Summary

The University of Queensland (UQ) has conducted a Risk Assessment of health and safety risks posed to workers, students and others by the SARS-CoV-2 virus (COVID-19) arising from the relaxation of Queensland border restrictions (Risk Assessment). The Risk Assessment is attached. An outline of the context and issues considered during the development of the Risk Assessment is below.

Context

To date, Queensland COVID-19 cases have been relatively low in comparison to other Australian States and Territories. Moreover, Queensland has not experienced large outbreaks of the more serious Delta variant of the virus. However, it is expected Queensland will experience an increase in COVID-19 cases following the relaxation of State and/or international border restrictions (or where an earlier uncontrolled outbreak occurs). UQ must be prepared for this new environment.

As a person conducting a business or undertaking (PCBU), UQ has various health and safety duties under the Work Health and Safety Act 2011 (Qld), including a duty to control risks to workers and others so far as is reasonably practicable. Requiring workers, students and others entering UQ campuses, facilities and sites to be fully vaccinated against COVID-19 is the strongest control measure available to UQ for minimising the risk of illness arising from COVID-19. However, it is important for UQ to consider, among other things, whether implementation of this measure is reasonably practicable.

On 17 December 2021 (or earlier), the Queensland Government will be relaxing restrictions on State borders. People arriving from a declared hotspot in the previous 14 days may travel to Queensland if they are fully vaccinated and have a negative COVID-19 test taken within 72 hours prior to arrival. People arriving from areas that are not hotspots will have no restrictions on entry. In either case, no quarantine will be required if certain conditions are met. When the State achieves a 90% vaccination rate, there will be open borders with no restrictions or quarantine requirements.

It is anticipated that this easing of restrictions will allow the virus to circulate, albeit amongst a highly vaccinated population. As Queensland has had very little, and most recently, no community transmission, COVID-19 cases will increase and there will be widespread and high community transmission. The Queensland Government may not impose the restrictions we have seen in the past (i.e. lockdowns).

Risk Assessment

The Risk Assessment assesses health and safety risks to workers, students and others arising from COVID-19 in the context outlined above.

‘Workers’ comprise a wide range of individuals which include, but are not limited to:

- Employees
- Honorary Appointments
- Contractors
- Subcontractors
- Employees of contractors and subcontractors
- Labour hire workers
- Volunteers
- Students undertaking work experience
For the purposes of the Risk Assessment, UQ has considered cohorts of workers as follows:

**Staff** - in the context of this risk assessment includes, an employee of UQ employed on a continuing, fixed-term or casual basis under the UQ Enterprise Bargaining Agreement.

**Contractors** - in the context of this risk assessment includes natural person, business, or corporation that provides goods and/or services through a contract (written or verbal) for a specific purpose and period of time to UQ. This includes educational and research partners, or a person who is performing work for UQ (whether directly or indirectly through a third party), these include subcontractors, consultants and labour hire workers (engaged through an agency).

**Honorary Appointments** - such as academic title-holders, visiting academics, emeritus professors, adjunct and honorary title holders, industry fellows and conjoint appointments.

**Volunteers** - including people who freely offers to take part in UQ activities without payment and students on work experience.

For the purposes of the risk assessment, UQ has considered “others” to include:

- **Visitors** – persons over the age of 16 years old that are not staff, students or contractors but do attend our campuses, sites and facilities for other purposes, for example those who use our campuses for recreational purposes, delivery drivers, those attending meetings.

- **Incidental Visitors** – a visitor who poses little risk to UQ’s staff and students as they have limited interaction with them, including for example dog walkers, families using the playgrounds on the weekends, delivery drivers and non-UQ parents dropping children at childcare.

The Risk Assessment assesses the inherent risk level (risk posed without any controls in place), managed or current risk level (risk posed under existing controls) and target risk level (risk posed with proposed controls).

It concludes that it would be reasonably practicable to introduce a new lead control in the form of a requirement that all persons entering UQ campuses, facilities and sites except incidental visitors are to be fully vaccinated against COVID-19.

The Risk Assessment has been informed by, among other things:

- consultation with relevant experts and agencies including a public health physician and infectious disease epidemiologist (Prof Linda Selvey), virologist (Dr Kirsty Short), occupational physician ( ), and medical Ethicist (Dr Bryan Mukandi) and occupational hygienist (Dr Peter McGarry).

- a review of relevant medical and other scientific literature, advice provided by expert agencies and working groups such as the Australian Technical Advisory Group on Immunisation (ATAGI), the Vaccine Effectiveness Expert Panel - Government of the United Kingdom, Queensland Health, QIMR, and the United States Centers for Disease Control and Prevention.

**Key considerations outlined by Safe Work Australia considerations for undertaking a Risk Assessment associated with COVID-19**

The Risk Assessment has been developed with due consideration of relevant guidance published by Safe Work Australia, which outlines key considerations for assessing COVID-19-related risks. UQ’s position in relation to those considerations in outlined below.

