

COVID-19 – AREC SAFETY STANDARD

Overview – Covid-19 a threat to Health and Wellbeing

The Covid-19 (CV-19) virus presents a threat to Health and Wellbeing and as such AREC must ensure the safety of members, staff, and others who interact with AREC members.

CV-19 is here to stay. It started as a pandemic of the novel SARS-CoV-2 virus and is slowly morphing to become an endemic or lasting disease that we need to learn to live with.

AREC as an organisation has to have a clear understanding of how CV-19 will affect what we do and how we safely deliver our services. As a result, AREC must decide which roles can only be undertaken by vaccinated members or staff and those which can be safely conducted by unvaccinated persons.

As we are required to interact with other organisations e.g., LandSAR, Police, CDEM, we cannot impose a lower standard than that required by our partner organisations. On that basis all activities involving SAR response (SAROP, SAREX, CDEM type activities, and associated training) or interaction with the public, requires members to be fully vaccinated (see associated organisations policies). Their assessments have been confirmed using an AREC role-based assessment as summarised later in this Safety Standard.

Community oriented activities such as: event communications, rally and car racing, etc, require vaccination as a default unless the organiser has a Site-Specific Safety Plan (SSSP) that allows unvaccinated participation supported by recognised public health safety measures.

This document provides more detailed guidance for members in regard to what precautions and steps need to be taken to prevent further spread and infection of members and others with the CV-19 virus so that services can continue to be safely delivered.

Vaccination requirements – summary

These requirements apply to all persons acting at the specified role level and includes: new entrants, interns, trainees, temporary staff, and any visitors to a site where a role is operative e.g., SAR base.

Green means no hazard present apart from immediate contacts with the role.

Yellow means people who may have contact with operational members of AREC and have an increased chance of transmitting CV-19 to operational roles or of being infected if unvaccinated.

Red means the role requires fully vaccinated persons i.e., member/staff able to produce a valid vaccination certificate or other acceptable proof on demand prior to participating in the AREC Activity.

Public health preventive safety measures such as masks, hand hygiene, physical distancing, must also be applied at all levels to match the control requirements as advised by Government from time-to-time.

The vaccination requirements summarised in this table are based on the hazard exposure for each role.

The assessments were made using the [AREC COVID-19 Role Risk Assessment Tool](#) later in this Standard.

In addition, notes have been added to show if a SAR partner requires vaccination of persons on a site.

Role	Risk	Vaccination certification or preventive actions
Administration & National Officers	Medium	Vax cert preferred; and/or preventive measures required
Support – home based role only	Low	No Vax cert but preventive measures as required
Base – operator/support	HIGH	Vax cert required – SAR partner specified
Field – operations/support	HIGH	Vax cert required – may have contact with SAR/public
Technician – field only	Medium	Vax cert preferred; and/or preventive measures required
Comms unit leader SAR or CDEM	HIGH	Vax cert required – SAR partner specified
Group Leaders + District & Regional Mgrs.	HIGH	Vax cert required – may have contact with SAR/public
Tutors & Trainees	HIGH	Vax cert required – close contact too difficult to avoid

Proof of vaccination and privacy

Generally, members/staff do not need to disclose (or prove) their vaccination status to AREC or Police. However, in order to manage the risk where a role or certain work has been identified through the Public Health Vaccinations Order, COVID-19 Response (Vaccinations) Legislation or any other law, order or Government direction, or the AREC COVID-19 Member Risk Assessment, as needing to be performed by a vaccinated individual, the member/staff will be required to provide evidence that they are fully vaccinated in order for AREC (or the person running the event) to verify their vaccination status.

This proof must be a verified health record, such as (but not limited to) any form of Government-endorsed vaccination certificate or a letter from a GP or certified vaccination centre. Affected members/staff will need to provide this proof of vaccination to their AREC Group Leader (or delegate) in order to gain access to an Incident Management or other location that requires proof of vaccination.

AREC members/staff running an event should maintain a record that the vaccination passes of all attendees have been checked and verified. The **NZ Verifier App** may be used for verification only, it does not maintain a record of attendees. See [Ministry of Health website](#) for further information.

Information regarding vaccination status may be disclosed to AREC national support staff, Group Leaders, Group Committee's, stakeholders, health and safety representatives, lead agencies, Incident Management Team's (IMT) and other SAR support agencies.

