</p> <p>Ventilation</p> <p>Guest ban</p> <p>Contactless deliveries (where deliveries are permitted under relevant Alert Level in place) in compliance with relevant infection control measures</p> <p>Contractors safe work practices</p>	<p>Liaise with contractors regarding COVID safe practices</p> <p>Equipment maintenance</p> <p>Cleaning</p> <p>Catering</p> <p>Deliveries</p>	Contact tracing and record keeping inc. QR code	4 Serious	2 Unlikely	8 Medium	ADSLI	Student Living will now commence further consideration of other PCBUs and visitors to the hall. This will be progressed over the next few weeks.

Assessment Approval. Note: risk assessments need to be reviewed and approved by a person with appropriate specialist knowledge, expertise and authority.

Assessment carried out by:	Jeff Munn Stephanie Cottrill	Date:	05-10-21	Signature:	By e-mail
Assessment reviewed and approved by:	Rainsforth Dix	Date:		Signature:	

RM02B BUSINESS RISK REGISTER

Victoria Accommodation

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category. Type of risk. Refer tab 8 for category codes	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or of a risk occurring and effect of the outcome.	Checks are carried out on the controls	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25			Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
1 Ops	Catering services. If catering is not available Victoria will not be able to meet resident's expectations and its contractual obligations. Catering is provided in the following halls: Joan Stevens Hall, Boulcott Hall, Te Puni Village, Helen Lowry Hall, Victoria Hall, Weir House and Katharine Jermyn Hall.	3 Moderate	4 Likely	12 High	Catering contracts and suppliers. Emergency catering supplies for 3 days and freeze dried food for 5 - 7 days. Partial control only.	Contractual KPIs around service delivery requirements	3 Moderate	2 Unlikely	6 Medium	ADSLI	BCP catering supplies available for catered accommodation only.
2 Ops	Maintenance services. If Victoria Accommodation premises and services are not maintained, buildings and equipment will become unreliable, unavailable or unsafe resulting in partial of complete closure of a hall.	3 Moderate	5 Almost certain	15 High	In house maintenance provider. Contracted specialist suppliers. Some Student Living premises are either provided or operated by a third party.	Contractual KPIs around service delivery requirements	3 Moderate	2 Unlikely	6 Medium	ADSLI	
3 Ops	Cleaning and "on demand" pest control services to residents. If Student Living premises are not cleaned, day-to-day operation will be impacted. Rooms not cleaned between residents resulting in poor hygiene. Also - poor reputation and financial loss	3 Moderate	4 Likely	12 High	Contract management protocols. Back up providers available.	Contractual KPIs around service delivery requirements	3 Moderate	2 Unlikely	6 Medium	ADSLI	
4 Ops	Availability of halls. If one or multiple halls become unavailable and insufficient accommodation is available at remaining halls students will be displaced. Future students may choose not to enrol at Victoria.	4 Serious	4 Likely	16 Very High	Monitoring of applications and establishment of VUW Property Board to discuss ebbs and flows in accommodation requirements		4 Serious	2 Unlikely	8 Medium	ADSLI	Welfare plan is being embedded in Critical Incident Procedure Four key welfare sites identified
5 Ops	Availability of partner halls. If a partner accommodation provider exits industry. Home stay (200 students), Everton Hall (190 students), Helen Lowry Hall (120 students), Stafford House (300 students), Victoria House (180 students) Victoria will be unable to provide students with service as agreed. No contingency plans available to relocate displaced students.	4 Serious	4 Likely	16 Very High	Victoria will be required to accommodate and provide shelter, welfare & catering for students displaced from partner accommodation. Partial control only.	Agreements and relationship with providers	4 Serious	2 Unlikely	8 Medium	ADSLI	Is Home stay still available? Welfare plan is being embedded in Critical Incident Procedure Four key welfare sites identified
6 Ops	Functionality of premises. If Victoria Accommodation buildings are not fit for purpose, negative impact will result on student experience and perception of hall	4 Serious	4 Likely	16 Very High	Asset management plan, appropriate budget allocation and CAPEX projects		4 Serious	2 Unlikely	8 Medium	ADSLI	Comment on new maintenance arrangements