1. **What is the extent of community transmission of COVID-19 where your workplace is located or where your workers perform their work?**

   As of November 2021, Queensland is in a situation where COVID-19 cases have been relatively low in comparison to other Australian States and Territories. Queensland has also benefitted from not experiencing large outbreaks of the Delta variant even though cases were present in Queensland. Coming off a very low case base, it is expected Queensland will have an increase in COVID-19 cases either through an earlier uncontrolled outbreak or through state and/or international border openings.

   - Preliminary modelling of community transmission associated with border reopening’s by the QIMR Berghofer Medical Research Institute (QIMR) includes scenarios triggered by meeting double vaccinated coverage targets. For the purposes of this risk assessment, the modelling numbers are based on 70% double vaccinated and 80% double vaccinated.
• 1 January 2022 at 70%, new daily infections are approximately 200, and at 80% approximately 75.
• 1 March 2022 at 70% new daily infections are approximately 400, and at 80% approximately 200.
• 1 May 2022 at 70% new daily infections are approximately 800, and at 80% approximately 600.

It is assumed that as cases increase so will vaccinations rates. The modelling suggests that with the population vaccinated at 90%, daily cases will not start appearing until toward the end of January 2022 and then in very low numbers. At this level of vaccination, it is forecast in May 2022, daily cases will be approximately 200. The peak for cases will be around July 2022 with approximately 1,400 cases per day.

Reference: QIMR Berghofer Medical Research Institute, Modelling COVID-19 in Queensland: Preliminary modelling of reopening scenarios on meeting vaccination targets, dated 17 October 2021

2. Considering the local situation, how likely is it that your workers will be exposed to the COVID 19 virus?

When borders open and cases increase, our staff, students and others will not be free from being exposed to COVID-19. Coupled with the Christmas break where there will be an increase in travel and international students permitted to return to the country, there will be an increase in cases. As many of our students and staff will be taking advantage of the ability to travel to see family and friends, there is a certainty that our UQ Community will be exposed to COVID-19.

3. Is a vaccine available for your workers?

A cohort of students and staff are already required to be vaccinated because they belong to the phase 1a and phase 1b priority groups and /or are associated with Queensland Health and Mater Group and other partnerships such as mining companies.

A special designated COVID clinic opened on St Lucia campus from 20 September. As of 24 November, this clinic has provided 4,206 vaccinations in total. The clinic accepts walk ins in addition to taking appointments. Prior to, and after these dates, staff and students have had, and continue to have, the opportunity to obtain the vaccination from UQ Health Care at St Lucia and Woolloongabba. Other UQ campuses are located near a Queensland Health or Federal Government run COVID vaccination clinic. Gatton campus and other remote areas have been sent information on how to obtain the COVID vaccination in their area. A pop-up clinic was organised for Gatton campus in November and 30 attended. All indigenous students have also been offered their own clinic staffed by indigenous health workers.

These clinics have been advertised and communicated to UQ staff and students in multiple ways, for example, via direct email, the UQ internet page, handing out post-cards, and social media.

4. Is the Australian Health Protection Principal Committee (AHPPC) recommending COVID 19 vaccinations for all workers in your industry?

The AHPPC has not to date recommended COVID-19 vaccinations for all workers in the education sector. However, the AHPPC has recommended mandatory vaccinations for all workers in health care settings as a condition of work. Further, the AHPPC recommends the first dose of a TGA approved COVID-19 vaccine by 30 October 2021 and a second dose by 15 December 2021. Thousands of staff and students from multiple UQ faculties and schools that place staff and students in healthcare settings are therefore captured in the AHPPC recommendation. For example, UQ has already verified the vaccination evidence of 5,192 students and staff (as of 24 November 2021).

Despite the lack of a specific recommendation from AHPPC concerning the education sector, UQ takes the position that there is a case to consider the vaccination of all its staff, students and others.

5. Based on the available evidence, is the vaccine likely to reduce transmission or improve health outcomes for those at your workplace?

Yes - Vaccines are effective in reducing infection rates of vaccinated people (see response to section 6 below). They are also effective in reducing symptoms and hospitalisation rates of vaccinated people who happen to become infected.

UQ have implemented a range of strategies to reduce COVID-19 transmission and therefore infection rates that may lead to serious illness - these are outlined in the Risk Assessment. The only other major strategy that can be undertaken is to introduce vaccines as part of our mitigation strategy. This will reduce transmission of the virus and in addition, reduce the severity of the illness.
Evidence for vaccine short-term efficacy against symptomatic COVID-19 is:

- Comirnaty (Pfizer Australia Pty Ltd) - approximately 95% from seven days after the second dose in people aged ≥12 years.
- Spikevax (Moderna Australia Pty Ltd) - approximately 94% from two weeks after the second dose in people aged ≥18 years, and similar in adolescents aged 12-17 years.
- Vaxzevria (AstraZeneca Pty Ltd) - ranges from about 62% to 73% after the second dose with the higher efficacy seen after a longer interval (12 weeks) between doses. Efficacy from day 22 after the first dose up until 12 weeks is approximately 73%.
- The effectiveness of all 3 vaccines against symptomatic infection with the Delta strain of SARS-CoV-2 is reduced compared with earlier strains, however protection against hospitalisation is maintained.
- ATAGI recommends a single booster dose for people who completed their primary COVID-19 vaccine course ≥6 months ago. Comirnaty is the preferred brand for booster doses, regardless of the brand used in the primary course.

