AFP
AUSTRALIAN FEDERAL POLICE

EXECUTIVE LEADERSHIP COMMITTEE

DECISIONS LOG

NO.	DECISION LOG	SPONSOR

s 22(1)(a)(ii)

NO.	DECISION LOG	SPONSOR
	s 22(1)(a)(ii)	
ELC-D-22-012	At the ELC meeting of 28 April 2022, DCO and COO tabled a paper seeking amendment to Commissioner's Order 10 and the National Guideline on COVID-19 Mandatory Vaccinations. - **ELC Supported** the amendments drafted for AFP National Guideline on COVID-19 Mandatory Vaccinations to require employees remain 'up to date' in accordance with ATAGI advice. - **ELC Agreed** to send an all staff email notifying of the change.	DCO/COO
	s 22(1)(a)(ii)	

NO.	DECISION LOG	SPONSOR
	s 22(1)(a)(ii)	
ELC-D-22-025	At the ELC meeting on 9 September 2022, in the absence of DCO, a/COO tabled a paper re: CO10. ELC provided in principle support, pending further work to be done in consultation and a revised paper to be returned to ELC. Specific outcomes of ELC are recorded below: 1. ELC noted the advice from the various specialist business areas, provided to assist in consideration of the AFPs COVID-19 vaccination policy with a revision to be made to the EB to cite the evidence CMO relied on regarding the efficacy of successive doses of the vaccination. (Note the package only contained the ATAGI advice from February 2022 which informed the decision to include boosters in the mandate). 2. ELC agreed that consultation with the AFPA, CPSU, Comcare and AFP employees should commence immediately, to the effect that only two vaccination doses are mandatory and this consultation to be referenced in the revised EB. 3. ELC endorsed amendment to be made to the National Guideline to reflect that the CMO maintains authority on vaccination requirements for certain roles and international deployments. 4. ELC noted that AC SPC will, once final approval is provided by ELC, make the necessary changes to CO10 and prepare organisational comms for dissemination by DCO.	DCO/COO
	s 22(1)(a)(ii)	

NO.	DECISION LOG	SPONSOR
	s 22(1)(a)(ii)	
ELC-D-22-029	Out of session decision on *Specialist business area advice on AFP COVID-19 vaccination policy following formal consultatio* n (refer ELC-AI-22-055 and 040). 1. Note the advice of the various specialist business areas in order to consider the AFP's COVID-19 vaccination policy. **NOTED** 2. Note the outcomes of formal consultation with the workplace and employee representatives. **NOTED** 3. Agree the National Guideline be updated as per Annexure 2 to reflect that only two vaccination doses are mandatory. **AGREED** 4. Agree the National Guideline be updated as per Annexure 2 to note that CMO maintains authority on vaccination requirements for international deployments. **AGREED** 5. Note that ACSPC will, subject to ELC consideration, make the above amendments to the National Guideline and prepare All-Staff communication for dissemination from DCO. **NOTED**	DCO
	s 22(1)(a)(ii)	

EXECUTIVE LEADERSHIP COMMITTEE
ACTION ITEMS

NO.	ACTION ITEMS	ACTION OFFICER	DUE DATE	STATUS

s 22(1)(a)(ii)

NO.	ACTION ITEMS	ACTION OFFICER	DUE DATE	STATUS
	s 22(1)(a)(ii)			
ELC-AI-22-015	Proposed Amendment to CO10 and National Guideline on Mandatory COVID Vaccinations At the ELC meeting of 31 March 2022, a paper was submitted seeking agreement to amend the AFP National Guideline on COVID-19 mandatory vaccinations. ELC requested further legal engagement/advice to address earlier feedback from AFP Legal. No decision made on this paper during this meeting. **Update 6/4:** ACSPC is engaging with AFP Legal and will re-submit the paper to ELC on 14 April 2022. **Update 21/4:** Further legal advice received and will need to be reviewed. Action Item held over to the next ELC meeting on 28 April 2022. **Update 28/4:** Refer to Decision Log. Item marked complete.	DCO	28-Apr-22	Complete
	s 22(1)(a)(ii)			

Page 7 redacted for the following reason:
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s 22(1)(a)(ii)

NO.	ACTION ITEMS	ACTION OFFICER	DUE DATE	STATUS
	s 22(1)(a)(ii)			
ELC-AI-22-040	CO10 Vaccination Mandate a/DCO to obtain an update on the legal issues, and strategy moving forward re: CO10 and vaccination mandate. **Update 27/06** : ownership of action item transferred to COO. **Update 30/6:** Chief Counsel is reviewing the legal advice. Review should be completed and circulated early in the week of 4/7 **Update 14/7:** Legal advice remains pending. I s 42(1) s 42(1) **Update 12/8**: a/COO updated that a/Cmdr Simon Penny chaired a working group on this issue. Understand SPC will finalise a paper to come back to ELC next week seeking a resolution on this matter. **Update 18/8:** DCO advised a paper has been prepared, but more work is required which has been tasked to Cmdr Quinn. Paper provided to ELC today as a DRAFT, for visibility only. Matter to be held until C returns from to the office as paper relates to a Commissioners Order. Hold over for 2 weeks. **Update 01/09** : Paper still being reworked. Due back ASAP. Noted that it should consider mobilisation through the Pacific etc. **Update 09/09:** Paper re-drafted and tabled at ELC on 9 Sep 2022. a/COO spoke to the paper. ELC endorsed the recommendations in principle per below: 1. ELC noted the advice from the various specialist business areas, provided to assist in consideration of the AFPs COVID-19 vaccination policy with a **revision to be made to the EB to cite the evidence CMO relied on regarding the efficacy of successive doses of the vaccination.** (Note the package only contained the ATAGI advice from February 2022 which informed the decision to include boosters in the mandate). 2. ELC agreed that **consultation with the AFPA, CPSU, Comcare and AFP employees should commence immediately, to the effect that only two vaccination doses are mandatory and this consultation to be referenced in the revised EB.** 3. ELC endorsed amendment to be made to the National Guideline to reflect that the CMO maintains authority on vaccination requirements for certain roles and international deployments. 4. ELC noted that AC SPC will, once final approval is provided by ELC, make the necessary changes to CO10 and prepare organisational comms for dissemination by DCO. Paper to return to ELC for final consideration, once above highlighted actions have been completed. **Update 15/09:** Revised EB to be resubmitted in two weeks. COO noted more work is required on the cohort that have not yet had the two vaccinations, info to be bought back to the next ELC. COO to obtain CMO advice on the efficacy of the 4th dose.	COO/DCO	29-Sep-22	*Merged with ELC-AI-22-55. Refer to that AI.*
	s 22(1)(a)(ii)			

Pages 9 through 10 redacted for the following reasons:
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s22(1)(a)(ii)

NO.	ACTION ITEMS	ACTION OFFICER	DUE DATE	STATUS
ELC-AI-22-055 (refer also ELC-AI-22-40)	COVID Vaccination Data s 22(1)(a)(ii) **Update 15/09:** (refer ELC-AI-22-040) COO - more work is required on the cohort that have not yet had the two vaccinations. s 22(1)(a)(ii) s 22(1)(a)(ii)			

Page 12 redacted for the following reason:
- -
s22(1)(a)(ii)

s 22(1)(a)(ii)

From: s 22(1)(a)(ii) on behalf of s 47E(d)
Sent: Monday, 17 October 2022 10:17 AM
To: s 22(1)(a)(ii)
Cc: s 47E(d)
Subject: RE: (IR Ref: 2022/0579) Revised COVID vaccine EB for ELC [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]
Attachments: EC22-002035 001 AFP COVID19 vaccination policy recommendation post consultation - IR Comment.docx

Follow Up Flag: Follow up
Flag Status: Completed

Categories: s 22(1)(a)(ii)

OFFICIAL: Sensitive
Legal privilege

Hi s 22(1)(a)(ii)

For your review and progression.