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category. Type of risk. Refer tab 8 for category codes	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or of a risk occurring and effect of the outcome.	Checks are carried out on the controls	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25			Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
7 Ops	Electricity supply. If the electricity supply becomes unavailable for an extended period cooking, lighting, heating, fire safety or security systems could be impacted resulting in closure of hall. Emergency generators are not available at any SA accommodation (although Te Puni has a plug at base of Tower block).	3 Moderate	4 Likely	12 High	Battery back up for short duration. Partial control.	FM liaison with utility supplier	3 Moderate	4 Likely	12 High	ADSLI	Identify resilient supplies including location of emergency generators. Ensure process for refuelling generators, maintenance, inspection and test running. Arrangements and impacts need to be clarified around part of Critical Incident Plan
8 Ops	Water supply. If the water supply becomes unavailable for an extended period, drinking water or welfare facilities could be impacted resulting in closure of hall.	3 Moderate	4 Likely	12 High	Small quantity of water available for staff personal supply of drinking water. Some water available across campuses. Partial control.	FM liaison with utility supplier	3 Moderate	3 Possible	9 Medium	ADSLI	Review emergency water arrangements.
9 Ops	Gas supply. If the gas supply becomes unavailable for an extended period catering staff will be unable to prepare hot food.	3 Moderate	4 Likely	12 High	Limited quantities of stand-by food available. BBQs and alternative arrangements available at other halls if failure is limited to one hall.	FM liaison with utility supplier	3 Moderate	3 Possible	9 Medium	ADSLI	Review emergency food arrangements Identify specific halls affected
10 Finance	Occupancy of halls. If occupancy in halls is low for a period greater than 14 weeks/year, student experience and financial viability may be impacted	3 Moderate	3 Possible	9 Medium	Selection process, Marketing strategies Robust budget management	Reporting and monitoring	3 Moderate	2 Unlikely	6 Medium	ADSLI	Budget project in progress
11 Finance	Occupancy of halls. If occupancy in halls is greater than anticipated, student experience, reputation and financial viability may be impacted	3 Moderate	3 Possible	9 Medium			3 Moderate	3 Possible	9 Medium	ADSLI	Develop or allocate controls
12 Finance	Upkeep of halls. If funds are not available for maintenance and upkeep of premises they will degrade and loose value.	3 Moderate	3 Possible	9 Medium	Services contract with residents. Preventative maintenance programmes		3 Moderate	2 Unlikely	6 Medium	ADSLI	
13 Finance	Financial loss due to early termination of contract Resident may terminate their contract due to COVID 19 lock down arrangements	4 Serious	3 Possible	12 High	TBA		4 Serious	3 Possible	12 High	Director	
14 HR	Availability of staff. If key staff are unavailable priority tasks will be impacted. For example, insufficient management, supervisors or technical staff available. E.G Hall Managers, RA, SSC. Specialist skills not available or unchecked.	4 Serious	3 Possible	12 High	Centralising of systems Common hall handbook Central business delivery		4 Serious	2 Unlikely	8 Medium	Associate Directors	Develop or allocate controls
15 HR	Recruitment and retention. If Student Living is unable to deliver quality services due to inability to attract and retain high calibre staff its support and services to students will be impacted	4 Serious	4 Likely	16 Very High	Staff support Staff development Succession planning embedded in new structure		4 Serious	2 Unlikely	8 Medium	Associate Directors	How is recruitment and retention managed?

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category. Type of risk. Refer tab 8 for category codes	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or of a risk occurring and effect of the outcome.	Checks are carried out on the controls	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25			Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
16 ITS	Information security and privacy. If confidential information is accessed by an unauthorised person privacy will be breached resulting in a complaint made by a resident or Privacy Commissioner.	5 Very serious	4 Likely	20 Very High	Secure information management processes Trained staff Advice provided by Victoria's In house Solicitor		4 Serious	2 Unlikely	8 Medium	Associate Directors	
17 Legal	Management of sensitive incident. If sensitive incidents are not managed correctly a residents privacy will be breached.	4 Serious	4 Likely	16 Very High	Critical Incident Procedure	Management oversight	4 Serious	2 Unlikely	8 Medium	ADSLH	Staff training
18 Legal	Compliance with legal and regulatory requirements. If the University does not comply with legal and regulatory requirements - Health & Safety at Work Act, Disability Act, Privacy Act, Buildings act, Code of Practice for Pastoral Care of Students the University may be prosecuted.	5 Very serious	4 Likely	20 Very High	Specialist internal advisor E.G. Health & Safety, Legal, Student Health, Vic International, FM.	Internal audit, Safety inspections, Annual Health & Safety Plan.	4 Serious	2 Unlikely	8 Medium	Associate Directors	Specific risk assessments required
19 Legal	Contract compliance Is Student Living contracts with residents do not contain modified cancellation clauses under COVID 19. The PCC requirements - grounds for terminating the contract may not be met.	4 Serious	4 Likely	16 Very High	Advice from the University's legal team		4 Serious	2 Unlikely	8 Medium	Director	
20 Legal	Human Rights issue. If a resident or staff member refuses the COVID 19 vaccine on religious grounds. Arguments may be presented on discrimination under the Human Rights Act resulting in a discrimination claim. (Refer safety risk 15 also).	4 Serious	3 Possible	12 High	To be discussed and worked through as part of a transparent consultation process. Redeployment of any current staff who refuse vaccination - Student Living will advise the university and work through a process for redeployment elsewhere within the university. At this stage Student Living is not aware of anyone this would apply to. Director, Student and Campus Living Rainsforth met with TEU organiser Nicki Wilford who is in support.		4 Serious	3 Possible	12 High	ADSLH	