On the 2 August 2021, ATAGI reaffirmed previous advice that in a large SARS-CoV-2 outbreak, the benefits of the COVID-19 Vaccine AstraZeneca are greater than the risk of rare side effects for all age groups. ATAGI also stated the increased transmissibility and possible increased severity of the Delta variant of SARS-CoV-2 underscores the importance and immediate benefits of achieving the highest possible COVID-19 vaccine uptake, especially in outbreak areas.


6. Are the vaccines effective at reducing the serious health effects of COVID-19, taking into account the circulating virus variant?

On the 23 April 2021, ATAGI released the following statement on vaccination:

Vaccination remains the best way to protect against severe illness and death from COVID-19 and is a core element of the pandemic response.


The United States Center for Disease Control and Prevention (CDC) provided the following statement (dated 18 November 2021) on vaccine effectiveness for all virus variants:

COVID-19 vaccines are effective and can reduce the risk of getting and spreading the virus that causes COVID-19. Learn more about the different COVID-19 vaccines.

COVID-19 vaccines also help children and adults from getting seriously ill even if they do get COVID-19.


The United States CDC provided the following statement (dated 18 November 2021) on vaccine effectiveness in regard to the Delta variant:

The Delta variant causes more infections and spreads faster than earlier forms of the virus that causes COVID-19. It might cause more severe illness than previous strains in unvaccinated people.

Vaccines continue to reduce a person’s risk of contracting the virus that cause COVID-19, including this variant.

Vaccines continue to be highly effective at preventing hospitalization and death, including against this variant.

Fully vaccinated people with breakthrough infections from this variant appear to be infectious for a shorter period.


4 UQ COVID-19 Living with COVID-19 Risk Assessment and Management Plan CRICOS Provider 00025B
On 27 October 2021, ATAGI stated:

As the virus that causes COVID-19, SARS-CoV-2, is likely to become endemic in Australia, ATAGI strongly advises that the first priority for providing optimal community-wide protection against COVID-19 is achieving very high vaccination coverage of two vaccination doses for all eligible Australians.

ATAGI anticipates that booster doses of COVID-19 vaccines are likely to be warranted, in time, for all Australians aged 18 years and older to mitigate against waning immunity to SARS-COV-2 and emergence of SARS-CoV-2 variants. Evidence on the benefits and risks of booster doses is still limited but supports the benefit and safety of booster vaccination, particularly in high-risk groups.


7. Are your workers likely to be exposed to COVID-19 as part of their work?

If community transmission of COVID-19 escalates in our general community, health care settings are very likely to encounter people infected with the virus and therefore there is a higher risk of potential exposure for those workers. UQ has numerous faculties and schools that place staff and students in healthcare settings. These workers have a high to very high exposure risk due to the likelihood of patients presenting with COVID-19 and close contact when providing health care. These people are covered by a number of Queensland Health Directives including “Workers in a healthcare setting (COVID-19 Vaccination Requirements) Direction.”

Staff and students at UQ are frequently in settings with numerous people e.g. face to face teaching and learning settings, events (such as graduations, orientation week activities, field trips, eating/hospitality settings etc).

Students that live in high-density accommodation settings such as the residential colleges have a high likelihood of being exposed if a resident of the accommodation becomes infected with the virus.

8. Do your workers work with people who would be vulnerable to severe disease if they contract COVID-19?

Yes - There are elderly staff and students, with disabilities and comorbidities who frequently attend and actively interact at our campuses. UQ is also cognisant of vulnerable friends and family of UQ staff and students.

Vulnerable UQ persons are identified in business continuity planning with actions taken to protect them from the risk of infection. Such actions include:

- Allowing such persons to work from home as required; and
- Removing such persons from public facing areas.

Staff and students placed in health care settings will potentially interact with clients who could contract severe disease if exposed to COVID-19.

9. What is the likelihood that COVID-19 could spread in the workplace? For example, some work tasks may require your workers to work in close proximity to each other, to your customers or members of the public.

Highly likely - SARS-CoV-2 is a highly transmissible virus that is both contracted through airborne particles and droplets. People close to an infected person are more likely to get infected.

There are areas within UQ where close contact occurs. Examples include health care settings, many teaching and research spaces, practical based learning environments, field trips, event-type activities and high-density accommodation settings (e.g. college accommodation). These areas are at a higher risk of exposure.

The QIMR modelling is based on community in general. At UQ, there are numerous settings where there are higher levels of close interaction between staff and students, higher than the general community.

10. Do your workers interact with large numbers of other people in the course of their work that could contribute to a ‘super spreading’ event if your workers contract COVID-19?

