

# External Health and Safety Expert Review Stats NZ's COVID-19 Health and Safety Risk Assessment

## 1. Introduction

Stats NZ Team Leader – Health, Safety & Wellbeing, People & Culture, Elmie Botha requested Jeena Murphy, Prof NZISM, from Working Wise Ltd to undertake a review on their COVID-19 Health and Safety Risk Assessment as an external health and safety expert.

The brief was to verify Stats NZ's Risk Assessment and logic against the:

- MOH guidelines
- Public Health Act 2020 with its two orders for Vaccination and Testing
- Public Service Commission Guidance
- WorkSafe NZ guidance on risk assessment
- Other relevant legislation and guidance.

The brief also included commenting on whether risk assessment was fit for purpose to present to Stats NZ Legal and the PSA Union as a case to state that the activities outlined in the risk assessment create health and safety risks in relation to Covid 19 and employees do need mandatory vaccinations and testing.

### 1.1 Documents provided by Statistics NZ

- *ELT Memo – Risk Assessment Covid 19 Vaccinations (draft v1 and v2)*
- *Copy of Covid combined census field risk assessment (EXCEL doc)*

## 2. Risk Assessment

Overall, the risk assessment methodology is sound in the light of the announcement for businesses to use a risk assessment model to assess risks for business mandated vaccinations related to roles.

In the absence of the COVID-19 Protection Framework announced by Minister for Workplace Relations and Safety Michael Wood, workplaces are directed to WorkSafe NZ Guidance and risk assessment process, that focuses on how to decide what work requires a vaccinated employee.

*On 26 October the Government announced that a new risk assessment process will be introduced under public health legislation later this year. This guidance helps employers make a risk assessment under HSWA in the interim and provides our interim enforcement approach. WorkSafe NZ: 27 October 2021*

### 2.1 Role vs Task

The WorkSafe NZ guidance states:

*Your focus in the risk assessment must be on the role – the work being done – rather than the individual performing the role.*

A concern is in both the *ELT Memo (draft V1 and V2)* and the *Covid combined census field risk assessment (EXCEL)* the Statistics NZ risk assessment clearly states it is assessing risk for task and

activity, as opposed to role. This could easily be aligned to WorkSafe NZ's focus on role by stating that the tasks are related to field roles and census roles (or appropriate terminology).

## 2.2 WorkSafe NZ Risk assessment questions not addressed

These are the risk factors that WorkSafe NZ recommend are considered for during the risk assessment. Currently they are not clearly addressed. At the end of the *ELT Memo (draft v2)* document on Page 11, there is a list of roles. The factors below should be considered for each of these roles.

On the *Covid combined census field risk assessment (EXCEL)*, comments on some of these factors but not in a structured way.

My concern is the COVID-19 risk assessment does not clearly address these questions which are the basis of the risk assessment at present.

They do need to be addressed as all Government information points back to WorkSafe NZ to provide guidance on how to do this work-related health and safety risk assessment, until the Public Health Legislation is updated.

A recommendation is adding into the *ELT Memo (draft V1 and V2)* a section **entitled WorkSafe NZ Risk Assessment Considerations** after the intervention logic section.

	Consider these risk factors	Evidence of Stats Consideration
1	How many people does the employee carrying out that work come into contact with? (very few = lower risk; many = higher risk)	Field: Many Census: Many
2	How easy will it be to identify the people who the employee comes into contact with? (easy to identify, such as co-workers = lower risk; difficult to identify, such as unknown members of public = higher risk)	Field: Easier (booked appts) Census: Easier (booked appointments)
3	How close is the employee carrying out the tasks in proximity to other people? (2 metres or more in an outdoor space = lower risk; close physical contact in an indoor environment = higher risk)	Field: Higher risk as can't keep 2m distance Census: Higher risk as can't keep 2m distance
4	How long does the work require the employee to be in that proximity to other people? (brief contact = lower risk; lengthy contact = higher risk)	Field: Higher risk as can be 2 – 3 hours Census: Higher risk as can be 2 – 3 hours
5	Does the work involve regular interaction with people considered at higher risk of severe illness from COVID-19, such as people with underlying health conditions? (little to none = lower risk; whole time = higher risk)	Field: Higher risk as there is no way to know client's health status or vaccination status. Census: Higher risk as there is no way to know client's health status or vaccination status.
6.	Will the work continue to involve regular interaction with unknown people if the region is at a higher alert level? (no = lower risk; yes = higher risk).	Field: Yes – higher risk Census: Yes – higher risk.
7	What is the risk of COVID-19 infection and transmission in the work environment when	Field: Higher risk