Industrial Relations have reviewed the attached EB and have only made very minor changes/comments. If you are happy with the attached, please see below email to s 22(1)(a)(ii) for final review and clearance.

Please let me know if you would like to discuss further or require any additional changes.

Regards,

s 22(1)(a)(ii)

****

CWR

Hi s 22(1)(a)(ii)

For your review and clearance.

Please see attached the revised COVID-19 vaccination EB for ELC that has been review by Industrial Relations. The team has made very minor amendments and have confirmed Industrial Relations' recommended position with regard to paid work time to receive a booster vaccination.

If you are happy with the attached, please see below draft back to a/Cmdr Penny.

Please let me know if you require any further changes or amendments.

Regards,

s 22(1)(a)(ii)

****

Good morning/afternoon Simon,

Industrial Relations have reviewed the attached EB and have made very minor changes/comments in tracked changes.

Please let me know if you require anything further.

Regards,

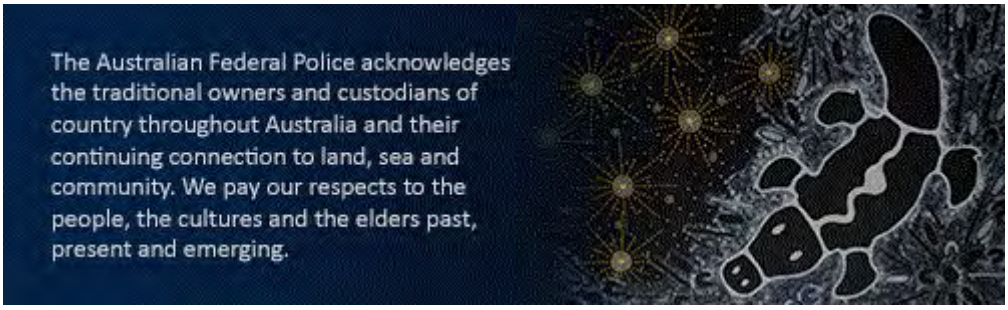
s 22(1)(a)(ii)
Writing to you from Ngunnawal Country
COORDINATOR WORKPLACE RELATIONS
PEOPLE & CULTURE COMMAND
Tel: +61 (0)2 51263954 Ext: 263954
www.afp.gov.au

From [redacted]afp.gov.au>
Sent: Monday, 17 October 2022 9:18 AM
To: s 22(1)(a)(ii) @afp.gov.au>; s 22(1)(a)(ii) @afp.gov.au>
Cc: s 22(1)(a)(ii) @afp.gov.au>
Subject: FW: Revised COVID vaccine EB for ELC [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]
Importance: High

Hi team – Can this please be actioned by 12pm? That will allow time for s 22(1)(a)(ii) to clear and progress via s 22(1)(a)(ii) to a/CMDR Penny.

Thank you
s 22(1)(a)(ii)

s 22(1)(a)(ii)
Writing to you from Ngunnawal Country
A/SNR TEAM LEADER WORKPLACE RELATIONS
PEOPLE & CULTURE COMMAND
Tel: s 22(1)(a)(ii)
www.afp.gov.au



From: s 22(1)(a)(ii) afp.gov.au>
Sent: Monday, 17 October 2022 8:56 AM
To: s 22(1)(a)(ii) @afp.gov.au>; s 22(1)(a)(ii) is@afp.gov.au>
Subject: FW: Revised COVID vaccine EB for ELC [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]
Importance: High

OFFICIAL: Sensitive
Legal privilege

Team – Urgent one please, noting deadline.

s 22(1)(a)(ii)

s 22(1)(a)(ii)
Writing to you from Ngunnawal Country
COORDINATOR WORKPLACE RELATIONS
PEOPLE & CULTURE COMMAND
Tel: +61 (0)2 s 22(1)(a)(ii)
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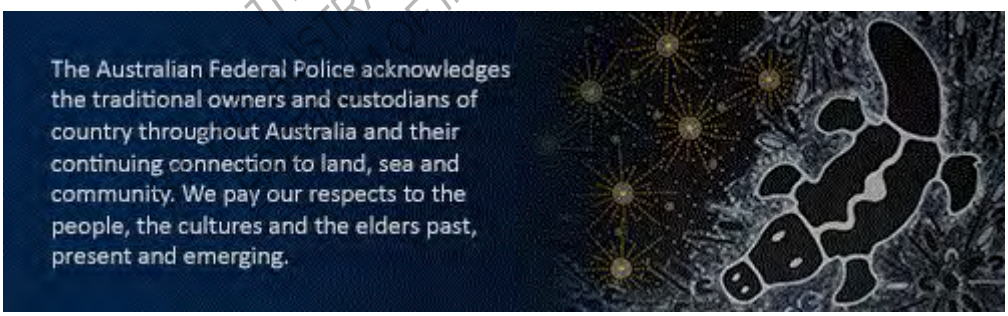

From: s 22(1)(a)(ii) @afp.gov.au>
Sent: Friday, 14 October 2022 3:21 PM
To s 22(1)(a)(ii) @afp.gov.au> s 22(1)(a)(ii) afp.gov.au>; Money, Alison <Alison.Money@afp.gov.au>; s 47E(d) @afp.gov.au>; s 22(1)(a)(ii) s 22(1)(a)(ii) @afp.gov.au> s 22(1)(a)(ii) @afp.gov.au>; s 22(1)(a)(ii) s 22(1)(a)(ii) @afp.gov.au>; Lee, Scott <Scott.Lee@afp.gov.au>
Subject: Revised COVID vaccine EB for ELC [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]
Importance: High

OFFICIAL:Sensitive
Legal privilege

Good afternoon expert team,
(AC SPC for awareness as to progress, no action required at this time)

The ELC is expecting a revised submission regarding COVID vaccination policy for their meeting on Thursday 20 October.
I have revised the previous Brief, adding content for the outcomes of the formal consultations.

I have also paid particular attention to the ELC's request for CMO evidence, as highlighted in the ELC outcomes from 9 September below:

ELC meeting 9 September 2022, in the absence of DCO, a/COO tabled the paper. ELC provided in principle support, pending further work to be done in consultation and a revised paper to be returned to ELC. Specific outcomes of ELC are recorded below:

1. ELC noted the advice from the various specialist business areas, provided to assist in consideration of the AFPs COVID-19 vaccination policy with a revision to be made to the EB to cite the evidence CMO relied on regarding the efficacy of successive doses of the vaccination. (Note the package only contained the ATAGI advice from February 2022 which informed the decision to include boosters in the mandate).
2. ELC agreed that consultation with the AFPA, CPSU, Comcare and AFP employees should commence immediately, to the effect that only two vaccination doses are mandatory and this consultation to be referenced in the revised EB.
3. ELC endorsed amendment to be made to the National Guideline to reflect that the CMO maintains authority on vaccination requirements for certain roles and international deployments.
4. ELC noted that AC SPC will, once final approval is provided by ELC, make the necessary changes to CO10 and prepare organisational comms for dissemination by DCO.

s 47C(1)

Can I ask that you each conduct a wholesale review of the EB from your various expert positions. Tracked changes are preferred. Responses to me by **COB Monday 17 October** please, as I will need time to submit this to DCO through ACSPC prior to Thursday.

s 42(1)

Regards,

s 22(1)(a)(ii)

A/COMMANDER s 22(1)(a)(ii)
NATIONAL OPERATIONS COORDINATION
SPECIALIST PROTECTIVE COMMAND
Tel: +61(0) 2 s 22(1)(a)(ii)
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AFP
AUSTRALIAN FEDERAL POLICE

Executive Briefing

PDMS: EC22-002035

Addressee ELC
Through DCO and ACSPC

Title Specialist business area advice on AFP COVID-19 vaccination policy following formal consultation

Action required:

ELC decision.

Deadline:

No deadline.