UQ hosts multiple events, especially at the start of semesters. Both staff and students attend these events.
which can host up to 20,000 people (Orientation Week, or Market Day), or Graduation Ceremonies where up to 2,000 people attend one ceremony for example. In addition, students and staff may be exposed in numerous multi-person settings each week e.g. tutorials, seminars, lectures.

\[1\] An employee may be considered as a vulnerable person to COVID-19 if they:
- are 70 years or older
- are 65 years or older with chronic medical condition/s
- are an Aboriginal and Torres Strait Islander person who is 50 years or older with chronic medical condition/s
- are significantly immunocompromised or taking immunosuppression therapy
- have a medical condition and their doctor has advised in writing that the medical condition places them at increased risk and they require consequential work adjustments

Students living in high-density accommodation have a high likelihood of being exposed if a resident of the accommodation is infected with the virus. A super spreader scenario could see high numbers of residents exposed.

11. What other control measures are available and in place in your workplace?

There is a wide range of controls that have been implemented across UQ since early 2020. These controls are regularly reviewed based on the prevailing community transmission and anticipated community transmission rates. These controls have been outlined in the attached Risk Assessment.

12. Do those control measures already minimise the risks of COVID19, so far as is reasonably practicable?

The existing controls have reduced the inherent risk that UQ people are exposed to. See the inherent and managed risk levels as documented within the attached Risk Assessment. UQ argues that it is reasonably practicable to further reduce the risk exposure by requiring vaccination.

13. Would a requirement to be vaccinated be unlawful in the circumstances? For example, would it discriminate against a class of workers?