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
Risk number & category. Type of risk. Refer tab 8 for category codes	Description of risk & consequences. Risk and outcome if the risk occurs.	Consequence and likelihood of the risk without controls. This rating is used as a baseline to help assess that the controls are working properly.			Actions taken to help reduce the likelihood, and/or of a risk occurring and effect of the outcome.	Checks are carried out on the controls	Consequence and likelihood of the risk after controls are implemented. This rating shows if the controls have reduced the risk.			Initials of approver/ risk owner and date.	Further controls required to reduce the risk to a tolerable level.
		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25			Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
21 Legal	<p>Employment issues. If new staff require pre-employment assessment regarding COVID 19 vaccination to be included, ongoing proof about maintaining adequate vaccination status is needed in the agreed terms (boosters may be required next year (2022) and in subsequent years). In addition, this has a knock on effect on existing staff and residents in the Halls, and other areas of the University where prolonged close contact occurs.</p>	4 Serious	3 Possible	12 High	<p>Student and Campus Living will initiate the requirement for COVID-19 vaccination in the RA contracts for 2022 using the new paragraph HR legal will supply for the employment agreements. The new paragraph will be added to employment agreements for all new accommodation appointments.</p> <p>Student Living note that the vaccination requirement will need to be worded to 'remain up to date' as further boosters will likely be needed.</p> <p>Vaccination evidence supplied by staff will be managed and stored using the same process as current Police vetting requirements now.</p> <p>Redeployment of any current staff who refuse vaccination - Student Living will advise the university and work through a process for redeployment elsewhere within the university. At this stage Student Living is not aware of anyone this would apply to.</p> <p>Director, Student and Campus Living Rainsforth met with TEU organiser Nicki Wilford who is in support.</p>		4 Serious	2 Unlikely	8 Medium	Director	
22 Legal	<p>Government Advice If clear guidance in this area is not available, taking steps ahead of having that detail being released poses risk for the University if its approach turns out to be inconsistent with government advice.</p> <p>Note: this issue of mandating vaccines is an area where test cases for workers may be taken through the Courts.</p>	4 Serious	4 Likely	16 Very High	<p>Research undertaken using official sources: WorkSafe - Assessing whether a specific role needs to be performed by a vaccinated worker; Ministry of Health, Guidelines for Businesses and Services; Ministry of Health COVID-19: About COVID; Employment New Zealand, Vaccines and the workplace; TEU Position Paper 14.09.2021</p>	University specialists consulted	4 Serious	3 Possible	12 High	ADSLH	<p>Discuss whether there is a consensus view with the other NZ universities, through Universities NZ on what should be done</p> <p>Lobby Government/Ministry of Education/Ministry of Health via Universities NZ to provide clear guidance that is specific to the tertiary sector, or a mandate on this and taking any next steps following that guidance or mandate.</p>

List and describe each risk		Assess raw risk (no controls)			Controls/mitigation	Assurance	Assess residual or treated risk (with controls)			Approval	Required improvements
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		Consequence (C) 1-5	Likelihood (L) 1-5	Raw risk (CxL) 1-25			Consequence (C) 1-5	Likelihood (L) 1-5	Residual risk (CxL)		
23 Legal Financial	Penalty for non compliance If the University does not comply with requirements of the PCC it could incur costs associated with an external investigation. These costs could include: Costs, disbursements and expenses reasonably incurred by the code administrator undertaking compliance visits and investigations, Legal and other expenses arising from any further action undertaken by the code administrator as the consequence of a breach of PCC The University may be issued with a Quality Improvement, Compliance notice or a fine not exceeding \$100,000 under the PCC.	4 Serious	4 Likely	16 Very High	Advice from University specialists E.G. Health & Safety, Legal, Student Health, Vic International, FM. Staff training - PCC requirements Refer controls for individual risks.	Management oversight Self review process and report	4 Serious	3 Possible	12 High	Director	
24 Reputation	Adverse media If residents are not satisfied with the University's arrangements for interruption or early termination of accommodation contracts due to COVID 19, the University could experience adverse media.	4 Serious	4 Likely	16 Very High	Advice from The University's Finance and legal teams		4 Serious	3 Possible	12 High	ADSLH	
25 Reputation	Complaints - compliance with PCC If the University is unable to provide all PCC requirements in its halls of residence, Student Living may receive complaints from residents or their parents. This could also result in an investigation by the regulator.	4 Serious	4 Likely	16 Very High	Responding to a complaint process Student Interest and Disputes Resolution team	Management oversight Self review process and report	4 Serious	3 Possible	12 High	ADSLH	