Reasons for proposed actions:

Background

On 2 May 2022 the AFP formalised an extension of the mandatory COVID-19 vaccination requiring appointees receive a booster dose. This position was adopted following the ATAGI advice on 10 February 2022 recommending individuals aged 16 years and over should receive a booster dose. In a brief dated 27 April 2022, the AFP Working Group recommended the ELC adopt the preferred option that AFP appointees remain 'up to date' with their COVID-19 vaccinations as part of the AFP's strategy to manage the safety of the workplace. This option was preferred over an identified alternative approach of comprehensive protection measures for declared business areas identified by virtue of specialist capability, or close proximity or other workplace features.

At the time of the policy change, up-to-date vaccination status was recognised as an effective mitigation against further spread and the prevention of serious disease. Furthermore, the impact of infection on the workplace was considerable at this time. Business area impacts were presented to the ELC citing workplace absence rates of ~20% within NOSSC and ~75% within the College. These circumstances have changed somewhat with the passage of time. Effectiveness of current vaccines against leading COVID-19 variants is considered to be of less value than was previous for the prevention of transmission. Workplace absence rates have also reduced, likely attributable to higher vaccination rates and reductions to health requirements on mandatory periods of isolation. At the time the vaccine mandate for three doses was determined, the third dose rates amongst employees, as reported to the AFP, was s 47E(c) (as at 17 October 2022).

Expert analysis

The ELC has sought additional advice from the specialist business areas to assist the consideration of the Executive Brief and associated materials previously prepared on the AFP's vaccine governance (Annexure 1). This Brief will endeavour to articulate the advice succinctly according to the individual specialist business areas.

Chief Medical Officer (CMO)

Currently available booster vaccines are noted to be less effective in reducing transmission of dominant COVID-19 variants when compared to their effectiveness against previous COVID-19 variants. ATAGI have recently released guidance on the use of Moderna bivalent vaccine, which is the first of a series of vaccines being developed that have some specificity for the *initial* Omicron variant of COVID-19, as well as the original strain. The new vaccine is currently being batch tested by TGA and will be rolled out as existing Moderna vaccine stocks are exhausted. Additionally:

- Any benefit of the new vaccine over current vaccines is modest, and ATAGI are indicating *either old or new* are as effective as booster choices
- Efficacy of booster vaccines against severe disease remains essentially unchanged, however the duration of protection with the bivalent vaccine *may* be several months longer (as yet unproven) based on lab studies
- The new bivalent vaccine is not approved for the initial course of vaccination against COVID-19
- The bivalent vaccine was developed using Omicron BA.1, and is thus *not* specific to the currently circulating Omicron variants (BA.4 and BA.5)
- We have passed the expected winter peak of Omicron infection, and both BA.4 and BA.5 infections are waning with the expectation that these will continue to reduce and then plateau
- There are currently no new variants of concern on the horizon, although this may change
- ATAGI are continuing to recommend a minimum of three months between natural infection and subsequent boosters

s 47C(1)

Recommendation: Reduce the requirement to the effect that only two vaccine doses are mandatory.

SHIELD

s 47C(1)

Recommendation: Reduce the requirement to the effect that only two vaccine doses are mandatory.

Industrial Relations

s 47C(1)

Recommendation: Reduce the requirement to the effect that only two vaccine doses are mandatory.

Legal

s 42(1)

s 42(1)

Recommendation: Reduce the requirement to the effect that only two vaccine doses are mandatory.

Formal consultation

On 9 September 2022, the ELC supported the commencement of formal consultation in respect of AFP COVID-19 vaccination policy. This consultation was formally triggered through an email to all AFP staff and formal correspondence to the Australian Federal Police Association (AFPA) and Commonwealth Public Sector Union (CPSU) on 12 September 2022.

Operation Protect Vaccination Working Group

s 47C(1)

AFPA

s 47E(c)

s 47E(c)

CPSU

s 47E(c)

AFP employees

27 submissions were made by individual employees, the majority of which supported a reduction to the number of mandatory vaccinations. Other employee submissions addressed:

- Request for a review of CO10 and all COVID-19 vaccinations in general
- Views on the impact vaccinations have had on people's health and wellbeing, including the exemption process and therefore impact on culture/morale
- AFP should maintain current policy position (but not add further vaccinations to the schedule).

Majority recommendation: Reduce the requirement to the effect that only two vaccine doses are mandatory.

Resource implications:

As outlined in Annexure 1.

Consultation:

As outlined in Annexure 1.

Expected Reaction:

As outlined in Annexure 1.

Recommendation:

It is recommended that the ELC:

1. note the advice of the various specialist business areas in order to consider the AFP's COVID-19 vaccination policy
2. note the outcomes of formal consultation with the workplace and employee representatives

3. agree the National Guideline be updated as per Annexure 2 to reflect that only two vaccination doses are mandatory; and
4. agree the National Guideline be updated as per Annexure 2 to note that CMO maintains authority on vaccination requirements for international deployments; and
5. note that ACSPC will, subject to ELC consideration, make the above amendments to the National Guideline and prepare All-Staff communication for dissemination from DCO.

.....	.....	.....
Alison Money	s 22(1)(a)(ii)	s 22(1)(a)(ii)
CMO	Performing the role of Manager Shield Strategy and Capability	Coordinator Industrial Relations
.....	s 22(1)(a)(ii)	
s 22(1)(a)(ii)		
A/General Counsel Corporate	A/Commander NOC for Op Protect Working Group	

17 October 2022

Endnote

[i] The CMO outlined the following reputable scientific articles which demonstrate a consistent finding of waning efficacy of COVID-19 vaccination against Omicron variants (primarily mRNA vaccines, but relevant to all).

Feikin DR, Abu-Raddad LJ, Andrews N, Davies MA, Higdon MM, Orenstein WA, Patel MK. **Assessing vaccine effectiveness against severe COVID-19 disease caused by omicron variant. Report from a meeting of the World Health Organization.** Vaccine. 2022 Jun 9;40(26):3516-27. (Meta-analysis)

> "Since the emergence of the omicron variant of SARS-CoV-2 in November 2021, mounting evidence has demonstrated significant immune evasion from infection-induced and vaccine-induced immunity. Vaccine effectiveness is lower against infection and symptomatic disease caused by omicron than other variants, including delta [1]. Moreover, vaccine effectiveness against these outcomes appears to wane faster after the primary series of vaccination. Vaccine effectiveness against severe omicron disease, on average, is higher, perhaps because of the role of preserved cellular immunity [2]. Nonetheless, assessing vaccine effectiveness against omicron severe disease has become more challenging because of its attenuated intrinsic severity and its high prevalence of infection."

Higdon MM, Baidya A, Walter KK, Patel MK, Issa H, Espié E, Feikin DR, Knoll MD**. Duration of effectiveness of vaccination against COVID-19 caused by the omicron variant.** The Lancet Infectious Diseases. 2022 Aug 1;22(8):1114-6. (Meta-analysis)

> "We recently conducted a systematic review and meta-regression of the duration of effectiveness of primary series COVID-19 vaccination against clinical outcomes before the predominance of the omicron (B.1.1.529) SARS-CoV-2 variant. Here we assess the duration of vaccine protection, after a primary vaccine series and after the first booster dose, against omicron, the current predominant variant, using the same methods.
>
> We systematically reviewed published and preprint literature from Dec 3, 2021, to April 21, 2022, by searching for studies assessing absolute vaccine effectiveness over time during an omicron-dominant period. We estimated the mean change in vaccine effectiveness from 1 month to 6 months after primary vaccine series completion and from 1 month to 4 months after booster vaccination, using random-effects meta-regression (appendix p 22)."
>
> "Vaccine effectiveness of primary series COVID-19 vaccines against severe disease when the omicron variant was predominant was lower than that observed pre-omicron but showed little decline after vaccination. Booster vaccination increased vaccine effectiveness against omicron severe disease, which remained high 4 months after vaccination. Vaccine effectiveness against symptomatic disease decreased faster for omicron than pre-omicron variants, with protection from primary series vaccination nearly eroded by 4–6 months; protection after booster vaccination also decreased quickly, although less than after primary series vaccination."

