



NSW RFS COVID-19 RISK MANAGEMENT: VACCINATION AND STATUS REPORTING

29 September 2021

ISSUE

To guide whether NSW RFS will seek to mandate COVID-19 vaccination and status reporting to manage the associated risks in the workplace.

BACKGROUND

In late 2019, COVID-19 was declared a global pandemic. Under the *NSW Work Health and Safety Act 2001*, the NSW RFS has a duty of care to minimise, so far as is reasonably practicable, the risk of exposure to COVID-19 in the workplace. The NSW RFS currently has a number of control measures in place consistent with NSW Health advice.

While such strategies have been effective in keeping NSW RFS workers safe, with the emergence of the mutated Delta strain, the virus is now highly transmissible and increased community infection rates presents increased risk to the NSW RFS. As community infection rates rise, so will NSW RFS workplace exposures. This will have wide reaching effects on workers, their families and the greater community.

The NSW RFS is approaching the 2021/22 fire season in an environment where the COVID-19 pandemic is still widespread in various parts of NSW and present to varying degrees across other States and Territories. In order to minimise the risk of COVID-19 impact on operational response, service delivery continuity, and member safety, the following additional mandatory control measures are under consideration:

- COVID-19 Vaccination
- Vaccination status reporting

While the NSW RFS has actively encouraged members 'get vaccinated' for COVID-19, it is currently not mandatory for members to do so. The only exception to this was the recent Canadian deployment where only fully vaccinated personnel deployed, in compliance with the Department of Foreign Affairs and Trade (DFAT) requirements.

The option of mandatory vaccination for NSW RFS members is now being considered, not only to manage the risk to member safety but equally importantly to ensure the NSW RFS remains well placed to undertake emergency response during the fire season and ongoing preparation and prevention activities into the future.

CURRENT SITUATION

COVID-19 Delta variant and vaccine importance

The Australian Technical Advisory Group on Immunisation (ATAGI) advised (2/8/21) that outbreaks of the Delta variant have additional implications compared to previous COVID-19 outbreaks due to the original strain or other variants:

- The greater transmissibility of the Delta variant makes control of outbreaks using public health measures more difficult and increases the risk of seeding additional COVID-19 outbreaks.

- Some evidence suggests that infections with the Delta variant may be associated with more severe disease and death, as indicated by hospitalisations, particularly in younger people.

ATAGI re-iterated in its advice the importance of COVID-19 vaccination as a key component of COVID-19 control with the overarching goal of protecting all people in Australia from the harm caused by SARS-CoV-2.

Imperial College London's React study¹ (data up to 4 August) found that people who reported having had two vaccine doses were half as likely to test positive for COVID-19, with researchers estimating a 50-60% lower risk of infection from the delta variant if a person was double vaccinated.

The Delta variant is more likely to produce symptomatic infection than earlier strains of the virus. Data published by the Israeli government² suggest that vaccine (Pfizer) efficacy against symptomatic infection fell from 94% to 64% after the delta variant began spreading in the country. Figures from Public Health Scotland³ reveal a drop in protection against symptomatic illness amongst people double vaccinated with Pfizer - from 92% against alpha variant, to 79% against delta variant. For AstraZeneca, the reduction was from 73% to 60%.⁴

Despite these drops in efficacy, for vaccines in use in the United Kingdom (Pfizer, AstraZeneca, and Moderna) all reduce the risk of death by more than 85%, regardless of variant. A recently released report from the US Centers for Disease Control and Prevention suggests that the viral load of vaccinated people infected with the delta variant is similar to that of unvaccinated people.⁵ However, people remain less likely to become infected in the first place when they have been vaccinated.⁶

Delta is a variant with distinct mutations making it much more transmissible and difficult to contain, and the message remains from health authorities - 'get vaccinated' as soon as possible.

Mandating of vaccination

The Australian Government has not made vaccination mandatory for workplaces. As recently as 6 August 2021, Prime Minister Scott Morrison again ruled out mandating COVID-19 vaccinations at a federal policy level, saying employers must "make their own decisions" when it comes to enforcing vaccinations for high-risk workers⁷.