However, an individual's vaccination status will otherwise be treated as confidential information unless the individual provides consent to release the information, or disclosure is required in accordance with this Safety Standard, or is permitted or required by law.

Individuals are also entitled to access and correct any personal information held by AREC pursuant to the Privacy Act 2020. Self-support can be achieved through the AREC membership software or via direct contact with the AREC Administrator, preferably in writing e.g., email.

If the member/staff chooses not to, or fails to, provide proof of their vaccination status, as required under this Safety Standard, AREC (or the person running an event) will assume that the member/staff has not been vaccinated against COVID-19 and will inform the member/staff of this assumption. In these circumstances, or in the event that a member/staff has advised that they are not vaccinated, AREC may seek further information about the individual's decision not to be vaccinated, but the individual will not be required to disclose their reasons for declining vaccination.

Any personal information gathered pursuant to this Safety Standard will be collected, stored, used and/or disclosed in accordance with AREC's obligations under the Privacy Act 2020.

Requiring vaccination for new members/staff

AREC can require COVID-19 Vaccination as a term and condition of new membership, but this must be reasonable for the role; for example, where vaccination is required for a role pursuant to the AREC COVID-19 Risk Assessment process or under the Public Health Vaccinations Order, COVID-19 Response (Vaccinations) Legislation or any other law, order or Government direction.

Unvaccinated members/staff

In respect of members/staff who are not vaccinated (or who are deemed not to be vaccinated) against COVID-19 (where this has been assessed as required for their role under this Safety Standard), AREC may consult with the member/staff regarding alternative options for that role/task, if that is reasonable and practicable in the circumstances.

This may mean that the member/staff is required to work in a different location or to undertake different duties. Where such alternative options are not practicable in the circumstances of the member/staff's particular role or work, the person may be unable to undertake work for AREC.

Vaccination exemption

If an affected member/staff has been granted an officially approved COVID-19 Vaccination exemption or COVID-19 Vaccination authorisation under the Public Health Vaccinations Order, COVID-19 Response (Vaccinations) Legislation or any other law, order or Government direction, they should advise their Group Leader and/or District Manager as soon as possible. AREC will then work directly with the individual and consider what this may mean for their ongoing role with AREC.

Options for members/staff concerned about unvaccinated colleagues, National support staff, stakeholders, lead agencies personnel (Police and RCCNZ), and others

Right to stop unsafe work: Members/staff have the right to cease work, or may refuse to carry out work, if they believe that carrying out the work would expose them, or anyone else, to a serious risk to their health or safety arising from immediate or imminent exposure to a hazard. In general, unless COVID-19 Vaccination is required for health and safety reasons (as per this Safety Standard), member/staff duties are unlikely to be unsafe solely because the work is being undertaken around unvaccinated people.

However, if members/staff do have health and safety concerns, then they should raise these with their Group Leader, District Manager, Manager, or Lead Trainer (for training events), who will then work with the member/staff and aim to resolve any concerns.

Please refer to the COVID-19 Vaccination FAQ for more information from the Ministry of Health websites. These should be updated regularly with common questions and answers and will best reflect the latest health information on the subject.

Additional guidance

AREC recognise that a decision to receive the COVID-19 Vaccination should be an informed decision. Accordingly, we encourage all of our members/staff to research all relevant information and to talk to their family members, GP or a registered medical professional, particularly where they have any concerns or queries regarding the COVID-19 Vaccine.

Here are some links to helpful information regarding COVID-19 Vaccination:

- [COVID-19 Vaccinations - your questions answered \(covid19.govt.nz\)](https://www.covid19.govt.nz/vaccinations)
- [COVID-19 updates, information and advice - NZ Ministry of Health](https://www.health.govt.nz/our-work/covid-19-updates)
- [Book my Vaccine](https://www.health.govt.nz/our-work/covid-19-updates)
- [COVID-19 Public Health Response \(Vaccinations\) Order 2021](https://www.health.govt.nz/our-work/covid-19-updates)

Updates

This Safety Standard will be updated to reflect any significant change in threat level due to the changing nature of the SARS-CoV-2 virus. This may result in either an increase or decrease of required controls.

Further information

If you have any questions regarding this Safety Standard, please direct these to your Group Leader, District Manager, or AREC Health Safety and Wellbeing Advisor HSW@arec.nz.