Collie S, Champion J, Moultrie H, Bekker LG, Gray G. **Effectiveness of BNT162b2 vaccine against omicron variant in South Africa.** New England Journal of Medicine. 2022 Feb 3;386(5):494-6.

> "Among BNT162b2 primary course recipients, vaccine effectiveness increased to 67.2% (95% CI, 66.5 to 67.8) at 2 to 4 weeks after a BNT162b2 booster before declining to 45.7% (95% CI, 44.7 to 46.7) at 10 or more weeks. Vaccine effectiveness after a ChAdOx1 nCoV-19 primary course increased to 70.1% (95% CI, 69.5 to 70.7) at 2 to 4 weeks after an mRNA-1273 booster and decreased to 60.9% (95% CI,

59.7 to 62.1) at 5 to 9 weeks. After a BNT162b2 primary course, the mRNA-1273 booster in[1]creased vaccine effectiveness to 73.9% (95% CI, 73.1 to 74.6) at 2 to 4 weeks; vac[1]cine effectiveness fell to 64.4% (95% CI, 62.6 to 66.1) at 5 to 9 weeks."

Chemaitelly H, Ayoub HH, AlMukdad S, Tang P, Hasan MR, Yassine HM, Al Khatib HA, Smatti MK, Coyle P, Al Kanaani Z, Al Kuwari E. **Duration of protection of BNT162b2 and mRNA-1273 COVID-19 vaccines against symptomatic SARS-CoV-2 Omicron infection in Qatar.** medRxiv. 2022 Jan 1.

"RESULTS BNT162b2 effectiveness against symptomatic Omicron infection was highest at 61.9% (95% CI: 49.9-71.1%) in the first month after the second dose, but then gradually declined and was at 10% or less starting from the 5th month after the second dose. After the booster, effectiveness rapidly rebounded to peak at about 55% between 2-5 weeks after the booster, but then started to decline again thereafter."

"CONCLUSIONS BNT162b2 and mRNA-1273 vaccines show a similar level and pattern of protection against symptomatic Omicron infection. Protection against Omicron is lower than that against Alpha, Beta, and Delta variants, and wanes more rapidly than against earlier variants after the second and booster doses."

AFP
AUSTRALIAN FEDERAL POLICE

Executive Briefing

EC22-002035

Addressee ELC through DCO and Acting ACSPC

Title Review of Risk Assessment relevant to AFP COVID-19 vaccination policy

Action required:

For decision in relation to the following four options:

Option 1. **Expand** the requirement to the effect that four vaccine doses are mandatory.
Option 2. **Maintain** the existing requirement for three vaccine doses.
Option 3. **Reduce** the requirement to the effect that only two vaccine doses are mandatory.
Option 4. **Revoke** the requirement to have any vaccine dose.

Deadline:

No deadline.

Reasons for proposed actions:

The AFP currently mandates **three** COVID-19 vaccine doses for all employees.

It is important for vaccine mandates to be regularly reviewed in light of the rapidly evolving nature of the pandemic. In deciding a recent case involving the Australian Submarines Corporation, the Fair Work Commission (FWC) stressed the importance of regular review of vaccine mandates. The FWC noted that a reduction in risk may mean that mandatory vaccinations may no longer be a proportionate and reasonable response to risk. Any consideration of retaining a vaccination mandate must be considered and weighed against its advantages.

A formal Risk Assessment (**Attachment A**) was conducted by the Chief Medical Officer (CMO), Shield, Industrial Relations, AFP Legal and Operation Protect representatives, considering:

- the current pandemic situation;
- emerging evidence that vaccination may not have a significant effect on levels of transmission;
- the reduction of vaccination mandates amongst the AFP's partner agencies; and
- the reduction of restrictions and prevention measures relating to COVID-19 within the community more generally.

This process identified seven key risks, with their assessed likelihood, consequence and risk ratings as follows:

1. The volatility and pervasiveness of the COVID-19 threat is greater than the AFP's ability to effectively govern suitable vaccination arrangements and other measures to provide workforce and capability protection (Moderate, Possible; Medium).
2. The AFP does not provide a safe workplace (Moderate, Possible; Medium).

3. The AFP is unable to maintain a workforce capable of meeting the statutory requirements to deliver public safety and associated police services to the community (Moderate, Possible; Medium).
4. Public trust and confidence in the AFP is reduced (Moderate, Unlikely; Medium).
5. Maintaining vaccination mandate **for the primary course of vaccination** raises a risk of Industrial or legal action against the AFP by employees and employee representatives, including the AFPA (Moderate, Possible; Medium).
6. Maintaining **the booster vaccination mandate** raises a risk of Industrial or legal action against the AFP by employees and employee representatives, including the AFPA (Moderate, Possible; Medium).
7. Implementing a varied vaccination approach for AFP classes of employees undermines AFP health and safety outcomes and confidence amongst its employees and partners (Moderate, Possible; Medium).

Medical position

At the time of this Executive Briefing (EB), the Australian Technical Advisory Group on Immunisation (ATAGI) recommends booster doses to ensure protection remains "up to date". In addition, ATAGI has recently expanded their recommendations to include a fourth dose for persons over 50 years of age, and expanded eligibility for a fourth dose of the vaccine to persons over 30 years of age. The Australian Health Protection Principal Committee (AHPPC) states vaccination "continues to be the most important protection against severe illness".

Despite ATAGI recommendations, currently available booster vaccines are noted to be less effective in reducing transmission of dominant COVID-19 variants when compared to their effectiveness against previous COVID-19 variants. Early evidence suggests that protection against infection and onward transmission appears to be waning earlier with successive doses.

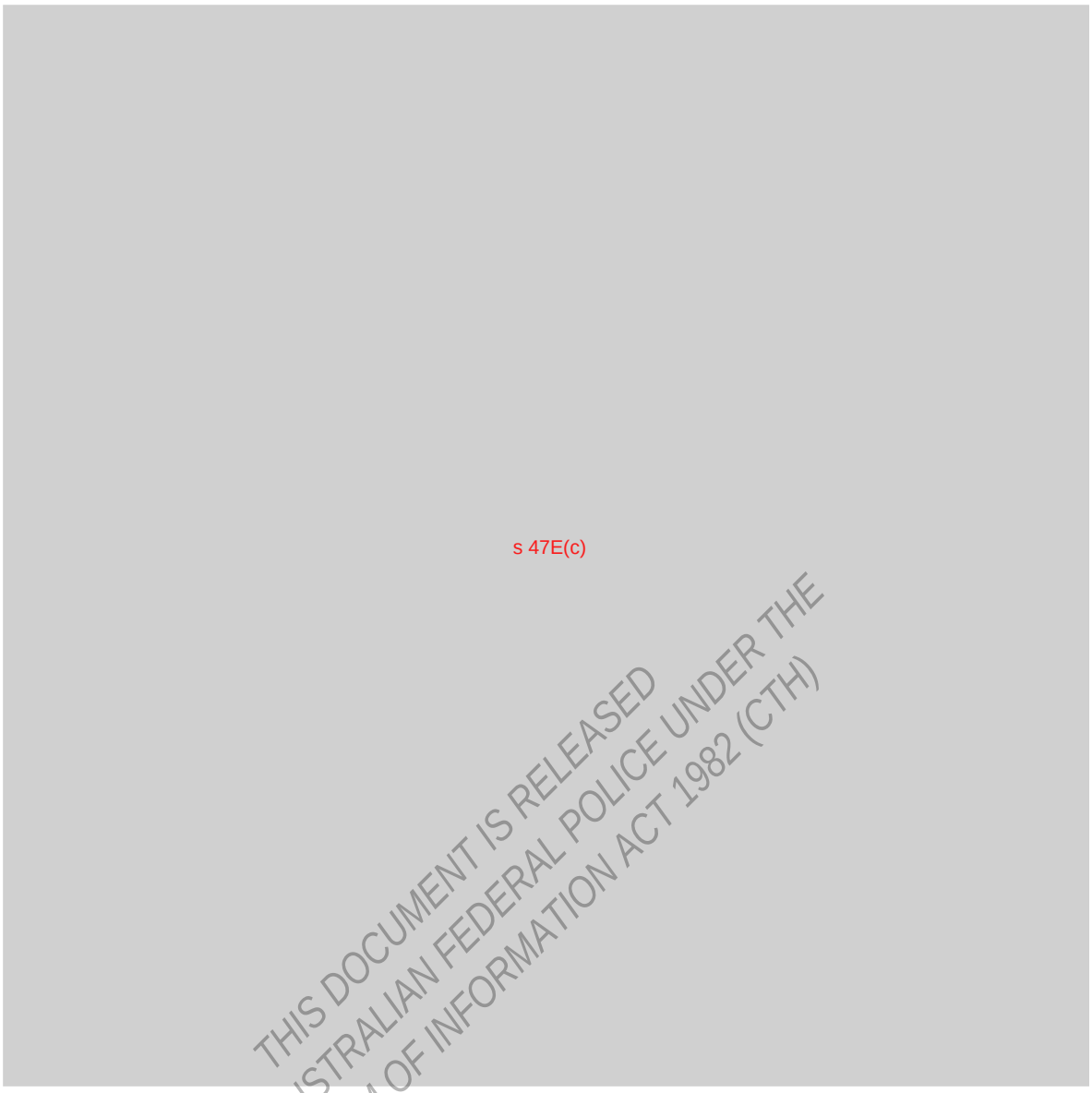
Additionally, while there is widespread community transmission, a large number of employees are ineligible for boosters due to ATAGI stipulation of a three-month window between COVID diagnosis and subsequent booster.