States and Territories are able to mandate COVID-19 vaccinations for some industries or workers through Public Health Orders, however these orders do not currently extend to emergency service workers. It is up to each employer to undertake their own risk assessment to determine whether mandatory COVID-19 vaccinations and status reporting are a lawful and reasonable direction and reasonably practicable control measure to manage the risk of COVID-19 in the workplace.

The NSW Department of Premier and Cabinet recently issued a Circular⁸ to all agencies making it clear that for the safety of employees and all citizens who interact with employees, the NSW Government expects all government sector employees who can be safely vaccinated, to do so at the earliest opportunity.

NSW Government agencies are expected to undertake risk assessments to determine where mandatory vaccination is warranted for their employees. In accordance with the NSW Government policy position, the NSW RFS has worked with allied NSW Public Sector emergency service agencies to undertake combined risk assessments and determine an appropriate way forward.

Vaccination reporting

In the meantime, the NSW RFS has introduced a mandatory requirement for all staff to provide their vaccination status. This requirement is to help the NSW RFS fulfil its obligations where vaccination is currently mandated, such as under Public Health Orders.

Staff are required to record their vaccination status in the Staff Portal within 14 days of receiving a vaccination dose, or by 27 September 2021 if the dose was received prior to 13 September (commencement date of NSW RFS mandatory staff reporting protocol).

As at Wednesday 28 September 2021, 887 individuals had declared their vaccination information in the system.

The capture of this information is underpinned by a records management protocol to ensure compliance with health records and privacy legislation, including information about collection, storage, access and use.

Other control measures

The NSW RFS has put in place a number of control measures to manage the risk of COVID-19, outlined below.

Table 1. NSW RFS current control measures for the risk management of COVID-19

Safety control	Description	Key documents
COVIDSafe Protocols	Signage has been provided to all locations regarding face mask wearing, physical distancing, and personal hygiene including standard actions and advice on hygiene, cleaning and physical distancing	2021-22 Bush Fire Season COVID Operational Arrangements Fact Sheet – First Responder Attendance Fact Sheet – COVIDSafe Guidelines
COVIDSafe Plans	Specific COVIDSafe Plans for key events, e.g. community or ceremonial events	Various
Entry logging	Service NSW QR codes are in place at all RFS locations, including office locations, FCCs and brigade stations Staff movements at facilities are also recorded through security systems	2021-22 Bush Fire Season COVID Operational Arrangements
Temperature checking	Temperature checking has been introduced at identified high priority settings	2021-22 Bush Fire Season COVID Operational Arrangements
Personal protective equipment	Procedures for PPE for emergency response Mandatory mask wearing in RFS work locations (in alignment with Public Health Orders)	2021-22 Bush Fire Season COVID Operational Arrangements Fact Sheet – First Responder Attendance
Work site and appliance cleaning	Formal protocols and arrangements are in place to ensure general, preventative and targeted cleaning of RFS sites and appliances / vehicles	2021-22 Bush Fire Season COVID Operational Arrangements Fact Sheet – NSW RFS Site and Appliance Cleaning
NSW RFS COVID-19 Response Levels	Staged approach (Levels 1 – 3) to working and operational arrangements reflective of health restrictions at the time Arrangements for testing and isolation for confirmed, suspected, close contacts, secondary close contacts and casual contacts	2021-22 Bush Fire Season COVID Operational Arrangements COVID-19 Response Levels COVID-19 Response Action Process
Rapid Antigen Testing (RAT)	RAT has been introduced at identified high priority settings	NSW RFS Rapid Testing Framework

REGULATORY AND LEGAL CONSIDERATIONS

Mandatory vaccination in the workplace

SafeWork NSW⁹ considers vaccination a higher order risk control measure and advises that when a COVID-19 vaccine is generally available, employers may require their workers to be vaccinated for COVID-19 if reasonably practicable to do so. Consideration needs to be given to factors such as the type of work, alternative control measures, and risk of exposure.

SafeWork NSW advises employers to:

- undertake a risk assessment for their business;
- consider the available control measures and how they will help manage the risks of COVID-19;

- consult with workers and Health and Safety Representatives (HSRs); and
- determine what control measures are reasonably practicable for the business to implement.