UQ has considered this question and determined that a vaccination requirement would not be unlawful if implemented in the manner proposed.
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<tr>
<th>No.</th>
<th>Risk Title</th>
<th>Risk (including threats, vulnerabilities and consequences)</th>
<th>Internal Risk Level</th>
<th>Existing controls and their effectiveness</th>
<th>Impact Type</th>
<th>Intensity of Control</th>
<th>Current Risk Analysis</th>
<th>Additional proposed controls to lower risks to TRL</th>
<th>Intensity of Control</th>
<th>Documented Due dates for implementing additional controls</th>
<th>Person Responsible</th>
<th>Residual Risk Analysis</th>
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<tbody>
<tr>
<td>1</td>
<td>Living with COVID-19 at UQ campuses, sites and facilities</td>
<td>Adverse health outcomes as a result of COVID-19 virus</td>
<td>High (H)</td>
<td>Only coming to campus when well</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (M)</td>
<td>High (H)</td>
<td>Air case number 1, facilitate access to COVID-19 testing clinic at St Lucia campus.</td>
<td>Engineering</td>
<td>2/7/2020</td>
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<td>or transmission among staff and students, and others. It can be anticipated that people may contract the virus and as a result exhibit a range of symptoms from mild to mild to cases that may exhibit significant and severe illness. For a proportion of cases, symptoms consistent with COVID-19 may also occur. More risks are when large numbers of people are in close and regular contact with each other e.g. face to face teaching, learning environments, professionals conducting work in buildings. This effects a very large number of people (OUSIQ=)</td>
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<td>1</td>
<td>Living with COVID-19 at UQ campuses, sites and facilities</td>
<td>Major (6)</td>
<td>Very High (5)</td>
<td>Extreme</td>
<td>Only coming to campus when well - UQ has communicated this to the staff, students and others (except incidental visitors) since the beginning of the pandemic through staff and student emails, management updates, website updates, through meetings and usual communication (papers, app screens etc) and will continue to do this. - It is essential that all staff and students who are feeling unwell and/or showing any of the initial symptoms of COVID-19 do not come to campus and get tested for COVID-19. At work units reinforce this message in local communications. - UQ has COVID-19 home testing. - Where possible, UQ utilizes alternate student learning methods and assessment activities to decrease disadvantage to students if they are unable to attend campus due to illness.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>High (4)</td>
<td>High</td>
<td>As case numbers rise, facilitate access to COVID-19 testing clinic at St Lucia campus. Require vaccinations to be mandatory for staff, students and others (except incidental visitors) to reduce the risk of transmission and of serious illness. Vaccination will reduce the rate of COVID transmission and reduce the rate of serious illness, hospitalisation and death. Continue with the regular vaccination clinic at St Lucia. Consider addition of pop-up clinics at UQ-owned residential colleges if supported by Queensland health.</td>
<td>Engineering</td>
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<td>Impact Type</td>
<td>Hierarchy of Control</td>
<td>Current Risk Analysis</td>
<td>Additional proposed controls to lower RIL to TRL</td>
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<td>Recommended Due date for implementing additional controls</td>
<td>Person responsible</td>
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<td>Major (4)</td>
<td>Very High (5)</td>
<td>Extreme</td>
<td>Physical distancing</td>
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<td>Major (6)</td>
<td>Very High (5)</td>
<td>Extreme</td>
<td>Face masks</td>
<td>Health &amp; Safety</td>
<td>Isolating</td>
<td>Moderate (3)</td>
<td>High (4)</td>
<td>High</td>
<td>Require vaccinations to be mandatory for staff, students and others (except residential residents) to reduce the risk of transmission and of serious illness. Vaccinations will reduce the risk of COVID transmission and reduce the risk of serious illness, hospitalisations and death. Future events will be open to vaccinated persons only.</td>
<td>Engineering</td>
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<td>Major (4)</td>
<td>Very High (5)</td>
<td>Extreme</td>
<td>Practise good personal hygiene. No hand sanitiser stations across the campus. In buildings to ensure staff and students have multiple opportunities to hand sanitiser when entering or leaving a building or workplace, and during their activities on campus. In addition, hand sanitiser are in learning areas, lecture theatres etc. - Water pushers, e-screens, postcards etc. are across campus to reinforce key health and personal hygiene messages. - UQ cleaning contractors ensure the ongoing metaphor/Top of scrubber and wash.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>High (4)</td>
<td>High</td>
<td>No further controls proposed specifically for cleaning. Introducing mandatory vaccinations will decrease the quantity of risks and the likelihood of transmission.</td>
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<td>Major (4)</td>
<td>Very High (5)</td>
<td>Extreme</td>
<td>Increased cleaning. - Established a greater cleaning regime with the cleaning contractors, enforcing high touch surfaces particularly common, high traffic areas. - Inaugurated an extra cleaning team at St Lucia campus and Herston site to concentrate on high traffic areas concentrating on surface cleaning. - Precautionary measures escalated. - When a COVID case is identified (or a close contact) or where someone has symptoms and had left the campus. - Local areas encouraged to provide access to additional cleaning products to wipe down work stations if necessary. - Teaching areas provided with training sessions where students were encouraged to use the products to clean their area before and after their teaching session. - Additional cleaning provided in the Ph2.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>High (4)</td>
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<td>Major (4)</td>
<td>Very High (5)</td>
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<td>Reduce aerosols contaminated with SARS-CoV-2 well ventilated and filtered air to indoor spaces. Mechanical ventilation to indoor spaces is designed to meet current Australian Standards. Air supplied by mechanical means is filtered. Encourage the opening of windows if possible. Sufficiently mechanical ventilation is to U2 indoor spaces to provide fresh air and remove airborne particles. To be monitored using CO2 concentrations as proxy. Ventilation can disperse infected air, therefore reducing the risk of exposure to Covid-19.</td>
<td>Health &amp; Safety</td>