Booster doses continue to afford additional protection against serious illness, but at decreased efficacy and duration compared to the primary course of vaccinations and earlier variants. Vaccination is increasingly a matter of managing personal risk rather than collective protection.

s 47C(1)

The Risk Assessment considers the available controls to mitigate the risks of contracting COVID-19, and whether vaccination remains a necessary control to mitigate the risk to unvaccinated (or un-boosted) individuals. The Risk Assessment process identified that the lack of commensurate controls (such as wearing of PPE) in the community meant that implementation of such controls in the workplace would only be of modest value, and would do little to prevent transmission.

s 47E(c)



Analysis of options

Option 1 – Expand the requirement to effect that four vaccine doses are mandatory

Option 1 is not recommended by the CMO, given the reduced effectiveness of booster vaccine doses against current COVID-19 variants. There is therefore a disproportion between the risks and effort involved in implementing a mandate for a fourth dose, and the benefit expected in terms of improved health outcomes for individuals, reduction in transmissibility and workforce protection. The CMO advised there are vaccines under development that are anticipated to be of greater efficacy against current COVID-19 variants. In this regard, the viability of this option should only be considered in the future should further vaccines become available.

Option 1 also attracts increased industrial and legal risk. The AFP is aware that the AFPA is unlikely to support further vaccine mandates, which increases the risk of legal challenge.

Option 2 – Maintain the existing requirement for three vaccine doses

The Risk Assessment process did not produce a leading course of action that prefers or recommends either option 2 or option 3 (outlined below).

However, there is elevated legal risk in relation to option 2, as compliance currently stands at 86.1% of the workforce fully vaccinated with three doses. If the status quo is maintained, more

[1] Approximately 71% of the Australian population aged 16 and over have received a third dose as at 15 August 2022. Source: www.health.gov.au

termination of employment decisions are likely to be made, with some of those employees expected to challenge the decision.

Option 2 would also mean resources will continue to be spent administering the exemption process. Given the heightened risk of unfair dismissal applications in the current circumstances, if this option is preferred, the exemption process may warrant review. For example, the AFP could examine whether it would be possible for the exemption process to consider a broader range of circumstances for the granting of exemptions, particularly whether unvaccinated (or un-boosted) employees may be able to continue to perform their duties in a way that does not cause unnecessary risks to their health and safety.

The AFP could consider whether an exemption regime where unvaccinated employees permanently work from home, or are permanently confined to the performance of restricted duties would manage the risks and be a viable option. However, such an outcome would be contrary to the requirements of the AFP for the significant majority of its employees, as the AFP requires employees to be ready for deployment where needed.

Full vaccination could still be required for certain roles, such as employees deploying overseas.

Option 3 – Reduce the requirement to the effect that only two vaccine doses are mandatory

This option would involve the AFP discontinuing the current mandate for the third booster, while maintaining the mandate for the two primary doses.

s 47E(c)

At present, no AFP employee has been dismissed for failing to receive a booster dose.

s 42(1)

Option 3 would be more consistent with the position of many of the AFP's partner agencies, who have not mandated boosters (and some have discontinued vaccine mandates altogether). As stated earlier, the Risk Assessment process did not produce a leading course of action that prefers or recommends either Option 2 or Option 3.

If the AFP does not intend to mandate further vaccines (including the fourth booster) until a more effective vaccine becomes available, given the current boosters are not proven to materially protect the AFP's workforce by reducing transmission, it is arguably more consistent with this reasoning not to maintain the mandate for the third booster.

It is recognised the third vaccine dose does provide protection for the individual in reducing the severity of disease, and a third dose remains recommended by ATAGI for all age groups. In all cases, employees would be strongly urged to maintain up-to-date vaccination status. Further, the identified risks should continue to be monitored, and a formal review should be conducted in six months, if not earlier, particularly if a new vaccine becomes available, or a new COVID-19 variant emerges, or there is a significant change to infection rates in the community.

OFFICIAL

Full vaccination could still be required for certain roles, such as employees deploying overseas or working in communal environments such as the AFP College.

Option 4 – Revoke the requirement to receive any vaccine

The primary course of the COVID-19 vaccination provides a high level of protection from serious illness, and has a marked reduction on transmission, particularly against serious ancestral strains of COVID-19. However, as noted above, booster doses are less effective than the primary course. The transmissibility impact of booster doses diminishes with each successive vaccination.

s 47E(c)

s 47E(c) Revoking the vaccine mandate may attract a reputational risk, and may negatively affect morale. Additionally, it is noted that a number of partner agencies have maintained a mandate for the primary course.

If the AFP were to revoke the mandate, full vaccination could still be required for certain roles, such as employees deploying overseas.

s 47C(1)

Consultation:

CMO - Dr Alison Money, Shield - s 22(1)(a)(ii) Industrial Relations - s 22(1)(a)(ii) and AFP Legal - s 22(1)(a)(ii) s 22(1)(a)(ii) and s 22(1)(a)(ii) ar were engaged in the Risk Assessment review. s 42(1) This review was the first formal review of the Risk Assessment since the last review of 22 April 2022, which saw the expansion of the AFP policy to require a third (booster) vaccination dose by AFP employees from 13 June 2022.

The Operation Protect Vaccine Working Group were consulted as to their preferred Option, with the clear majority expressing a preference for Option 3.

Expected Reaction:

The AFP has assumed a policy position in respect of mandating booster doses which has been formally advised to employees, partner agencies, Comcare, the AFPA and the CPSU. Maintenance of the existing vaccination requirements does not require any formalities with these entities and thus no reaction is expected for that outcome.

s 47C(1)

s 47C(1)

Recommendation:

The Executive Leadership Committee (ELC) should consider the AFP's appetite for continued resolve in respect of the vaccine mandate for booster doses, and consequently consider the AFP's appetite for slightly increased industrial and legal risk in maintaining this position. The Risk Assessment has not revealed a leading course of action between Option 2 and Option 3.

Nevertheless, it is noted that Option 3 has a number of advantages, including reduced legal risk. Consultation with the Operation Protect Vaccine Working Group revealed a clear majority expressing a preference for Option 3. This option is also supported by the CMO.