SafeWork NSW notes that where a vaccine is available to protect against COVID-19 it is likely to be recommended for all those performing tasks in, or intending to perform tasks in, a situation where there is a high risk of exposure to the virus that causes COVID-19, unless there is a medical contraindication.

Legal firm Kingston Reid has published a series on COVID-19 vaccinations in the workplace¹⁰, with key points including:

- Employers can direct employees to be vaccinated if they think the direction is lawful and reasonable in the circumstances;
- Whether something is lawful and reasonable is to be assessed on a case-by-case basis.
- Some situations in which a direction to get vaccinated will be a reasonable direction include:
 - Employees who work in high risk settings such as health care or aged care;
 - Employees who have close contact with vulnerable members of the community;
 - Likelihood of spread in the workplace if COVID got in (the close proximity test);
 - If employees interact with large numbers of people;
 - The control measures already in place.
- Exemptions for employees who for legitimate medical reasons cannot receive a COVID-19 vaccine.

The main elements and factors for the NSW RFS to consider in terms of mandatory vaccination are shown below.

Table 2. Considerations for COVID-19 mandatory vaccination in the workplace

Element	Factors	Contrivance
Reasonable and lawful	Risks in the industry (type of work)	Risk assessment – considering likelihood of exposure and potential impacts on RFS member safety and service delivery continuity (in context of emergency service agency)
	Vulnerabilities of community (those we serve)	Risk assessment – considering likelihood of exposure and potential impacts on community safety (in context of emergency service agency)
	Worker reasons for refusal (legitimate exemptions)	Medical assessment – possible exemptions for RFS members who have certified medical contraindication(s) to receiving a dose of all of the COVID-19 vaccines Consultation - clear and communicated mechanism for RFS members to express their views and raise their concerns
Reasonably practicable	Vaccine availability (control accessibility)	Australian Government Four Phase Plan ¹¹ – vaccination roll-out and availability to ensure accessibility and reasonableness (incl. compliance timeframes)
	Health expert advice (control efficacy)	Australian Government and NSW Health Advice – refer above (<i>COVID-19 Delta variant and vaccination importance</i>)
	Other control measures (control alternatives)	Risk assessment – considering effectiveness of existing and alternative control measures and residual risk
	Capacity and cost to implement (control feasibility)	Deemed feasible – negligible cost of implementation for NSW RFS.

Vaccination reporting in the workplace

The Information and Privacy Commission (IPC)¹² has advised agencies should only collect vaccination information about its employees if the collection is:

- for a lawful purpose directly related to the functions or activities of the agency, and
- reasonably necessary for the functions or activities of the agency.

IPC advises that in making a decision as to whether to collect vaccine information, agencies should carefully consider whether this information is reasonably necessary to enable the agency to undertake its functions or activities.

Agencies must have clear and justifiable reasons for collecting vaccination information. If there is no specified use for this information, it is being recorded on a 'just in case' basis, or the agency can achieve its purpose without collecting this information, the agency is unlikely to be able to show that the collection is reasonably necessary.

Employee consent is not required to collect health information under the HRIP Act, however agencies must comply with the collection principles set out in the Health Privacy Principles (HPPs) 1-4 which require that:

- the information is collected for a lawful purpose that is reasonably necessary to a function of the agency;
- the information is relevant to the purpose for which it is collected, accurate and not excessive or intrusive;
- the information is collected from the individual concerned unless it is unreasonable or impracticable to do so; and
- the individual is made aware of the matters outlined in HPP 4, including the consequences for the individual if the information is not provided.

Where the NSW RFS determines it is reasonably necessary for to collect vaccination status information of its members, it must do so in accordance with the Health Privacy Principles (HPPs) of the Health Records and Information Privacy Act 2002 (HRIP Act).

Essentially, the NSW RFS may reasonably capture vaccination status of members, particularly given the information is relevant to assist in the timely and safe assignment of workers to tasks where vaccination is required. This information must be collected and stored in accordance with the HRIP Act.