Definitions

COVID-19 Protection Framework – AREC: The NZ Government COVID-19 Protection Framework brings us a world where we are freer to move and live with less disruption and offers the stability businesses need to plan for the future. In an AREC context this means following the current Government mandated controls with the addition of the settings and vaccination certificate requirements that AREC have developed alongside other partners in the SAR sector.

COVID-19 Vaccine or COVID-19 Vaccination – currently means two or more doses of the Pfizer/BioNTech vaccine and any periodic boosters, variations and additional doses recommended by the Government), or any other COVID-19 vaccine subsequently approved by MedSafe New Zealand and the Ministry of Health and/or recorded in a COVID-19 Order or Notice made under the COVID-19 Response (Vaccinations) Legislation.

Fully Vaccinated – means an individual who has received all the required doses of a COVID-19 Vaccine or combination of COVID-19 Vaccines that the Minister or Director-General specifies in a COVID-19 Order or Notice made under the COVID-19 Response (Vaccinations) Legislation. For high-risk activities this also means any ‘booster’ vaccinations that may be required. As members/staff may have received vaccines at different times, the member/staff is allowed up to three calendar months (3-months) to receive the booster from the date when the member/staff is able to receive the booster vaccination.

AREC COVID-19 Member Risk Assessment – means the [AREC COVID-19 Role Risk Assessment](#) undertaken to assess the level of risk presented by COVID-19.

Public Health Vaccinations Order – means the New Zealand COVID-19 Public Health Response (Vaccinations) Order 2021, which requires certain roles and workforces to be vaccinated against COVID-19. For the purposes of this Safety Standard, any reference to the Public Health Vaccinations Order will include any amended, varied or revised version of the Public Health Vaccinations Order.

NZ Pass Verifier – means the portable device Pass Verification App provided by the Ministry of Health to enable validity checking and tracking of NZ Vaccination Certificates. Further information available from the [Ministry of Health website](#).

AREC COVID-19 ROLE RISK ASSESSMENT TOOL

HAZARD & Risk – scoring system

The following table outlines the scoring system used within the table on the following page to evaluate the level of control necessary for each role within AREC.

Role Risk Score	HAZARD/RISK Rating	Control measure
1 – 10	Low Risk	No vaccination for the role required, must ensure standard public health measures are applied and use of PPE is maintained when interacting with others.
11 – 20	Medium Risk	Requires review of the role and what mitigations measures can be implemented to ensure safety. Vaccination preferred plus other measures as required for each specific role as related to the duration of work and the venue constraints.
21+	High Risk	Requires vaccination to carry out role. Additional PPE may be required for each specific role as related to the duration of work and the venue constraints.
Risk ID 8, 9 & 11	Mandated Vax Potential	If any score over zero given for these hazard criteria, then full vaccination is mandatory.

COVID 19 – Member/Staff Role Specific – Risk Assessment

ID	Hazard Rating Score by role 1 = Low & 5 = High	Administration & National Officers	Support – home based only	Base – operator/support	Field – operations/support	Technician – field only	Comms unit leader SAR or CDEM	Group Leaders + District & Regional Mgrs.	Tutors & Trainees
		1	How many people does the person carrying out that role come into contact with? (very few = lower risk; many = higher risk) e.g. low<10, high >100+	3	1	4	4	3	4
2	How easy will it be to identify the people who the person comes into contact with? (easy to identify, such as co-workers = lower risk; difficult to identify, such as unknown members of public = higher risk)	1	1	3	3	1	4	4	1
3	How close is the person 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)	3	1	4	4	3	4	4	5
4	How long does the task require the person to be in that proximity to other people? (brief contact = lower risk; lengthy contact = higher risk)	2	1	4	3	2	4	4	4
5	Does the task 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)	3	1	1	1	3	3	3	3
6	What is the risk of COVID-19 infection and transmission in the task environment when compared to the risk outside of working within AREC (equal to outside work = low risk; higher than outside work = high risk)	1	1	3	3	1	3	3	3
7	Will the task continue to involve regular interaction with unknown people if the region is at a higher alert level? (no = lower risk; yes = higher risk).	2	1	3	3	2	4	4	1
8	Public Health Vaccination Order - Education Services Part 9: Groups in relation to affected education services 9.1 Workers over the age of 12 years who carry out work at or for an affected education service (including as a volunteer or an unpaid worker) and who— (a) may have contact with children or students in the course of carrying out that work; or (b) will be present at the affected education service at a time when children or students are also present. This may also apply to those entering onto a school site - blanket vaccination certs required by schools (0= Does NOT apply to this Role OR 5 = This role conducts work in this space)	0	0	0	0	0	0	0	0
9	Public Health Vaccination Order - Health Care Services Part 7: Groups in relation to health and disability sector: Workers who carry out work where health services are provided to members of the public by 1 or more health practitioners and whose role involves being within 2 metres or less of a health practitioner or a member of the public for a period of 15 minutes or more (0= Does NOT apply to this Role OR 5 = This role conducts work in this space)	0	0	0	0	0	0	0	0
10	PPE & Mitigation - The role can wear required PPE at all times and maintain safe distances from a medical event rescue (Low risk - most of the time, High Risk - varied due to environment, 5- Not At All).	0	0	0	0	0	0	0	0
11	Other Stakeholders: does this role require vaccination to access premises or personnel and/or work alongside other agencies that require vaccination in accordance with the Covid-19 Health Order (Rescue Helicopter, FENZ, DHB's, Rest homes, Schools... etc (0= Does NOT apply to this Role OR 5 = This role conducts work in this space)	0	0	0	0	0	0	0	0
Summary score per role		14	7	22	21	15	26	26	21