Recommendation 1: The ELC adopts **Option 3**.

Agreed: Yes / No

Recommendation 2: The ELC notes that should the AFP require additional COVID-19 vaccination for certain roles, including employee gateways, this will require further governance adjustment.

Agreed: Yes / No

Recommendation 3: Currently identified risks continue to be monitored, and a formal review is conducted in six months, if not earlier, should there be any significant changes to the environment.

Agreed: Yes / No

s 22(1)(a)(ii)

Acting Commander
National Operations Coordination

16 August 2022

RISK ASSESSMENT AND TREATMENT PLAN

Part 1: Objective and Context setting for the risk plan

Activity / Operation Name	COVID-19 vaccination - Mandatory vaccination of all AFP members	**Function / Office**	Chief Medical Officer Shield AFP Legal People and Culture
Type of activity	Workplace Health & Safety	**Business Area/Contact Person**	Operation PROTECT
Objectives	• To ensure the AFP provides a safe workplace for all appointees and that it maintains operational capacity and capability.		
Key Stakeholders	All AFP staff		
Context	Set at the commencement of the pandemic, the AFP has a number of existing controls against COVID-19 including PPE, workplace hygiene practices, communications etc. These controls were supplemented with the introduction of a mandatory vaccination requirement for all AFP appointees in October 2021, which was later expanded to require a third (booster) dose from 13 June 2022. These controls have been successful to date, however, the pandemic environment is constantly changing and the AFP must now consider how to provide a safe workplace to all its members in order to maintain and maximise operational deployability. This Risk Assessment is to be read in conjunction with that completed on 7 October 2021 and 22 April 2022. The changes to the environment that are considered in this risk assessment include: i. The highly infectious and transmissible COVID-19 Omicron variant as well as future new variants ii. The operating environment of the AFP, including where key partners no longer require employees be vaccinated against COVID-19 iii. The reduction in Health Orders, such as those requiring the wearing of face masks, as a feature of the broader Australian community iv. The reduction in the period for which a person infected with COVID-19 is considered to have enduring immunity, from 12 weeks down to 4 weeks v. The reduction in the effectiveness of the vaccine in reducing transmission of the virus, given new variants. Approximately 95% of AFP employees having been vaccinated with two doses, and 85% have had the third dose (at 25 July 2022). ATAGI has recommended booster doses to ensure protection remains "up to date" and has recently expanded their recommemdations to include a fourth dose for person over 50 years of age, and expanding eligibility for a fourth dose of the vaccine to persons over 30 years of age.		

Date of this risk assessment	26/07/2022	**Review date of risk assessment**	26/01/2023	**Approver**		**Approver's Signature & date**	

Part 2: Risk Identification, Analysis, and Evaluation for this activity (Refer to the Risk Assessment guidance tool on work sheet 4 which is the Blue tab to complete this section)

IDENTIFICATION				ANALYSIS & EVALUATION									
Risk Ref: No	**Risk Description** (Describe the risks that could impact the objectives mentioned in the Part 1 worksheet which is the Yellow tab at the bottom of the page)	**Source #**	**Sources of the Risk** (Briefly describe the potential cause(s) of the risk(s)	**Consequence #**	**Consequence** (Briefly describe what will be the impact if the risk occurs)	**Source # / Consequence # related to the control**	**Existing Controls for each source of the Risk** (Briefly describe the existing controls in place for each source of the risk)	**Control Rating** (**Fully-Effective**, **Partially-Effective**, **Ineffective**, **Unrated**)	**Control Effectiveness** (**Strong**, **Incomplete**, **Weak**, **Unknown**)	**Current Risk Rating** (Assess the consequences and their likelihood taking into account the effectiveness of the existing controls)			**Proposed action to be taken** (Avoid, Reduce, Transfer, Retain)
										8A Consequence	**8B Likelihood**	**8C Rating**	
1	The volatility and pervasiveness of the COVID-19 threat is greater than the AFP's ability to effectively govern suitable vaccination arrangements and other measures to provide workforce and capability protection	S1	Currrent COVID-19 variants are expected to further evolve with increasing rates of community transmission and reducing protection provided by current vaccines	C1	AFP governance relating to mandatory vaccines can only be informed by transmission rates and vaccine effectiveness on a trailing basis, meaning decisions cannot be agile or predictive. There will be elements of the AFP employee population that oppose the continuation or extension of mandatory vaccines when contemporary conditions are not in accordance with prevailing governance at the time. The AFP framework and business area led compliance have proven to be relatively slow, and thus not able to adjust to changing governance quickly. Resourcing to compliance and governance implementation are being drawn from BAU business areas. AFP needs to grow an in-house health planning and consequence management capabilty in order to be	S1, C1	The efficacy of current vaccines are reduced against current variants. There are vaccinations in the pipeline (anticipated availability is 2023) that are anticipated to be more effective. The availability of protections at the time will inform suitable responses. Continuation of AFP engagement with key external agency groups and expert forums to remain as contemporary as possible with transmission trends and vaccine developments. Regular and programmed review of RATP and governance arrangements via the expert members of the Op Protect Working Group.	**Partially Effective**	**Incomplete**	**Moderate**	**Possible**	**Medium**	**Retain**

IDENTIFICATION				ANALYSIS & EVALUATION									
Risk Ref: No	Risk Description (Describe the risks that could impact the objectives mentioned in the Part 1 worksheet which is the Yellow tab at the bottom of the page)	Source #	Sources of the Risk (Briefly describe the potential cause(s) of the risk(s)	Consequence #	Consequence (Briefly describe what will be the impact if the risk occurs)	Source # / Consequence # related to the control	Existing Controls for each source of the Risk (Briefly describe the existing controls in place for each source of the risk)	Control Rating (Fully-Effective, Partially-Effective, Ineffective, Unrated)	Control Effectiveness (Strong, Incomplete, Weak, Unknown)	Current Risk Rating (Assess the consequences and their likelihood taking into account the effectiveness of the existing controls) 8A Consequence	8B Likelihood	8C Rating	Proposed action to be taken (Avoid, Reduce, Transfer, Retain)
2	The AFP does not provide a safe workplace	S1	Health - The ubiquitous nature of COVID-19 creates exposure opportunities that are outside the AFP's span of control i.e. public area's such as shopping centres, schools, public transport etc. - AFP members permissive behaviour toward the risk of COVID-19 infection due to societal norm factors of living with COVID - AFP members unknowingly attend the workplace with COVID-19 - Not adequately cleaning workplace surfaces resulting in exposure to COVID-19 - PPE is not fully suitable for the task at hand, making it difficult for police to conduct duties safely. - PPE is not worn appropriately and consistently. - AFP members not maintaining adequate hygiene practices in the workplace. - Common work spaces for members across all AFP buildings present an opportunity to unwittingly spread the virus. - Changing variants of COVID-19 render existing controls ineffective. - New variants of COVID-19 are highly transmissible. Industrial Relations - AFP is operating in an extremely dynamic environment, and whilst a vaccine mandate will mitigate some WHS risk, attribution of COVID-19 infection to the workplace is extremely difficult, due to the increasingly ubiquitous nature of COVID prevalance amongst the community. - Policies and procedures need to be consistently applied across the organisation, subject to local requirements. Reasonable Adjustments must be undertaken and demonstrated. - Pathways for permanent or temporary exemption for both medical and non-medical reasons should be maintained and the workforce advised how to access them. OMICRON - In a vaccinated person, symptoms are less leading to complacency in testing. - Emerging evidence suggest herd immunity will not be achievable. Emerging variants: - The efficacy of current vaccines are reduced against current variants. There are vaccinations in	C1	Health - AFP members exposed to/or contract COVID-19 resulting in health implications. - AFP member exposed to/or who contract COVID-19 may be quarantined resulting in negative impact on their mental health due to social isolation, limited contact with usual support networks, boredom, anxiety. - Over time, efficacy of vaccination is reduced, introducing a higher risk of transmission of COVID within the workplace. - Vaccinated AFP employees with existing medical conditions are considered to be at an increased risk (https://www.health.gov.au/health-alerts/covid-19/advice-for-groups-at-risk/risk-factors-for-more-serious-illness) - Potential breach of duty of care obligations under the WHS Act 2011, Section 19, while also acknowledging a rapidly decreasing ability to draw a direct connection between infection and the workplace due to community transmission rates and lack of public health orders	S1, S2, C1, C2, C3	The following controls are hindered by the lack of public health orders in the community as well as the ubiquitous nature of COVID-19 outside AFP workplaces; - Commissioner's Order 10 and National Guideline on COVID-19 Vaccination currently requires AFP appointees to have three doses (only) of an approved COVID-19 vaccine. - Current evidence suggest that immunity to COVID-19 wanes, and there is a reduction in protection against infection following vaccination over time. Protection against transmission from vaccinated individuals who are infected also appears to wane over time. - PPE is worn in accordance with guidance from the Department of Health (DoH) or relevant state/territory health advice, for which at present there is no mandatory mask wearing. - Cleaning and disinfecting of AFP workplaces is done in accordance with guidance from Safe Work Australia and Health authorities and as far as reasonably practicable - Alcohol based hand sanitiser provided and/or available to AFP members - Contemporary AFP COVID-19 information, health advice and FAQ's available on the AFP Hub - Relevant all staff health messaging from Shield/Op Protect to AFP members - AFP staff provided with the most up to date information and international best practice regarding Coronavirus health advice through the Chief Medical Officer - Supervisors are working closely with SHIELD to ensure suitable PPE is available and staff communications are effective. - Members working in joint arrangements are required to meet any mandates placed upon the AFP by external agencies within that external workplace. - Members are required to provide their vaccination status to the AFP. - Ready availability of Rapid Antigen Testing (RAT) to AFP employees via Logistics supplies	Partially Effective	Incomplete	Moderate	Possible	Medium	Reduce
				C2	Operations - AFP capacity to perform some requirements is impacted due to lack of fully controlled environment to manage the impact of COVID-19, although many in the AFP are more adept at working remotely and acknowledge the community transmission risk. - Some members remain uncomfortable to attend the office due to concerns about their health and safety in the workplace, directly impacting the individual's wellbeing and operational capacity. - AFP is unable to meet its statutory, contractual and operational obligations as staff do not meet requirements of key stakeholders and partners. Examples include services to Defence Establishments or ACT Government (ACT Policing). - AFP support capabilities, are impacted due to the inadvertent introduction of COVID-19 into the workplace by members in public facing roles.							