RISK MANAGEMENT APPROACH

The NSW RFS is established under the Rural Fires Act 1997 and is responsible for preventing and suppressing fires in rural fire districts, as well as being the lead agency for bush fire-fighting across the State. The agency also operates under the State Emergency and Rescue Management Act 1989.

The RFS has approximately 1,200 staff and 76,000 volunteers providing emergency services (frontline and support) across the State. The work performed by all RFS members is essential to the protection of life, property and the environment.

Fighting fires and protecting the community from emergencies is the most visible aspect of the RFS. The Service also has many responsibilities as the lead agency for bush fire management and mitigation in NSW. Working closely with other agencies, the RFS responds to a range of emergencies including structure fires, motor vehicle accidents and storms that occur within rural fire districts.

Determination of risk

The following risk-based principles have been utilised to establish NSW RFS high priority (or high risk) settings and guide the requirement for additional COVID-19 control measures:

- critical functions which if compromised would severely impede emergency response;
- members are working in close proximity and for extended periods;
- members interacting / working with large numbers of people; and
- members are in direct and close contact with vulnerable members of the community.

Table 3 shows a summary of COVID-19 risk to NSW RFS by workforce segment. The evaluations relating to disruption to operational response were developed in consultation with State and Area Operations, taking into account the nature of the work performed and requisite capability for emergency response.

Detailed **Risk Assessments** are complete, as contained in **Attachment 1**, considering potential impacts on agency service delivery and member health and safety.

In drafting the risk assessments and associated documentation, NSW RFS consulted with the Public Health Response Branch within NSW Health and the People section with the Department of Communities and Justice, who were supportive of the content and approach.

Table 3. NSW RFS COVID-19 risk summary by workforce segment

#	Workforce segment	Members	Location	Risk summary
1	State Operations (Emergency response)	All Staff	SOP HQ	<ul style="list-style-type: none"> ➤ Critical operational functions for emergency response, presenting substantial risk to service delivery continuity in the event of positive COVID-19 cases in these settings ➤ Limited contingent resources with industry specific capabilities ➤ Occurrence of COVID-19 positive cases would significantly impact larger groups on common roster patterns
2	Incident Management (IMTs - Emergency response)	All Staff	State-wide	
3	Operational Communications Centre	~ 45 Staff	SOP HQ	
4	Districts	~ 400 Staff	State-wide	<ul style="list-style-type: none"> ➤ Critical operational functions for emergency preparedness and response, presenting substantial risk to service delivery continuity in the event of positive COVID-19 cases in these settings ➤ Regular contact with community and brigade members to ensure community preparedness and resilience ➤ Limited contingent resources with industry specific capabilities.
5	Mitigation Crew	~ 276 Staff	State-wide	<ul style="list-style-type: none"> ➤ Critical operational functions for emergency preparedness and response, presenting substantial risk to service delivery continuity in the event of positive COVID-19 cases in these settings ➤ Direct close contact with vulnerable members of the community through the AIDER program (except Water NSW Crews) ➤ Regular widespread travel across NSW (regional and metropolitan)
6	ICT Operational Support	~ 90 Staff	SOP HQ (mainly)	<ul style="list-style-type: none"> ➤ Critical operational functions for emergency response, presenting substantial risk to service delivery continuity in the event of positive COVID-19 cases in these settings ➤ Limited contingent resources with technically specific capabilities
7	Logistics Operational Support	~ 25 Staff	Glendenning	
8	Training Operational Support	~ 30 Staff	Dubbo	
9	Base Camps	<p style="text-align: center;">Incident dependent (Staff & Volunteers)</p> <p style="text-align: center;">State-wide Interstate International</p>		<ul style="list-style-type: none"> ➤ Large numbers of people accommodated and working together in close proximity for extended periods; incl. other agencies, potentially other states and countries, and external providers (catering, cleaning etc.) ➤ Increased risk of exposure even with COVID Safe measures in place
10	Pre-planned deployments Out of Area (OOA)			<ul style="list-style-type: none"> ➤ Critical operational response functions performed during more extreme periods of fire activity in varied locations. Occurrence of COVID-19 positive cases would significantly impact entire deployment group
11	Overseas deployments			<ul style="list-style-type: none"> ➤ As above (#10) and set requirements as per international protocols (i.e. mandatory vaccination)