APPENDIX A – What to do if a person with CV-19 is identified – ex Ministry of Health

Overview

This information is provided as background information only but outlines the steps that must be taken and the criteria for identifying the closeness of a contact when deciding the steps to be taken.

Reporting a suspected case of Covid-19

If you think you have COVID-19 call **Healthline** on [0800 358 5453](tel:08003585453) 24 hours a day, seven days a week, or talk to your doctor.

To find your local testing station visit [Healthpoint](#). Read more about [COVID-19 assessment and testing](#).

Contact tracing when you have someone with COVID-19 identified as having visited your location:

If you have had someone with COVID-19 visit your premises during their infectious period then anyone who was there during the same timeframe may be considered a contact (if they were in the same space as the person with COVID-19). This includes staff, contractors, visitors, member of the public and customers.

If you had unknown visitors or customers on-site during this period then your premises may also be listed as a COVID-19 [Location of Interest](#) to help alert any others who are unable to be contacted.

Being informed of a COVID-19 case at your premises

- The person with COVID-19, known as ‘the case’, will be told of their diagnosis by Public Health.
- They may inform you of their diagnosis first, or you may hear via an email or phone call from Public Health. **This is private health information and shouldn’t be shared with anyone.**
- If a case is someone who visited your premises or had close contact for 15 minutes or more, then those who were exposed will be considered close contacts. You may be informed of this by Public Health, and will have to take action. (see table for guidance)
- Public Health will provide you with the key information needed to work out the times the case was potentially infectious while there. This will include the name of the case and the start of their infectious period.
- There is a table to list those who might be close contacts *Standardised Public Health Risk Assessment Form and Collection of Contact Details*. There is a table for each different time/place of exposure (for example, in the lunchroom, the office, the warehouse etc.).
- After Public Health has reviewed the Risk Assessment Form, they will confirm the list of close contacts. You will not need to inform close contacts, but you will need to send them home if they are on site, and make sure they do not come back to your premises while they are isolating. They will need to get tested at least twice and cannot leave self-isolation until they have been released by Public Health.
- Everyone else will be a casual contact and should watch for symptoms, getting tested if they feel unwell. If they do not have symptoms they can come to your premises as usual.
- The case cannot return until at least 10 days after their onset of illness. They need to be cleared by Public Health and have no symptoms before they can resume work and normal life. They will not be tested again as a test cannot determine if they are still infectious. They are deemed non-infectious after this 10-day period **and** by having no symptoms for 72 hours.

Knowing the infectious period of a COVID-19 case

Based on the case interview, Public Health will advise you of the infectious period for the case so that you can identify who will have been in contact with the person during these timeframes.

Working out who is a close contact

People are close contacts if they have been near the case while the case was infectious. These people will have a higher risk of contracting the virus.

You will need to prepare a list of all staff, contractors and visitors who have been in the same space as the case. It should include any space in which the case was with staff, contractors, external staff such as cleaners, or visitors. These include indoor spaces, shared facilities (such as kitchens and staff rooms) and meeting rooms.