IDENTIFICATION				ANALYSIS & EVALUATION									
Risk Ref: No	**Risk Description** (Describe the risks that could impact the objectives mentioned in the Part 1 worksheet which is the Yellow tab at the bottom of the page)	Source #	**Sources of the Risk** (Briefly describe the potential cause(s) of the risk(s)	Consequence #	**Consequence** (Briefly describe what will be the impact if the risk occurs)	**Source # / Consequence # related to the control**	**Existing Controls for each source of the Risk** (Briefly describe the existing controls in place for each source of the risk)	**Control Rating** (**Fully-Effective**, **Partially-Effective**, **Ineffective**, **Unrated**)	**Control Effectiveness** (**Strong**, **Incomplete**, **Weak**, **Unknown**)	**Current Risk Rating** (Assess the consequences and their likelihood taking into account the effectiveness of the existing controls)			**Proposed action to be taken** (Avoid, Reduce, Transfer, Retain)
										8A Consequence	8B Likelihood	8C Rating	
3	The AFP is unable to maintain a workforce capable of meeting the statutory requirements to deliver public safety and associated police services to the community	S1	Enduring immunity after having suffered COVID-19 infection has reduced from 12 weeks down to 4 weeks. This is indicative of persons potential to be infected and re-infected with COVID-19. Isolation requirements for household contacts have been reduced, with emphasis on RAT use and self-reporting to local health agencies. s 47E(c) of the AFP have received a third vaccine dose as required by CO10 and the NG. Whilst this is greater than the coverage rates of the Australian population, this means s 47E(c) of the AFP workforce is not "up to date" as per ATAGI recommendations.	C1	Health - AFP member exposed to/or who contracts COVID-19 are required to isolate/quarantine and potentially suffer the symptoms of COVID-19 - AFP members who remain in the workplace conducting duties in the face of reduced staffing are exposed to excessive work hours leading to fatigue Operations - Reputation of the AFP is diminished across law enforcement as they do not maintain a ready force - AFP is unable to partake in joint agency operations as local jurisdictional requirements limit AFP involvement - AFP relevance in a law enforcement context is questioned - Members are unable to undertake critical training activities that directly impacts on the deployability (e.g. Operational Safety Training) - Capacity needs to be met through overtime and extended shifts as the AFP is unable to meet its staffing requirements. - Breaches occur frequently. - Insufficient sworn members unable to perform policing/PSO roles.	S1, S2, C1, C2, C3	The followings controls are hindered by the lack of public health orders in the community as well as the ubiquitous nature of COVID-19 outside AFP workplaces; -Commissioner's Order 10 and National Guideline on COVID-19 Vaccination currently requires AFP appointees to have three doses (only) of an approved COVID-19 vaccine. - Current evidence suggest that immunity to COVID-19 wanes, and there is a reduction in protection against infection following vaccination over time. Protection against transmission from vaccinated individuals who are infected also appears to wane over time. - PPE is worn in accordance with guidance from the Department of Health (DoH) or relevant state/territory health advice, for which at present there is no mandatory mask wearing. - Contemporary AFP COVID-19 information, health advice and FAQ's available on the AFP Hub - Relevant all staff health messaging from Shield/Op Protect to AFP members - AFP staff provided with the most up to date information and international best practice regarding Coronavirus health advice through the Chief Medical Officer - Data is available to all supervisors to measure the status of their workforce in	**Partially Effective**	**Incomplete**	**Moderate**	**Possible**	**Medium**	**Reduce**

IDENTIFICATION				ANALYSIS & EVALUATION									
Risk Ref: No	Risk Description (Describe the risks that could impact the objectives mentioned in the Part 1 worksheet which is the Yellow tab at the bottom of the page)	Source #	Sources of the Risk (Briefly describe the potential cause(s) of the risk(s)	Consequence #	Consequence (Briefly describe what will be the impact if the risk occurs)	Source # / Consequence # related to the control	Existing Controls for each source of the Risk (Briefly describe the existing controls in place for each source of the risk)	Control Rating (Fully-Effective, Partially-Effective, Ineffective, Unrated)	Control Effectiveness (Strong, Incomplete, Weak, Unknown)	Current Risk Rating (Assess the consequences and their likelihood taking into account the effectiveness of the existing controls)			Proposed action to be taken (Avoid, Reduce, Transfer, Retain)
										8A Consequence	8B Likelihood	8C Rating	
4	Public trust and confidence in the AFP is reduced.	S1	Health - AFP members not vaccinated in accordance with current ATAGI guidance are at higher risk of contracting and transmitting COVID-19 to members of the public. - Reduced and less visible use of PPE by AFP members. - Not cleaning surfaces, equipment and workstations adequately within AFP workplace in which members of the public attend - Not maintaining adequate hygiene practices in AFP workplaces where members of the public attend - AFP policy and requirements do not meet community expectations - Herd immunity does not meet the standard of protection required from COVID for the workforce - Increased transmissibility of newer variants renders it difficult for the AFP to implement measures that provide confidence that the risk of infection is not managed - Rigorous TTIQ procedures are no longer being undertaken by State/Territory Health Departments to track the movements of a COVID-19 positive person. - AFP [illegible]	C1	Health - Members of the public potentially exposed to COVID-19 infected AFP member resulting in their physical health being affected. Potential to result in serious illness or death which could have legal ramifications for the AFP. - Members of the public exposed to COVID-19 infected AFP member resulting in reputational risk and negative public perception	S1, S2, C1, C2., C3	The followings controls are hindered by the lack of public health orders in the community as well as the ubiquitous nature of COVID-19 outside AFP workplaces; -Commissioner's Order 10 and National Guideline on COVID-19 Vaccination currently requires AFP appointees to have three doses (only) of an approved COVID-19 vaccine. - Current evidence suggest that immunity to COVID-19 wanes, and there is a reduction in protection against infection following vaccination over time. Protection against transmission from vaccinated individuals who are infected also appears to wane over time. - PPE is worn in accordance with guidance from the Department of Health (DoH) or relevant state/territory health advice, for which at present there is no mandatory mask wearing however, it is strongly encouraged within indoor settings. - Cleaning and disinfecting of AFP workplaces in which members of the public visit/attend i.e. Police Stations, is done in accordance with guidance from Safe Work Australia and Health authorities as far as is reasonably practicale - Physical distancing of at least 1.5m to be adhered to and signage is posted accordingly within AFP workplaces - Alcohol based hand sanitiser made available in AFP workplaces - The existing member obligation to contribute to a safe workplace and take appropriate actions to remove themselves from the workplace if exposed to COVID-19 or identified as a close contact etc. Their ability to do this draws on existing informational	**Partially Effective**	**Incomplete**	**Moderate**	**Unlikely**	**Medium**	**Reduce**
				C2	- Vaccination mandate may reduce the numbers of people applying for employment with the AFP								
		S2	Operations - AFP has diminished capacity to respond to matters, deferring to other agencies and institutions.	C3	Operations - Being forced to work remotely with partners results in less than optimum performance by the AFP. - AFP is unable to meet its resource commitments, including not meeting the requirements agreed to in contracts and through joint arrangements.								