#	Workforce segment	Members	Location	Risk summary
12	Community First Responders (CFRs)	~ 40 Volunteers	5 Brigades	<ul style="list-style-type: none"> ➤ CFR program is a multi-agency program to support Ambulance NSW in medical response ➤ CFRs have the potential to come in close contact with community members both vulnerable and potentially COVID positive
13	Road Crash Rescue (RCR)	~100 Volunteers	7 Brigades	<ul style="list-style-type: none"> ➤ RCR and GLR provide initial emergency response to extract trapped / lost community members
14	General Land Rescue (GLR)	~ 12 Volunteers	1 Brigade	<ul style="list-style-type: none"> ➤ RCR and GLR have the potential to come in close contact with community members both vulnerable and potentially COVID positive
15	Specialty Operations	~ 700 Members (Staff and Volunteers)	Various	<ul style="list-style-type: none"> ➤ Specialty operational functions for emergency response, presenting substantial risk to service delivery continuity in the event of positive COVID-19 cases in these settings ➤ Smaller, technically specialised groups performing critical functions where a loss of any team members can significantly impact operational capacity and response
16	Volunteer Members - Firefighters	~ 76,000 Volunteers	Local (exc. OOA)	<ul style="list-style-type: none"> ➤ Critically important for emergency and operational response. Contingent/surge capacity exists in many brigades or neighbouring brigades in event of positive COVID-19 cases to mitigate impact on continuity of service delivery (except in extreme and prolonged periods of fire activity)
17	Volunteer Members – Operational Support		Local (exc. OOA)	
18	Volunteer Members – Community Support		Local (exc. OOA)	
19	Volunteer Members – Brigade Administration		Local	<ul style="list-style-type: none"> ➤ Important support function for brigades, functions performed can predominantly be addressed through other brigade resources to mitigate impact on support services in event of positive COVID-19 cases
20	Volunteer Members - Junior		Local	<ul style="list-style-type: none"> ➤ Nil critical functions

It is important to note that *all* NSW RFS staff members, as part of their conditions of employment, are required to support emergency response. Staff are deployed to perform functions in high priority settings at any time, and particularly during peak periods of operational activity in bush fire season. All staff can and do traverse across a number of high priority settings, undertaking duties to ensure frontline response for community protection. Furthermore, there are specific public safety competencies (knowledge and skills) required and there is limited resource contingency particularly during peak season.

As such, the risk pertaining to staff continuity and capacity for service delivery is critical; warranting additional controls of mandatory vaccination and reporting to ensure maintenance of requisite capability. Mandatory vaccination status reporting for staff commenced on 13 September, with 75 percent recording their vaccination status as at 28 September. Mandatory vaccination for staff would need to be supported by:

- communication of rationale and mechanism for staff and the relevant public sector union, the Public Service Association of NSW (PSA), to express views and concerns;
- documented protocols and procedures, including process for considering exemptions on the basis of medical contraindication(s); and
- reasonable timeframe for compliance for full vaccination or evidence of appointment for vaccination dose(s), taking into account vaccine accessibility.

A strength and uniqueness of the RFS is its extensive volunteer workforce. The sheer size and operating model of this workforce lessens risk associated with COVID impact on service delivery, compared to staff members. Specifically, for the most part brigades are able to operate locally. It is predicted that local operation will largely be the norm for the 2021-22 bush fire season. Under this arrangement, the risk exposure for volunteers is comparable to the general community and emergency response can be maintained.

This is not the case in an extreme fire season where the volunteer workforce is transient (with multiple out of area deployments) and for volunteers in high priority settings. Additional controls of mandatory vaccination and reporting would be reasonable in these circumstances to ensure safe and responsive operations. However, consideration of the sentiment of the volunteer workforce in relation to mandatory vaccination is required to better assess risk to service delivery; weighing risk of volunteer attrition against COVID-19 exposure impacts.