Assessment Approval					
Assessment carried out by:	Jeff Munn Stephanie Cottrill	Date:	05-10-21	Signature:	By e-mail
Assessment reviewed and approved by:	Rainsforth Dix	Date:		Signature:	

RM03 GUIDE TO CATEGORISING HAZARDS

This table contains different types of hazards that may be present in the work environment, and how harm may occur from them.

Use this table as a prompt to identify risks in your work area, and to develop controls that prevent the likely harm from occurring.

Hazard category	Hazard properties	Likely harm (consequences)
Mechanical	Entanglement	Amputation
Moving parts	Friction or abrasion	Laceration
Rotating parts	Cutting	Puncture wound
Hot or cold surface	Shearing	Eye injury
Pressurised fluid	Stabbing or puncturing	Bruising
	Crushing	Burn/scald
	Drawing in	
	Fluid injection	
	Ejection	
Transport	Impact	Fractured bones
Moving vehicle	Crushing	Laceration
		Internal injury
Slips, trips and falls	Fall from same level	Fatality (fall from higher level)
Access and egress	Fall from higher level	Fractured bones
Surface conditions		Bruising
Vertical conditions, change in level		Sprain/strain
Electricity	Contact with live supply	Electrocution
Power tools	Fire	Burns
Machine tools		Shock (resulting in secondary injury)
Hazardous Substances Inc. biological	Toxic	Burns
Fuel - generators	Mutagen	Disease
Lab work	Irritant	Inhalation/lung damage
	Sensitising	Skin irritation
	Corrosive	Eye injury
	Teratogen	Loss of consciousness (resulting in secondary injury)
	Fire	Poisoning
	Explosion	
	Pollution	
Gasses	Flammable	Fire, burns
Lab work	Irritant	Manual handling of cylinders
BBQs	Oxidising	Inhalation
Engineering work	Oxygen enriched atmosphere (flash ignition)	
Health Care	Oxygen depletion	
	Density	
	Explosive	
Fire or explosion	Flammable	Fatality
Storage and use of substances	Explosive	Burn
Ref gasses also	High pressure	Smoke inhalation
	Low flame or flash point	Blunt injury trauma

RM04 GUIDE TO ASSESSING CONSEQUENCES

Use this guide to assist ranking the severity of the consequences of each risk.

Consequence descriptor	Examples
1 – Insignificant	<ul style="list-style-type: none"> Injury requires minor first aid and no lost time from work or study Consequences are very low, minor disruption Financial loss <\$100,000 Able to be managed within business as usual with no extraordinary impacts
2 – Minor	<ul style="list-style-type: none"> Injury requires first aid and follow up treatment by medical professional. Little or no lost time from work or study Losses may disrupt services for a short period. (Dependant on criticality of service) Disruption caused to a single area of the business Financial losses in the region of \$1M. Able to be managed within business as usual with minor extraordinary impacts
3 – Moderate	<ul style="list-style-type: none"> Moderate injury equivalent to < 5 days away from work or study. Hospital attendance but not admitted. Includes any injury or illness or incident that is notifiable to WorkSafe New Zealand Service lost for period 1 – 5 days. (Dependant on criticality of service) Financial loss \$1M - \$5M internal event review required Adverse local media coverage for 1 day requiring moderate management intervention Able to be managed within business as usual with moderate extraordinary impacts Adverse media coverage for 1 day. Little or no management intervention but some loss of trust in the university
4 – Serious	<ul style="list-style-type: none"> Staff contractor or other person suffers serious injury. E.g. loss of sight, amputation, major fracture. Time off work > 5 days or hospital admittance >48hrs Service lost for period 1 to 3 weeks. (Dependant on criticality of service) Financial loss \$5 – \$15M Internal investigation or by an external source or regulator Adverse national media coverage >1 week requiring significant management attention and/or an event causes major loss of trust in the University by local and national community Impact to multiple and diverse areas of the University Unable to be managed within business as usual and control escalates to the Incident Management Team
	<ul style="list-style-type: none"> Staff, contractor or other person fatality Service lost for period exceeding 3 weeks. (Dependant on criticality of service)

- 5 – Very serious
- Exposure to asbestos or Asbestos Containing Material
 - Significant resources required to recover from impact
 - Legal consequences resulting in prosecution
 - Financial loss >\$15M
 - Unable to be managed within business as usual and control escalates to the Vice Chancellor who establishes a Senior Leadership Crisis Team
 - Adverse media coverage on social, national and international news channels for an extended period and requiring significant management attention and/or an event causes disastrous loss of trust in the University by national and international community
-

The dollar values identified above for financial loss reflect those which may be experienced at an organisational level. Divide the value by 10 for potential losses at directorate, school or service level.