	compared to the risk outside work? (equal to outside work = lower risk; higher than outside work = higher risk)	Census: Higher risk.
8	Record your results	Field: All questions answered higher risk Census: All questions answered higher risk

### 3. The Risk Assessment Methodology

#### 3.1. Vaccination as control measure in current state – no guarantee everyone vaccinated

The risk assessment methodology used by Statistics New Zealand is robust and offers a useful framework for assessing risk.

One question mark is the use of vaccination as a control which is included in the assessment to establish 'residual risk'. It seems this control is assuming that all staff are vaccinated, which may or may not be the case. Perhaps it would be better to have the control as '*vaccinations – not all staff could be vaccinated, so it may not be a fully protective control.*

Then the additional controls would be:

- All relevant staff fully vaccinated.
- Additional Covid 19 testing.

The risk setting may be different between the inherent risk and residual risk – eg. I would think it would be higher as there's no way to determine if the current vaccination protocols will work as not everyone can be vaccinated.

This risk assessment would make a more compelling case for mandatory vaccination. In this case the initial residual risk is 16, and the final risk control effectiveness is 8, considering workplace mandated vaccination and Covid testing.

#### Example

Risk description	Inherent risk	Controls	Residual risk 16 not 12	Additional controls	Risk Control Effectiveness
Field Collection Survey Interviewers conducting surveys or assisting in the residence	25 High C: Severe L: Almost certain	<ul style="list-style-type: none"> <li>• Covid screening questionnaire</li> <li>• 1 metre min distance indoors PPE</li> <li>• QR codes provided to respondents</li> <li>• Stay safe app. Documented hygiene procedures</li> <li>• Vaccinated staff status (some might not be vaccinated)</li> <li>• Inspection of controls</li> </ul>	(your assessment – High 12)  With not clarity of vaccination status –  Major/Likely High 16	Workplace mandated vaccination for role.  Covid testing	Medium 8

## 4. General COVID-19 Control Robustness

The controls outlined in the risk assessment are in line with the advice provided from Ministry of Health to prevent the spread of COVID-19. None of the control details were provided for further comment.

### 4.1. Stats NZ Intervention Logic – from Covid Combined Field Risk Assessment

#### **My comments – in blue**

*Wording from Stats NZ risk assessment in italics*

**It's a good methodology** categorising the tasks across field and census have been categorised into Indoors and Outdoors. All of these tasks require interaction with the wider community.

**It is a sound assessment** that the consequence in these cases remains at severe as the environment is largely beyond our control and an outbreak would affect both organisation and the community at large.

**There is good logic, and the assessment is consistent with what is known about the efficacy of vaccinations.**

*With the initial controls in place and added vaccination the following assumptions:*

- *It reduces the rate of transmission, so the impact becomes lower. In effect the vaccination is a form of PPE and reducing the impact therefore in the cases of interaction with public we have moved the consequence to major.*
- *The likelihood is reduced in relation to task. If the task is outdoors the likelihood reduces dramatically.*
- *The COVID testing is treated as an additional control. This allows us to move the likelihood of an event even further.*

**This is a must.** *This control is based on the assumption that the testing integrity will be of an approved standard as per MOH guidelines.*

#### **It is useful to be prudent.**

*The Risk Control Effectiveness:*

- *It remains partial, as a result of Medsafe approval status which is provisional consent. Under Section 20 to 22 (Medicine Act 1981) provisional consent is given to allow patients to access vaccines despite the data to supports the longer-term safety and efficacy of vaccines is not yet available.*
- *Secondly, MOH guidelines state that vaccines protect people from the effects of COVID-19 but while research is still ongoing to determine whether a vaccinated person could still transmit the virus to someone else, so to be safe, we must assume there is still a risk of transmission.*

## 4.2 Stats NZ Risk - Considerations for Internal Organisational movements

### Groups traveling in vehicles.

The same WorkSafe NZ risk assessment needs to be applied to this activity. It still must go back to role – and the activities that make up that role.