Whilst the RFS works through the broader issue of mandatory vaccination for volunteers, in the interim, mandatory vaccination status reporting for volunteers coupled with rapid antigen testing (RAT) in identified high priority settings is reasonably necessary to enable the agency to undertake its functions or activities. The information would enable the RFS to make and manage deployment decisions in relation to high priority settings, including out of area deployments, and to monitor contingency in available volunteer resourcing.

Mandatory vaccination status reporting for volunteers would need to be supported by:

- communication of the rationale and reasonable timeframe for compliance; and
- documented and promulgated records management protocol, including information on the collection, storage, use and accessibility of information.

Proposed position and approach

The NSW RFS considers is lawful and reasonable and reasonably practicable to adopt the following position on COVID-19 vaccination and status reporting in its workplace.

Table 4. NSW RFS proposed position

#	Position	Approach
1	Mandate vaccination status reporting for all members (staff ¹ and volunteers)	<ul style="list-style-type: none"> ➤ Staff – by 27 September 2021 if dose(s) received prior to 13 September, otherwise within 14 days of receiving a vaccination dose ➤ Volunteers – by 3 December 2021 if dose(s) received prior to 19 November, otherwise within 14 days of receiving a vaccination dose ➤ Supported by communication of rationale and reporting process and documented records management protocol
2	Mandate COVID-19 vaccination for staff members ¹	<ul style="list-style-type: none"> ➤ 6 week timeframe for compliance – full vaccination or evidence of appointment for vaccination dose(s) ➤ Supported by communication of rationale and mechanism for staff and PSA to express views and concerns; and documented protocols and procedures, incl. process for consideration of medical contraindication(s)
3	Continue mandated COVID-19 vaccination for volunteer members where it is required by other agencies to perform emergency response (e.g. overseas deployments, NSW Health Assistance)	<ul style="list-style-type: none"> ➤ Nil additional action required (existing control measure)
4	Consultation with RFS volunteer members to establish recommended position on COVID-19 vaccination for volunteers.	<ul style="list-style-type: none"> ➤ Consultation mechanism for RFS volunteer members, and volunteer association discussions, to express their views and raise any concerns ➤ RFS to commence a process of consultation in October between Districts, Brigade Senior Management Teams (SMTs) and brigades to determine: <ul style="list-style-type: none"> ➤ Local brigade risks (exposure and impacts) ➤ Local brigade position on mandatory vaccination ➤ RFS will confirm agency position and provide further advice following consultation

Notes:

1. Includes external labour (contractors) physically located at NSW RFS sites and working in close proximity to staff. NSW RFS to determine policy position on broader contracted services.

The NSW RFS plans to adopt the following approach and timeframes.

Table 5. NSW RFS proposed timeframes

Members	Activity	Timeframe
All	Communication of COVID-19 Risk Management : Vaccination and Status Reporting approach (incl. risk assessments)	6 October 2021
Staff	Online Feedback	6 – 19 October 2021
	Briefing - Directors and Area Commanders	Week of 5 October
	Area Meetings - Area Commanders & Districts	11 – 15 October 2021
	Section Meetings – Directors & Teams	11 – 15 October 2021
	PSA Discussions	Week of 5 October Week of 11 October
	Communication of procedures and protocols (incl. approach to contraindication management)	Week of 25 October
	Vaccination ¹ and status reporting ² compliance	3 December 2021
Volunteers ³	Volunteer Association Discussions	Week of 5 October Week of 11 October
	Local consultation packs	11 October 2021
	Vaccination status – mandatory reporting ⁴	11 Oct – 3 Dec 2021
	Districts – Senior Management Team Discussions Senior Management – Brigade Captain Discussions Brigade Captain – Brigade Members Discussions	11 Oct – 3 Dec 2021
	Communication of decision on mandatory vaccination for volunteers	Early January 2022

Notes:

1. Staff to be vaccinated (double dose) or as a minimum evidence of appointment/s for double dose vaccination.
2. Mandatory vaccination status reporting for staff members commenced 13 September 2021, to commence for volunteer members from week of 11 October 2021 to support deployment decisions.
3. Volunteer consultation process and timing developed with District and Area representatives from Field Operations.
4. Volunteers to record vaccination dose(s) received via One NSW RFS Member Website by 3 December 2021 if dose(s) received before 19 November, otherwise within 14 days of receiving a vaccination dose.