RM05 GUIDE TO ASSESSING LIKELIHOOD

Use this guide to assist ranking the likelihood that the consequences of each risk will occur.

Likelihood of consequences (negative)	Description	Indicators
5 – Almost certain	Almost certain to occur in the next year. 80%-100% chance of occurring	Expected to occur annually
4 – Likely	Good chance of occurring in the next year. 30% - 80% chance of occurring	The event has occurred in your experience
3 – Possible	Reasonable likelihood of occurring in the next year. 10%-30% chance of occurring	Could occur somewhere
2 – Unlikely	Not likely to occur. 3% - 10% chance of occurring	The event does occur at times. Not necessarily at Victoria
1 – Extremely unlikely	Very small chance of occurring in the next year. Less than 3% chance of occurring	Theoretically possible

RM06 RISK ASSESSMENT MATRIX AND TRIAGE TOOL

Use this matrix to rank each risk based on the consequences and likelihood of each risk (refer RM04 and RM05). Carry out actions associated with the risk level as described in the table below.

Likelihood of consequences	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Serious 4	Very Serious 5
5 Almost Certain 80%-100% chance of occurring	Medium Risk 5	Medium Risk 10	High Risk 15	Very High Risk 20	Very High Risk 25
4 Likely 30%-80% chance of occurring	Medium Risk 4	Medium Risk 8	High Risk 12	Very High Risk 16	Very High Risk 20
3 Possible 10%-30% chance of occurring	Low Risk 3	Medium Risk 6	Medium Risk 9	High Risk 12	High Risk 15
2 Unlikely 3%-10% chance of occurring	Low Risk 2	Low Risk 4	Medium Risk 6	Medium Risk 8	High Risk 10
1 Extremely unlikely Less than 3% chance of occurring	Low Risk 1	Low Risk 2	Low Risk 3	Medium Risk 4	High Risk 5 ¹

Risk	Evaluation and action	Example activities
Low	Risk is broadly acceptable Risk is insignificant No need for detailed working to demonstrate risk is As low as Reasonably Practicable (ALARP) Manage within existing controls Monitor annually Maintain assurance risk remains at this level	Most general admin tasks Attending meetings in recognised conference facilities Ergonomics involving computer use or lifting and carrying small loads where specific risk assessment is required Use of low hazard chemicals in controlled conditions Risk of minor injury requiring low level first aid Events including graduation and social (May be medium risk in some cases)
Medium	Evaluate effectiveness of controls Develop and implement controls Tolerate risk only if risk reduction is impracticable or if grossly disproportionate to improvement Monitor quarterly	Most lab works in controlled conditions Use of metal or woodwork machines in controlled conditions Use of Ultra Violet light devices in controlled conditions Use of motor vehicles Risk of treatment injury Fieldwork within New Zealand - access to public areas Some diving or boating risks may be considered high for risk score 10
High	Implement mitigation plan Escalate to senior management Risk must be reduced until cost of further reduction is grossly disproportionate to safety benefit gained Monitor monthly	Instances of violence or significant psychological harm Working in high hazard areas (Height, confined space, certain lone working) Fieldwork (Overseas or remote area ARC, SBS, SGEES) Use of very hazardous chemicals (HF) Exposure to asbestos Working with high energy sources (Electricity, stored pressure) Biological contamination (Legionella, Hepatitis) Risk of serious injury Some diving or boating risks may be considered intolerable for risk score 15
Very high	Risk is intolerable whatever the benefit Immediate cessation of activity Risk mitigation is essential Escalate to senior management	Risk of fatality or serious injury is uncontrolled

¹A high consequence event that has a very low likelihood e.g. earthquake, tsunami, epidemic or fatality

RM07 GUIDE TO ASSESSING CONTROLS

Use this guide to help identify risk management controls. Where possible, use controls that eliminate risk rather than minimising.