<td>Engineering</td>
<td>Moderate (3)</td>
<td>High (4)</td>
<td>High</td>
<td>Undertake ventilation review, commencing with the university's most densely occupied spaces and adjusted where possible and feasible, to improve the ratio of fresh outside air to recirculated air. If this does not achieve a result of &lt; 0.50 per 1000 rooms, the maximum occupancy of the indoor space may need to be reduced to achieve the target concentration. The filtration to indoor areas will be reviewed on a case by case basis. The option of portable air cleaners/filters will be considered based upon the characteristics of the indoor space such as size and location of occupants within the space.</td>
<td>Engineering</td>
<td>Director</td>
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<td>Major (6)</td>
<td>Very High (5)</td>
<td>Extreme</td>
<td>Work arrangements: - A range of nil and short procedures and resources are in place to support flexible work arrangements such as - Nil arrangements - split work arrangements; where local management deem it necessary. - To reduce occupant density the use of technology is in place to ensure face to face meetings e.g. zoom, teams etc. - Persons infected or a close contact required to work at home under health direction. Able to work if they were not ill.</td>
<td>Health &amp; Safety</td>
<td>Isolating</td>
<td>Moderate (3)</td>
<td>High (6)</td>
<td>High</td>
<td>Business continuity planning will be updated to consider work arrangements to implement work disruptions for those that may need to isolate due to illness. Introducing mandatory vaccinations will reduce the number of people losing away from work or study due to COVID and will decrease the transmission, resulting in less disruption to business and study.</td>
<td>Engineering</td>
<td>FTHL/ DOC's and Directors</td>
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<tr>
<td>No.</td>
<td>Risk Title</td>
<td>Interest Risk Level</td>
<td>Existing controls and Risk effectiveness</td>
<td>Impact Type</td>
<td>Hierarchy of Control</td>
<td>Current Risk Analysis</td>
<td>Additional proposed controls to lower RIL to TBL</td>
<td>Person responsible</td>
<td>Recommended Date for implementing additional controls</td>
<td>Residual Risk Analysis</td>
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<td>2</td>
<td>Living with COVID-19 at UQ campuses and sites</td>
<td>Major (4)</td>
<td>Encouraging vaccination - Encourage the benefits of vaccination to staff, students, and others except incidental residents</td>
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<td></td>
<td>Widespread Covid infection could shut down critical core business of teaching and research.</td>
<td>Very High (5)</td>
<td>Possible reduction and implementation of government Directives will require UQ to manage restrictions at UQ if required.</td>
<td>Extreme</td>
<td>Engineering</td>
<td>Moderate (3)</td>
<td>High (4)</td>
<td>Medium (3)</td>
<td>High</td>
<td>Low</td>
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<tr>
<td>3</td>
<td>COVID-19 - Living with COVID-19 at UQ campuses and sites</td>
<td>Major (4)</td>
<td>Risk of transmission of COVID-19 between students and staff at the UQ student residences (Key Carberry House and Satten House of Residents) resulting in serious illness.</td>
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<td></td>
<td>Risk of transmission of COVID-19 between students and staff at the UQ student residences (Key Carberry House and Satten House of Residents) resulting in serious illness.</td>
<td>Very High (5)</td>
<td>Macquarie House and Gatton Acts of Residencies have processes in place including occupant density requirements for shared areas, quarantine processes for ill students, procedures regarding immunising students etc in shared areas.</td>
<td>Extreme</td>
<td>Health &amp; Safety</td>
<td>Moderate (3)</td>
<td>High (4)</td>
<td>Medium (3)</td>
<td>High</td>
<td>Low</td>
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<tr>
<td>No.</td>
<td>Risk Title</td>
<td>Risk (including threats, vulnerabilities and consequences)</td>
<td>Interest Risk Level</td>
<td>Existing controls and their effectiveness</td>
<td>Impact Type</td>
<td>Hierarchy of Control</td>
<td>Current Risk Analysis</td>
<td>Additional proposed controls to lower risk to TRL</td>
<td>Hierarchy of Control</td>
<td>Recommended Due date for implementing additional controls</td>
<td>Person Responsible</td>
<td>Residual Risk Analysis</td>
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<td>4</td>
<td>COVID-19 - Living with COVID-19 at UQ campuses and sites</td>
<td>Risk of transmission of COVID-19 to UQ staff or students and visitors at UQ campuses or sites</td>
<td>Major (4)</td>
<td>Vary High (5)</td>
<td>Extensive</td>
<td>People in this category are UQ staff, students, or third party contractors/consultants who are required to be present on site to deliver UQ's customer service. This may include non-UQ students, visitors, and staff</td>
<td>Health &amp; Safety</td>
<td>Major (4)</td>
<td>Medium (3)</td>
<td>High</td>
<td>All staff, students, honorary appointments and contractors will be required to be fully vaccinated against COVID-19. Travel outside of Queensland will not be allowed to occur if the person has not been fully vaccinated against COVID-19. This includes student placement, field work and visiting for operational purposes.</td>
<td>Engineering</td>
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<tr>
<td>5</td>
<td>Living with COVID-19 at UQ campuses and sites</td>
<td>Transmission of COVID-19 to vulnerable people (staff and students) at UQ campuses, sites or facilities may cause them to become ill. This could extend to vulnerable family or friends contacts of COVID-19 patients in staff or students that attend a UQ campus, site or facility</td>
<td>Major (4)</td>
<td>Vary High (5)</td>
<td>Extensive</td>
<td>Vulnerable persons are identified in the business continuity planning with actions associated with them.</td>
<td>Health &amp; Safety</td>
<td>Isolating</td>
<td>Major (4)</td>
<td>Medium (3)</td>
<td>High</td>
<td>Human resources are mandatory for staff, students and others (except incidental visitors) to reduce the risk of transmission of the virus. Vaccination will reduce the rate of COVID transmission and reduce the risk of serious illness, hospitalizations and death. This will enable vulnerable staff to return to campus with some degree of comfort.</td>
</tr>
<tr>
<td>6</td>
<td>Living with COVID-19 at UQ camps and sites</td>
<td>Participants or patients who attend UQ Campuses, sites or facilities may be exposed to unvaccinated persons while seeking treatment or participating in research projects. These include patients attending dental, pharmacy, healthcare centres, clinics, participants in clinical trials.</td>
<td>Major (4)</td>
<td>Vary High (5)</td>
<td>Extensive</td>