Part 3 - Risk Treatment for this activity, Monitor and Review

TREATMENT PLAN

Risk Ref: No	Risk Description (Transfer the risk descriptions from part 2 Column 2, of the Risk Assessment for the risks where treatments have been identified)	Source # / Consequence # related to the Treatment	Treatment #	Risk Treatment Description (Describe the **new** activity(ies) to be undertaken to further reduce the current risk rating)	Action Officer (Person responsible for each treatment)	Due Date (Date treatment is due for completion)	Progress on Treatment Implementation On track Progressing but behind schedule Significant delays / Needs intervention Complete		Target Risk Rating (What is the expected risk rating after additional treatments are in place?)		
							Progress Rating	Comments	Consequence	Likelihood	Rating
									Moderate	Possible	Medium

Risk Ref: No	Risk Description (Transfer the risk descriptions from part 2 Column 2, of the Risk Assessment for the risks where treatments have been identified)	Source # / Consequence # related to the Treatment	Treatment #	Risk Treatment Description (Describe the **new** activity(ies) to be undertaken to further reduce the current risk rating)	Action Officer (Person responsible for each treatment)	Due Date (Date treatment is due for completion)	Progress on Treatment Implementation On track Progressing but behind schedule Significant delays / Needs intervention Complete		Target Risk Rating (What is the expected risk rating after additional treatments are in place?)		
							Progress Rating	Comments	Consequence	Likelihood	Rating
									Moderate	Possible	Medium

Attention **Completed treatments should be transferred to the *Controls in place* (Part 2, Column 8) then reassessed.**

RskA s s men u d n e oo

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om e e	n d n m p c n h k h m g
We k	n v m d n c n m g n h k
n n wn	k u h d n h v u c n n g d m n h n h h n

a e2

u y c e	n g n d b g b n ng h m b p p n y n y
a a y c ve	n h h m m m q u m n p n d d n n g n h n n n c n h h c n c c n u c
e e ve	h m c n d y h m n m u m n
n a d	n b u n c n u c m u m n d u y n m y n h v b n b d

A od	k c b d d y c n u g c n n h p p v y n d v d u c p b v k
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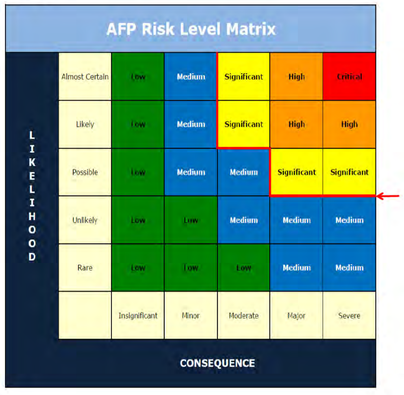
a e7



be4

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Ra e	<	d c n p n u c d u n c d n c h n h y c n h n y u y x p n c u m n c	k h d v u n c h n h y c n h k u d h n h h n n v m n m n h h v n u m k y u x n c m c u d h c n P

be

A P s s A pe e s e u m	
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a	R d c n u c h g n p b c k q u v y m y n n c k h h n n b m g d h d b b d h v n p y m m n
h	h k u c p b d q u d d n c n m g p p c n n d b n d d p m n d n p b h k h c n b m g d h u b b d h n g
n c n	p h c n u n h d n b c p d g n u n d n h b c v b c n m g h c n c p g c n v k u d b v d n g v n h p n c n k p p n g u b m d u h P k n c c d g c p c n c n v k h v n x g n n p n d m n g h d b v d c n u n h y h d R k b v h P k p h u b c y m n d
d um	u m k m y b c p b n h b c c c v m g n h P k n c h d b n d d p c n c p m u m v k
w	k c p b k u d b v p c y p g n g k n g m n c n d m y b v n n c n g h k n d u u n p p n y

be3

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e a n a u o e	n u n c n u n d y m d n u c m	h v m n b c v d y d m d b u n c p b	h v m n c v d d q u m d m b y d c p b n c	h v m n b v h d	c v m n b v n p b
n e e c a e c g e A P s w h e o s g n n p o o o h e A s u n s s					
a h	m	k m	P n y g c n h m h h p n y h g n y	h n d u m g p	d h d h g u b p p
u e u a n	m p u n c d	m x n n u m d x n n	d n n b d m c	P b u d	n n n n m d B d p c g n n y c n d c n h P
k h d e e a n h s	c n h P h n n n n c y c d g c c n b c d m h k h d	d p n c u g n m m n d u c c p c m n	p d p n u c n v c n d n p b y	n p b y u b u n h d v c p p n v c v b	d n d p n v c p b y h n b n b y c n u d p n
e A P a b y o h e e p a o a c m s	n u n c n u n d y c m	m p y d y p n m n c m c h m n g d c	b y u n m n n v c c b u d h n g g c u h v m n p n u m	y n b y p d m n n y c v q u d h c c u c v m n p n u c m	y p c b n u c u p n c m g n n y c h y q u n n m d u c c y
m p n e	m p c k n n n n d x n q u m n	n n n m p c n u n c g n n b b n d d c h u h n n m n g m p c n d n g p c	n n p c u h c u b b y p c d d c m P g n b c h u d c n b g n	p P m g n m n c c n n d m d c n y R v m P n h	m m d y p c b v h h k u n b h g n c h m n n g c c p u n d m m n c u v u n n n n c
n g m n a d e u y m a n h p b d m n	n n m h d h h v b	m m n m n h u d p c p n c n b n	m p m R n m n	p m R n m n	n c m c k p m P R n m n
a c a m a c	h n c m n g b h u b g c n	m u n g m n c p n n u n d g c n	d n n n n g u c P n n d n c p n	n p P v d c p v n d m n n c p	c m u p p v v p d P v b g d n v n n u d
p b y	m p c n n c b n p n h m p c b d h u n c v	m m p c b n n m d y d y m u y u d n h n h b c v	p c n h b c v u g n u d p n c c h g n m	B d n k y v n g u u c n p m c u g n m h h n g h b v	c u p v n g c c v b n p m d u n n u h v h b c v

P e a e e e o e o w g k o u h e g u a n e

R k m n m n h b g