Control level	Example of control mechanism
Eliminate	<ul style="list-style-type: none"> Remove a hazard from the workplace Back up equipment or assets E.g. multiple computer servers Relocate a workplace from high level to ground level to eliminate the need to work at heights
Minimise This descriptor includes control by isolation and anything done to reduce risk that doesn't completely eliminate it.	<ul style="list-style-type: none"> For health and safety, substitute with alternative equipment or substance Fully enclose process, guarding, fencing, locked doors Fume hood, Local Exhaust Ventilation (LEV) IT data storage and retrieval systems Alternative suppliers Off-site storage (data files) Fire detection equipment Fire prevention e.g. fire retardant materials, good housekeeping Management or supervision Policy, procedure, guideline Technical or industry standards Communication with stakeholders Warning signs Monitoring CCTV Key performance indicators (and measurement) Contract monitoring Contract management Specialist advice (internal & external) Recruitment and selection processes Approval processes Business or service planning Maintenance regime, programmed inspection Training and development programme Pre-employment health assessment¹ Health monitoring² Personal Protective Equipment
Compliance with risk controls should be audited.	

¹Pre-employment Health Assessment

Pre-employment health assessment is carried out by an Occupational Health professional to record and review certain aspects of a prospective employee's health where a particular standard is required and to determine that they are fit to carry out their work or additional safety controls are required. The information collected will also provide a baseline for hazard monitoring. The nature of the assessment is specifically related to hazards in the workplace.

²Health Monitoring

Where all reasonably practicable controls have been implemented to minimise the risk and it has not been eliminated the employee's health must be monitored. Examples of this include audiometry when an employee is exposed to noise and spirometry when exposed to dust.

The monitoring is undertaken by a suitably qualified person.

Employees must give written informed consent to release information to their manager.

Personal results are given to the employees. Suboptimal results are discussed with them and advice given as to further action required.

Monitoring results are held by Victoria University or their agent for 10 years as required by the Health Act.

RM08 RISK HEAT MAP

Use to develop a profile and show the how the different risks are distributed. Focus on the highest risks.

Likelihood of consequences	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Serious 4	Very Serious 5
5 Almost Certain 80%-100% chance of occurring	High Risk	High Risk	High Risk	Very High Risk	Very High Risk
4 Likely 30%-80% chance of occurring	High Risk	High Risk	High Risk	Very High Risk	Very High Risk
3 Possible 10%-30% chance of occurring	Medium Risk	High Risk	High Risk	High Risk	High Risk
2 Unlikely 3%-10% chance of occurring	Low Risk	Low Risk	High Risk	High Risk	High Risk
1 Extremely unlikely Less than 3% chance of occurring	Low Risk	Low Risk	Low Risk	High Risk	High Risk

Key:

Low Risk
Medium Risk
High Risk
Very High Risk

Plot the risk numbers/codes and category in the matrix above, according to their residual risk.

Use category codes when plotting each risk:

Risk Category	Code
Strategic	Strat
Operations/Service Delivery	Ops
Health and Safety	H&S
Environment	Env
Quality	Qual
Financial	Finance
Information and ITS	ITS
Legislative Compliance	Legal
Political and Reputational	Rep
Human Resources	HR
Project Delivery	Project
Infrastructure	Infr
Teaching Programme Delivery	Teaching
Research Programme Delivery	Research

From: [Grant Guilford](#)
To: [Rainsforth Dix](#)
Cc: [Mark Loveard](#); [Steve Wragg](#); [Simon Johnson](#); [Jackie Anderson](#); [Katherine Edmond](#)
Subject: Re: Mandating COVID 19 Vaccinations in student accommodation
Date: Thursday, 14 October 2021 7:54:15 PM

Great thanks Rainsforth.

I'll check this over later tonight.

Cheers
Grant

On 14/10/2021, at 7:03 PM, Rainsforth Dix <rainsforth.dix@vuw.ac.nz> wrote:

Grant,

Further to our discussion this afternoon, I have updated the memo requesting your approval.

I attach the amended memo and the updated risk assessment.

Kind regards,

Rainsforth

<211014 Memo Mandate of Vaccinations in Halls.docx>

<211012 Updated Student Living- Halls Risk Assessment COVID October 2021.xlsm>

From: [Grant Guilford](#)
To: [Rainsforth Dix](#)
Subject: RE: Mandating COVID 19 Vaccinations in student accommodation
Date: Friday, 15 October 2021 9:19:03 AM

Cheers Rainsforth.

From: Rainsforth Dix <xxxxxxxxxxx.xxx@xxx.xx.xx>
Sent: Friday, 15 October 2021 9:16 am
To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Cc: Mark Loveard <xxxx.xxxxxxx@xxx.xx.xx>; Steve Wragg <xxxxx.xxxxx@xxx.xx.nz>; Simon Johnson <xxxxx.xxxxxxx@xxx.xx.xx>; Jackie Anderson <jackie.anderson@vuw.ac.nz>; Katherine Edmond <xxxxxxxxxxx.xxxxxx@xxx.xx.xx>
Subject: RE: Mandating COVID 19 Vaccinations in student accommodation

Thank you, and I note the need to review the risk assessment before the 2023 intake.