<td>Currently, patients attending healthcare settings are covered under the workplace in a healthcare setting (COVID-19 Vaccination Requirement) direction. Risk management is considered as part of this policy.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>Medium (3)</td>
<td>High</td>
<td>Human resources mandatory for UQ staff, honorary appointments and students to reduce the risk of transmission and reduce the rate of serious illness, hospitalizations and death. This will reduce the exposure to the virus to patients and participants from others on UQ campus or sites.</td>
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<td>7</td>
<td>Living with COVID-19 at UQ campuses, sites and facilities</td>
<td>Introducing mandatory vaccines may cause anxiety of some people to those who do not want to be vaccinated due to philosophical, religious or other personal reasons. This may be anxiety due to the perception of loss of risk of attending UQ or having to remove themselves from studying at UQ.</td>
<td>Moderate (3)</td>
<td>Medium (3)</td>
<td>Moderate</td>
<td>Consultation period open for people to provide feedback. People can speak with their managers, supervisors, HR, student support and medical professionals for further information.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>Low (2)</td>
<td>Medium</td>
<td>Procedure to be put in place outlining UQ process and Student Affairs process for discussing concerns with staff and students. This process may involve providing more information to allow people to feel more comfortable to be vaccinated. Students still do not want to be vaccinated. A range of measures should be reviewed, e.g., the individual needs to attend UQ campus, site or facility to work or study. Consultative arrangements be made, whether in person or online, to accommodate for distance.</td>
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<td>No.</td>
<td>Risk Title</td>
<td>Risk (including threats, vulnerabilities and consequences)</td>
<td>Interest Risk Level</td>
<td>Existing controls and Risk effectiveness</td>
<td>Impact Type</td>
<td>Hierarchy of Control</td>
<td>Current Risk Analysis</td>
<td>Additional proposed controls to lower RIL to TRL</td>
<td>Hierarchy of Control</td>
<td>Recommended Due date for implementing additional controls</td>
<td>Person responsible</td>
<td>Residual Risk Analysis</td>
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<tr>
<td>8</td>
<td>Living with COVID-19 at UQ campuses and sites</td>
<td>Increased spike in cases from community transmissions in 2021 when borders open resulting in increase illness across Queensland, and at UQ.</td>
<td>Major (4)</td>
<td>Very High (3)</td>
<td>Extreme</td>
<td>Contact tracing is compiled by De-Mo Public health Inc. UQ assist GRI with supplying information about contacts that may be related to the primary case. UQ have installed QR Codes on all buildings on all campuses and also to assist GRI with the contact tracing endeavours. This is in accordance with the Public Health Directive. In addition, in teaching and learning space, UQ have generated QR codes to be used when students attend these spaces which record their room, table and seat number - this will assist GRI with contact tracing if we are called to assist them. Complying with all Government Directives.</td>
<td>Compliance</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>Medium (3)</td>
<td>Medium</td>
<td>No further controls proposed specifically for contact tracing.</td>
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<tr>
<td>9</td>
<td>COVID-19 - Living with COVID-19 at UQ campuses and sites</td>
<td>Risk of transmission of COVID-19 to other third parties resulting in serious illness, eg. contractors and consultants, who attend UQ campuses, sites and facilities may and interact with staff and students on a regular basis over a longer period of time and at times indoors. These examples include interaction in retail / hospitality outlets, public transport hubs, consultations working within the offices and facilities alongside UQ staff, meetings with contractors and HR staff, cleaning services, food truck providers etc.</td>
<td>Major (4)</td>
<td>Very High (3)</td>
<td>Extreme</td>
<td>Contractors and consultants are provided induction into UQ and to the site they are working where current COVID mitigation strategies are provided to them (see items above). In most cases, in addition to UQ's strategies, the contractors/consultants/company's will have their own COVID mitigation measures. Contractors/consultants who are not well are asked to leave the site, and get tested.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>High (4)</td>
<td>Medium</td>
<td>All contractors to be fully vaccinated against COVID-19 prior to being sent to any UQ campus, site or facility. Information is sent to our contractors to advise them of this requirement and should evidence of this be asked for by a UQ authorised staff member, the requirement of all staff and students vaccinated will offer a level of protection and reduce transmission to 3rd parties when they attend a UQ campus, site or facility.</td>
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<tr>
<td>10</td>
<td>COVID-19 - Living with COVID-19 at UQ campuses and sites</td>
<td>Controlled entities (excluding UQ HealthCare as they are covered under workers in a healthcare setting - COVID-19 Vaccination Requirements) - Risk of transmission of COVID-19 to external users (patrons and visitors of UQ campuses, sites and facilities resulting in serious illness, and vice versa. Convening external users may transmit COVID-19 to staff and students causing serious illness. The risks have been determined to be higher for those participating in indoor sports and activities as the interaction with UQ staff and students is over a longer period of time and in an indoor setting. Outdoor sports or activities are determined to have a lower risk of transmission and therefore infection resulting in serious illness as transmission outcomes is reduced, there is little to no personal interaction with staff or students. Staff of controlled entities have a similar risk exposure to UQ staff.</td>
<td>Major (4)</td>
<td>Very High (3)</td>
<td>Extreme</td>
<td>Patrons and visitors in this category are exposed to signage across all UQ campuses, sites and facilities stating how to apply risk mitigation strategies to minimise the risk of contracting COVID-19. Controlled entities must abide by the Government Directive that governs DPH (Restrictions on Businesses, Activities and Undertakings) Direction) and they have additional local protocols in place. The likelihood of transmission between people that participate in outdoor sports or activities are lower than those participating in indoor sports. Some outdoor sports may fall under the requirements of a governing association eg. Rugby SA. Patients and clinical research participants attending a healthcare setting or premises, are not required to be vaccinated against COVID-19, which affects people in this category attending a number of UQ campuses, sites and facilities.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>Medium (3)</td>