If this is related to Census worker or a Field worker who will then go onto doing some other activities that increase the risk factors, then it would be considered higher risk.

### Frequenting Stats Facilities or facilities utilised by Stats for Stats purposes

I would agree with the assessment made in *ELT Memo (draft) Section 2*. However, I would change the Alert Levels, as this will change soon to the traffic light system. Instead, government mandated guidance for workplaces for managing COVID-19 could give the risk assessment more longevity.

## 5. COVID-19 Public Health Response Act 2020

### 5.1 COVID-19 Public Health Response (Vaccinations) Order 2021

Statistics NZ workers do not fall into the categories outlined in the *COVID-19 Public Health Response (Vaccinations) Order 2021*. Therefore, it currently has no obligations under this order for mandatory vaccinations.

<https://www.legislation.govt.nz/regulation/public/2021/0094/latest/whole.html#LMS487857>

### 5.2 COVID-19 Public Health Response (Required Testing) Amendment Order (No 5) 2021

Statistics NZ workers do fall into the categories outlined in the *COVID-19 Public Health Response (Require Testing) Order 2020* or the subsequent amendment coming into effect on 8 November 2021. Therefore, it currently has no obligations under this order for mandatory testing.

<https://www.legislation.govt.nz/regulation/public/2021/0328/latest/LMS579136.html>

<https://www.legislation.govt.nz/regulation/public/2020/0230/latest/LMS400302.html#LMS400301>

## 6. Public Service Commission - COVID-19 Workforce Vaccinations Guidance

*Advice from the PSC is where agencies believe there may be a health and safety reason for some public-facing work to be carried out only by vaccinated workers they must undertake a [health and safety risk assessment](#) of the work. The purpose of the assessment is to determine whether the work can be done safely by unvaccinated employees. Factors to assess include:*

- *nature of the work performed*
- *risk of exposure (to and from workers), using the latest advice from the Ministry of Health*
- *potential consequences of exposure on others, e.g. community spread*
- *effectiveness of options other than vaccination that may be sufficient to mitigate the risk of exposure (to and from workers).*

*This assessment should be done with the participation of staff and relevant unions.*

If the assessment concludes that there are measures other than vaccination that can ensure the work can be performed safely, agencies should continue to promote vaccination through the [educate, expect and support](#) approach.

The Stats NZ ELT Memo (draft V1 and V2) states the intent to continue the assessment process with participations from staff and relevant unions. Perhaps this could be emphasised further.

The Copy of Covid combined census field risk assessment (EXCEL doc) indicates the development of a COVID-19 vaccination policy through consultation with staff, unions and PSC.

## 7. ELT Memo – vaccine mandate conclusion

Currently the ELT Memo (draft V1 and V2) does not make a conclusion that staff in the roles that undertake the tasks that were risk assessed, should be fully vaccinated. This should be clearly stated, perhaps at the beginning of the memo, or at the end in a *recommendations* section.

## 8. References

**Beehive:** Press release from Hon Michael Wood, Govt back business to vaccinate workforces.

<https://www.beehive.govt.nz/release/govt-backs-business-vaccinate-workforces>

**Business Leaders Health and Safety Forum guidance**

[Vaccination Policy Guidance](#)

**Government Health & Safety Lead**

<https://www.healthandsafety.govt.nz/news-and-events/news/covid-19-novel-coronavirus-agency-guidance/>

**MBIE guidance**

[Vaccines and the workplace » Employment New Zealand](#)

**Te Kawa Mataaho (The Public Service Commission) guidance**

[Vaccination Roll-Out Guidance](#)

**WorkSafe NZ:** How to decide what work requires a vaccinated employee and WorkSafe's enforcement approach. Updated 27 October 2021

<https://www.worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid/how-to-decide-what-work-requires-a-vaccinated-employee/>