Rainsforth Dix
Director Student and Campus Living
Te Herenga Waka—Victoria University of Wellington

Mobile +64 27 563 6713

From: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Sent: Friday, 15 October 2021 9:08 AM
To: Rainsforth Dix <xxxxxxxxxxx.xxx@xxx.xx.xx>
Cc: Mark Loveard <xxxxx.xxxxxxx@xxx.xx.xx>; Steve Wragg <xxxxx.xxxxx@xxx.xx.xx>; Simon Johnson <xxxxx.xxxxxxx@xxx.xx.xx>; Jackie Anderson <xxxxxx.xxxxxxxx@xxx.xx.xx>; Katherine Edmond <xxxxxxxxxxx.xxxxxx@xxx.xx.xx>
Subject: RE: Mandating COVID 19 Vaccinations in student accommodation

Dear Rainsforth

Thank you for your memorandum re COVID-19 vaccination in the Halls of Residence.

I have carefully considered your recommendations.

I concur that under the Health and Safety at Work Act 2015, the University is required to manage the risk of infecting others with COVID-19 through our undertakings to as low as is reasonably practicable and that under the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 the University has a duty of care to students to have responsive health, safety and wellbeing systems, particularly for residents considered to be at risk.

In addition, I note that as an institution we have chosen to live by a set of values and commitments including respect, responsibility, wellbeing, manaakitanga and kaitiakitanga. Furthermore, as an academic community we prize intellectual rigour, critical inquiry, institutional autonomy, and leadership. As such, I believe it is open to the University to insist on greater protective measures than the minimum requirements mandated by government through the aforementioned Acts – so long as those protective measures withstand critical evaluation – as is the case with vaccination.

I understand the reasons we need to make a prompt decision on this matter. In particular, I note the pressing need to make offers of employment to the Residential Assistants and to provide timely advice to students considering applications to our halls of residence. I consider that timely notification of a vaccination requirement in our halls will assist students who do not wish to be vaccinated to find alternative accommodation. It is also true that, as a prominent public institution, we should be willing to demonstrate leadership on such matters. In this regard, I have checked with MoE (and through MoE with MBIE) and am advised that an early decision by the University on this matter will not be unhelpful to their on-going deliberations on vaccine mandates in the tertiary education sector.

I have considered the risk assessment and consultation you have performed and have found these to be thorough and the conclusions to be compelling. In particular, I believe the identified risks remain high even with the full use of other controls already implemented by the University.

I concur that COVID-19 vaccination is a well-tested, readily available, and highly effective control to prevent serious illness and death from COVID-19, and that vaccination will also reduce the spread of the virus to the wider university and Wellington community. Similarly, I agree that mandatory vaccination would also reduce the business continuity and pastoral care risks and enable students and staff to live and work in the hall environment with much less risk and a greater deal of confidence.

Lastly, I agree that vaccination of *both* staff and resident students is required.

Accordingly, I approve the recommendations in your memorandum.

Please note, however, that I request that the risk assessment is revisited next year prior to the 2023 intake to the halls because the risk assessment is contingent on the prevalence of COVID-19 in the community.

Kind regards

Grant

Professor Grant Guilford

Vice-Chancellor | Tumu Whakarae



From: Rainsforth Dix <xxxxxxxxxxx.xxx@xxx.xx.xx>

Sent: Thursday, 14 October 2021 6:59 pm

To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>

Cc: Mark Loveard <xxxxx.xxxxxxxx@xxx.xx.xx>; Steve Wragg <xxxxx.xxxxx@xxx.xx.xx>; Simon Johnson <xxxxx.xxxxxxxx@xxx.xx.xx>; Jackie Anderson <xxxxxx.xxxxxxxx@xxx.xx.xx>

Subject: Mandating COVID 19 Vaccinations in student accommodation

Grant,

Further to our discussion this afternoon, I have updated the memo requesting your approval.

I attach the amended memo and the updated risk assessment.