REFERENCES

External links

1. Elliot P, Haw D, Wang H, et al. React-1 round 13 final report: exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with delta variant in England during May to July 2021. 4 August 2021. [Preprint] www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/real-time-assessment-of-community-transmission-findings.
2. Odenheimer A, Shepherd D. Pfizer shot halts severe illness in Israel as delta spreads. Bloomberg. 5 July 2021. www.bloomberg.com/news/articles/2021-07-05/israel-sees-decline-in-pfizer-vaccine-efficacy-rate-ynet-says.
3. Sheikh A, McMenamin J, Taylor B, Robertson C, Public Health Scotland and the EAVE II Collaborators. SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness. Lancet2021;397:2461-2. doi:10.1016/S0140-6736(21)01358-1 pmid:34139198. [CrossRefPubMedGoogle Scholar](https://pubmed.ncbi.nlm.nih.gov/34139198/)
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6. Alford J. Coronavirus infections three times lower in double vaccinated people – React. Imperial College London. 4 August 2021. www.imperial.ac.uk/news/227713/coronavirus-infections-three-times-lower-double.
7. <https://www.sbs.com.au/news/scott-morrison-rules-out-mandatory-covid-19-vaccine-policy-says-employers-must-make-their-own-decisions>
8. <https://arp.nsw.gov.au/c2021-16-guidance-for-government-sector-agencies-regarding-covid-19-vaccinations-for-their-employees/>
9. <https://www.safework.nsw.gov.au/resource-library/COVID-19-Coronavirus>
10. <https://kingstonreid.com/covid-19-resources/>
11. https://www.pm.gov.au/sites/default/files/media/national-plan-060821_0.pdf
12. <https://www.ipc.nsw.gov.au/health-privacy-principles-hpps-agencies>

NSW RFS links

- ▶ **COVID-19 Response Levels** – outlining working and operational arrangements which are reflective of current Public Health restrictions. Each NSW RFS district is set at a level, ranging from 1 to 3, with increasing controls and limitations on activities. Link: https://www.rfs.nsw.gov.au/_data/assets/pdf_file/0005/177107/20210811-COVID-Fact-Sheet-NSW-RFS-COVID-Response-Levels.pdf
- ▶ **COVID-19 Response Action Process** – outlining the arrangements for testing and isolation where members have been diagnosed with COVID-19, are suspected of having COVID-19 or have been in contact with a positive case. Link: https://www.rfs.nsw.gov.au/_data/assets/pdf_file/0020/171371/NSW-RFS-COVID-19-Response-Action-Process.pdf
- ▶ **COVID-19 Operational Arrangements** – outlining the arrangements for firefighting operations across NSW, including the movement of crews, cleaning, testing requirements and cross-border movements across the 2021/22 bush fire season. This applies to brigade stations, Incident Management Team locations and base camps. Link: https://www.rfs.nsw.gov.au/_data/assets/file/0008/219617/COVID-19-Bush-Fire-Season-Operational-Arrangements-2021-22.pdf
- ▶ **COVID-Safe Guidelines** – including standard actions and advice on hygiene, cleaning and physical distancing. Link: https://www.rfs.nsw.gov.au/_data/assets/pdf_file/0017/172061/COVIDSafe-Guidelines.pdf
- ▶ Regular updates are also published to members across the state at www.rfs.nsw.gov.au/coronavirus, and by email communications.
- ▶ **Fact Sheet – Reporting of Vaccination Status** – staff requirement to report vaccination status https://www.rfs.nsw.gov.au/_data/assets/pdf_file/0010/231598/NSW-RFS-Fact-Sheet-COVID-19-Vaccination-Reporting-for-Staff.pdf
- ▶ **COVID-19 Vaccination Records Management Protocol** – framework for management of vaccination status information https://www.rfs.nsw.gov.au/_data/assets/pdf_file/0010/226648/NSW-COVID-19-Records-Management-Protocol.pdf