Each of these spaces may have a different risk assessment depending on size of space, air flow and whether the people wore masks (or took them off – i.e., in a lunchroom). The staff members or visitors in each exposure event/space can then be classified as close contacts, if they were there with the case.

The table at the end of this document provides information on identifying people who have been exposed to the case and are close contacts. Public Health will confirm who is a close contact and provide advice to them on self-isolation and testing. You do not need to do this.

What Close Contacts need to do: testing and self-isolation

Contact	Description	Actions for the contact	Actions for secondary* contacts
Close Contact	People who may live or work with or have been in the same place at the same time as someone infectious with COVID-19.	<ul style="list-style-type: none"> If you are not fully vaccinated or are a household member of a case, isolate/quarantine, either at home or in a managed facility, for 10 days from last exposure. Test immediately, and on day 5 and on day 8 after last exposure. If you are fully vaccinated**, isolate/quarantine, either at home or in a managed facility, for 7 days from last exposure. Test immediately, and on day 5 after last exposure. If COVID-19 symptoms develop, get an additional test immediately. 	<ul style="list-style-type: none"> Only unvaccinated*** household members of unvaccinated Close Contacts need to take immediate action and are advised to stay at home until the Close Contact has a negative day 5 test. If one or more household members develop symptoms at any time, test and stay at home until negative test result AND until 24 hours after symptoms resolve.
Casual Plus Contact	Unvaccinated*** people who have been in the same place at the same time as someone infectious with COVID-19, but have not had enough exposure to be a Close contact.	<ul style="list-style-type: none"> Stay at home for 7 days from last exposure, get a test immediately and on Day 5 after last exposure and remain at home until a negative day 5 test result is received. Self-monitor for COVID-19 symptoms for 10 days. If COVID-19 symptoms develop after day 5, get a test immediately and stay at home until negative test result is received. 	<ul style="list-style-type: none"> No action.
Casual Contact	People who have been in the same place at the same time as someone infectious with COVID-19, but may not have been near the person.	<ul style="list-style-type: none"> Self-monitor for COVID-19 symptoms for 10 days. If COVID-19 symptoms develop, get tested and stay at home until negative test result is received. 	<ul style="list-style-type: none"> No action.

This hopefully gives you an overview of what is most likely going to happen when you do get through on the Healthline.

Ministry of Health criteria for assessing 'Close' versus 'Casual' contacts

Type of interaction	Close				Casual				
	Close range contact ≤ 1.5m of case		Higher risk indoor contact > 1.5m away from case & no close-range contact		Low risk contact no close range contact or higher risk indoor contact				
	Direct contact with respiratory secretions or saliva (indoors or outdoors) OR Face to face contact with a case who is forcefully expelling air/secretions FOR ANY DURATION OF TIME REGARDLESS OF MASK USE	Face to face contact for more than 15 minutes	Non-face to face contact for more than 1 hour in an indoor space	Indoor settings without good airflow/ventilation: <ul style="list-style-type: none"> a small space (< 100m²) for more than 15 minutes a medium sized space (100-300m²) for more than 1 hour 	Indoor settings at higher risk of transmission when present for more than 1 hour : <ul style="list-style-type: none"> case behaviours such as singing, shouting, smoking/vaping, playing wind/brass instruments, dancing, exercise large numbers of people and crowding 	Large indoor settings (bigger than 300m ²) if none of the previous criteria are present	Small/medium sized indoor venues (less than 300m ²) with good air flow/ventilation for up to 2 hours	Brief indoor contact within 1.5m of case	Outdoor settings more than 1.5m from case FOR ANY DURATION OF TIME
Examples	Kissing, spitting, hongis, sharing cigarettes or vapes, sharing drinks/utensils Singing, shouting, coughing, sneezing Contact sports (heavy breathing related to exertion)	Having a conversation Sitting across a table from someone	Sitting within 1.5m of someone but not having a conversation	This could include: Small offices, toilet blocks Close contact businesses such as hairdressers Buses, trains, taxis School classrooms Restaurants, cafes, bars	This could include: Bars and pubs Social gatherings Indoor, high intensity sports Gyms and indoor recreation settings Church sessions	School and community halls, exhibition centres, hardware stores, supermarkets	Well ventilated classrooms/offices/waiting rooms	Passing each other in the corridor Sharing an elevator Collecting takeaways, click & collect services	Most outdoor recreation activities, including outdoor dining Non-contact outdoor sports Petrol station forecourts