<td>Medium</td>
<td>For UQ Sport, they should encourage clubs that organise outdoor sporting competitions on UQ campuses to be fully vaccinated. All other indoor sport or activities venues will be required to be fully vaccinated. Staff of controlled entities and any visitors (except residential visitors to controlled entities on UQ campuses, sites and facilities will be required to be fully vaccinated). Having the requirement of all staff and students vaccinated will offer a level of protection and reduce transmission to visitors, patrons and staff of controlled entities when they attend a UQ campus, site or facility.</td>
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<tr>
<td>No.</td>
<td>Risk Title</td>
<td>Risk (including threats, vulnerabilities and consequences)</td>
<td>Impact Type</td>
<td>Type (see Risk Matrix)</td>
<td>Consequences</td>
<td>Likelihood</td>
<td>IPL</td>
<td>Consequences</td>
<td>Likelihood</td>
<td>IPL</td>
<td>TRL</td>
<td>Consequences</td>
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<tr>
<td>11</td>
<td>COVID-19 - Living with COVID-19 at UQ campuses and sites</td>
<td>Risk of transmission of COVID-19 to persons attending the Heron Island Research Station (HIRS) and those who are in close contact with them while on the island or from visitors to the Research Stations to staff which may result in serious illness. The Research Stations have visiting researchers, school groups and corporate visitors (visitors) that complete a day trip or longer overnight stays. There are some shared kitchen, bathroom and living quarters. Transport to the Research Stations for visitors are via public boats or helicopter. Contractors are contracted to provide maintenance to the facilities and infrastructure on the island, organized by HIR.</td>
<td>People in this category are UG staff and students and are working in UQ existing COVID-19 mitigation strategies. Visitors are prone to it with the COVID-19 requirements prior to attending the Research Stations. Contractors have COVID-19 induction processes that go through COVID-19 requirements. Contractors who are available for any person who becomes ill on the island and have a procedure for taking them to the mainland. As there are higher rates of vaccination in QLD, the consequence is deemed as moderate.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>Medium (3)</td>
<td>All staff, students (over the age of 16 years old) who are at the island or at the Research Station for visitors to the island will be required to be fully vaccinated against COVID-19 in prior to being able to attend the research station. Using the requirement of all staff and students vaccinated will offer a level of protection and reduce transmission to others and, vice versa.</td>
<td>Engineering</td>
<td>2/4/2022</td>
<td>USET</td>
<td>Minor (2)</td>
</tr>
<tr>
<td>12</td>
<td>COVID-19 - Living with COVID-19 at UQ campuses and sites</td>
<td>Risk of transmission of COVID-19 to external users of UQ campuses, sites and facilities who do not directly interact with staff, students or contractors. Visitors may meet in public areas. There is little to no personal interactions with staff or students outside of normal business hours. There are no staff or students on site. Example: Includes users of UQ campuses, sites and facilities for recreational purposes or sporting events predominantly after hours or on weekends.</td>
<td>People in this category are expected to engage across all UQ campuses, sites and facilities staff on how to apply risk mitigation strategies to minimize the risk of infecting COVID-19. There is a Government direction stating only fully vaccinated patrons are allowed in hospitality outlets and childcare centers have local protocols for patrons. To follow-up, using the Check-in QLD app, hand sanitizing etc. The likelihood of transmission between people who use UQ campuses, sites and facilities is very low as most of this interaction will be outside, in passing with no verbal communication, at a distance of more than 1.5m, at times when there is no staff and students on site.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>Low (2)</td>
<td>Promotion of fully vaccinated residents returns to UQ campuses, sites and facilities will be promoted. Information will be communicated through our web site and external signage to advise them of this using the requirement of all staff and students vaccinated will offer a level of protection and reduce transmission to visitors when they attend a UQ campus, site or facility.</td>
<td>Engineering</td>
<td>2/4/2022</td>
<td>USET</td>
<td>Moderate (3)</td>
</tr>
<tr>
<td>13</td>
<td>COVID-19 - Living with COVID-19 at UQ campuses and sites</td>
<td>Risk of transmission of COVID-19 to people (including visitors and guests of attendees) attending an event at a UQ campuses, sites and facilities which may result in serious illness. Examples of events include coordination committee, student forced activities (1) Week, Market Day, Open Days, Events are those activities where it is not essential to core teaching, learning or research activities, but are to enhance the student experience and have a large number of people that don’t usually engage with each other on a regular basis. These events may be indoors and if outdoors, usually attract large numbers. Contractors that provide a service to the events i.e. photographers, food trucks, entertainers.</td>
<td>Event processes are in place - administrators are controlled for COVID-19. Event risk assessment required, including contractors where the mitigation strategies are detailed. All Events are funnelled through a central team in UQ’s risk review and approve the event to go ahead. Events have the Check-in QLD app which must be used. Registration processes include COVID-19 health screening questions and it is people are not able to enter the event. Event protocols include areas for first aid and temporary quarantine areas for those that fail. Contractors are managed through the event management process.</td>
<td>Health &amp; Safety</td>
<td>Administration</td>
<td>Moderate (3)</td>
<td>Medium (3)</td>
<td>All staff, students, and visitors attending events at UQ campuses, sites and facilities will be required to be fully vaccinated against COVID-19. Information will be communicated through the Events coordination team in UQ. Event organizers will be required to have contractors use the Check-in QLD app which will be connected to a persons vaccination certificate. Persons not vaccinated will be unable to attend the event. This will be communicated as a requirement at registration for the event. Having the requirement of all staff and students vaccinated with offer a level of protection and reduce transmission to others when they attend a UQ campus, site or facility.</td>
<td>Engineering</td>
<td>2/4/2022</td>
<td>Event organizers</td>
<td>Minor (2)</td>
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