Kind regards,

Rainsforth

From: [Grant Guilford](#)
To: [Katherine Edmond](#)
Subject: FW: Mandating COVID 19 Vaccinations in student accommodation
Date: Friday, 15 October 2021 9:28:00 AM
Attachments: [211014 Memo Mandate of Vaccinations in Halls.docx](#)
[211012 Updated Student Living- Halls Risk Assessment COVID October 2021.xlsm](#)

From: Rainsforth Dix <xxxxxxxxxxx.xxx@xxx.xx.xx>
Sent: Thursday, 14 October 2021 6:59 pm
To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Cc: Mark Loveard <xxxx.xxxxxxx@xxx.xx.xx>; Steve Wragg <xxxxx.xxxxx@xxx.xx.nz>; Simon Johnson <xxxxx.xxxxxxx@xxx.xx.xx>; Jackie Anderson <jackie.anderson@vuw.ac.nz>
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Rainsforth

From: [Grant Guilford](#)
To: [Rainsforth Dix](#)
Cc: [Katherine Edmond](#)
Subject: FW: PGSA and vaccination
Date: Friday, 15 October 2021 9:33:54 AM
Attachments: [image001.png](#)

FYI
Grant

From: Margaret Hyland <xxxxxxxx.xxxxxx@xxx.xx.xx>
Sent: Friday, 15 October 2021 9:23 am
To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Subject: PGSA and vaccination

Mōrena Grant

I spoke to PGSA who are fully supportive of vaccination as a condition of entry to campus. They have discussed this amongst their exec.

Also – thinking about the transition to endemic Covid and the exponential growth in Covid numbers seems like this is a good time to re-think our responses. The paradigm is shifting – how do we respond in the short term?

Margaret

Professor Margaret Hyland, CEng, FIChemE, FRSNZ

Vice-Provost (Research)

Maruārangi

Te Herenga Waka—Victoria University of Wellington

Phone +64 4 463 5963

Mobile +64 27 663 5963

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ORCID:  <https://orcid.org/0000-0002-4505-1077>



From: [Grant Guilford](#)
To: [Margaret Hyland](#)
Subject: RE: PGSA and vaccination
Date: Friday, 15 October 2021 9:35:00 AM
Attachments: [image001.png](#)

Thanks Margaret
Very helpful.
I've just signed out a vaccine mandate for the Halls of Residence.
We will now turn to the question of the wider campus!
Cheers
Grant

From: Margaret Hyland <xxxxxxxx.xxxxxx@xxx.xx.xx>
Sent: Friday, 15 October 2021 9:23 am
To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Subject: PGSA and vaccination

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ORCID:  <https://orcid.org/0000-0002-4505-1077>



From: [Grant Guilford](#)
To: [Dean Knight](#)
Subject: RE: Mandating COVID 19 Vaccinations in student accommodation
Date: Friday, 15 October 2021 3:17:00 PM

Excellent – forces of good indeed!

From: Dean Knight <xxxx.xxxxxx@xxx.xx.xx>
Sent: Friday, 15 October 2021 10:34 am
To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Subject: RE: Mandating COVID 19 Vaccinations in student accommodation

Kia ora Grant

Thanks. This is, I think, a wise move – and the mood generally seems to be changing and leaning in favour of protection. Fingers crossed, too, high tax rates makes any residual sites of contest minimal. And always happy for any words or reckonings to be borrowed for the forces of good!

d

Dr Dean Knight

Associate Professor
Faculty of Law and New Zealand Centre for Public Law
Te Herenga Waka—Victoria University of Wellington

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www.wgtn.ac.nz | 0800 04 04 04



From: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>
Sent: Friday, 15 October 2021 9:33 AM
To: Dean Knight <xxxx.xxxxxx@xxx.xx.xx>
Subject: FW: Mandating COVID 19 Vaccinations in student accommodation

Morena Dean

Just a quick note to keep you up to date with this and to declare the plagiarism in the middle of the email.

Cheers

Grant

From: Grant Guilford
Sent: Friday, 15 October 2021 9:08 am
To: Rainsforth Dix <xxxxxxxxxxx.xxx@xxx.xx.xx>
Cc: Mark Loveard <xxxx.xxxxxx@xxx.xx.xx>; Steve Wragg <xxxxx.xxxxxx@xxx.xx.xx>; Simon Johnson <xxxxx.xxxxxx@xxx.xx.xx>; Jackie Anderson <xxxxxx.xxxxxxxx@xxx.xx.xx>;

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Sent: Thursday, 14 October 2021 6:59 pm

To: Grant Guilford <xxxxx.xxxxxxxx@xxx.xx.xx>

Cc: Mark Loveard <xxxxx.xxxxxxxx@xxx.xx.xx>; Steve Wragg <xxxxx.xxxxx@xxx.xx.xx>; Simon Johnson <xxxxx.xxxxxxxx@xxx.xx.xx>; Jackie Anderson <xxxxxx.xxxxxxxx@xxx.xx.xx>

Subject: Mandating COVID 19 Vaccinations in student accommodation

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Rainsforth