

# Report on the Risk Assessment in terms of par 3(1)(a)(ii) of the Consolidated Directions on Occupational Health and Safety Measures in Certain Workplaces

## 1. Introduction

- 1.1. The Risk Assessment Forum (membership list attached as Annexure B) was required to do a risk assessment, considering the operational requirements of Stellenbosch University (SU).
- 1.2. The outcome of this Risk Assessment, together with other relevant factors, would provide the basis for management to determine SU's need for a vaccination policy or rule.
- 1.3. Drafting a vaccination rule or policy was not included in the mandate of the Forum.
- 1.4. The Risk Assessment was considered at an institutional level. Based on two key questions posed to management namely (1) The full return to campus of staff, service providers and students for face-to-face academic and service offering and (2) the need for a vaccination rule.
- 1.5. The position of the Forum is that the risk is high, due to the nature of being a residential university, the number of staff, students and service providers on campus to provide for a full face to face academic and service offering and having an open campus and therefore the Forum makes certain recommendations to the Rectorate at the end of this report.
- 1.6. Certain key operational questions were posed to stakeholders to assist the Forum in understanding the operational requirements of the different environments within SU.
- 1.7. We read the [Consolidated Directions on Occupational Health and Safety measures in certain workplaces](#) as follows:
  - 1.7.1. An initial risk assessment (par 3(1)(a)(i)) must be done to give effect to the minimum measures required in the Directions taking into account the specific circumstances of the workplace. These assessments (workplace plans and walk-through risk assessments) were done in 2020 before staff returned to campus (once they could in terms of the Regulations) and were updated in 2021 before staff and students returned to campus for the new academic year.
  - 1.7.2. The second risk assessment (par 3(1)(a)(ii)) is the one where an employer must, after considering the operational requirements of the workplace, indicate whether it intends to make vaccinations mandatory. This is the focus of this risk assessment.**
  - 1.7.3. The risk assessment (referred to in 1.7.2 above) was completed and the outcome provides the operational requirements to show that a vaccinations policy/ rule is necessary, a plan will be developed as part of an environmental implementation plan.

## 2. Risk Assessment

The outcome of the Institutional risk assessment is included in Annexure A below. This report provides more details on the operational requirements of the University.

## 3. Occupational Health and Safety Act

- 3.1. SU has a legal and moral obligation to provide a safe working environment for all staff and service providers and a safe campus environment for its students insofar as is reasonably practicably possible. SU is invested in the health of the SU community.

- 3.2. A [presentation](#) by Andre Vlok, Founder of the Conflict Resolution Centre, was helpful and showed that everyone in a working environment has a right to a safe working environment and individual rights can be limited in order to provide that safe working environment.
- 3.3. The [Consolidated Directions on Occupational Health and Safety](#) measures in certain workplaces requires a risk assessment.

#### 4. Constitutional Rights

The Forum had the benefit of the legal opinion provided to the University and referenced that opinion in its workings. It noted that SU has the right to make a vaccination rule and that Constitutional rights are not absolute and may be limited. The focus is on the public health benefit and inherent requirements of the job of individuals employed as SU.

#### 5. Scientific Evidence

During the Risk Assessment input was sought from the SU Medical Advisory Committee (MAC) comprising of leading scientists and front-line staff working on SU campuses. The Forum further received valuable input from Campus Health Services, responsible for occupation health on our campuses. Other leading experts within SU were consulted for ethical, medical and legal advice. The overwhelming feedback is that the vaccinations are safe, effective and help limit the spread of the virus and that there are very few medical reasons not to get vaccinated. Vaccinations are accessible to our staff and students free of charge and are minimally invasive.

It must be noted that the MAC is pro vaccination and that no credible scientific evidence was provided against vaccination efficacy.

#### 6. Government and Higher Education Sector Analysis:

##### 6.1. Department of Higher Education, Science and Innovation

Minister Blade Nzimande had a [media briefing on 23 July 2021](#). During this briefing, he spoke to the vaccination roll-out plan for the sector. He encourages everyone who becomes eligible for vaccination, to get vaccinated and emphasises that the vaccination is safe and effective.

##### 6.2. [Higher Health](#)

6.2.1. Provided various protocols to deal with the pandemic on campuses and in university student accommodation. These resources are available on their [website](#).

6.2.2. They created an awareness programme and trained champions to do peer to peer education.

6.2.3. Higher Health acknowledges the devastating effect of the virus and the impact it has on the Post School Education and Training (PSET) sector.

6.2.4. In an e-mail of 14 October 2021 Prof Ramneek Ahluwalia, CEO of Higher Health addressed to PSET management he stated that: *"We are equally proud that over one third of our Higher Education community is either fully or partially vaccinated. We applaud all our students and people in the 18 to 35-age group who have been vaccinated. They are what we call the 'first' third of the entire student population. We are now observing and learning from the vaccine uptake at campuses that there is a 'middle' third who are willing to be immunised but are at the same time seeking more answers, or soft incentivisation or better and easier access of vaccines to our campus sites. Lastly, we anticipate that the last one-third are currently influenced by anti-vaxxers and are highly hesitant. So the immediate priority is the middle third and we call on them to help us reach the number of jobs that we need in order to ensure that the fourth wave is smaller and comes later."*

6.2.5. *“The HIGHER HEALTH HealthCheck has been recognised as a convenient, user-friendly digital innovation with multiple benefits including accessible self-screening, reduced congestion at campus access points, lower likelihood of transmission within our institutions, protecting health and saving lives. The centralised data analytics also enable early warnings of outbreaks and management of such.”*

### 6.3. [Universities](#) South Africa (USAf)

6.3.1. In a letter circulated to Public Higher Education institutions management on 18 October 2021, USAf indicated that universities must take reasonable steps to ensure the health, safety and wellbeing of staff, students and local communities. (Attached as Annexure C)

6.3.2. It states that *“the best scientific evidence from around the world shows that the most effective way available to protect these settings against outbreaks of SARS-CoV-2 infections and against subsequent serious illness, hospitalisation and death is through ensuring that individuals are fully vaccinated.”*

6.3.3. The following two paragraphs are quoted from the 18 October 2021 letter:

6.3.3.1. *“The Constitution guarantees individuals certain rights. Alongside these rights are countervailing responsibilities individuals have towards one another so as to advance the common good. Individual rights should not trump the common good. Public health is a common good. So, the engagements in universities to ensure that health, safety and wellbeing of staff, students and local communities is not a matter of the infringement of individual rights but rather the balancing of individual and social rights. This is not uncommon in democracies around the world. Existing laws in South Africa prevent smoking in public spaces. Laws restrict the speeds at which we may drive and require the wearing of seatbelts. The curtailment of individual rights often speaks to bolstering social rights. This, together with using the best scientific advice that is available, must speak to ensuring that this debate is conducted rationally, unemotionally and in the best interests of ensuring the health, safety and wellbeing of staff, students and the wider community.”*

6.3.3.2. *“We should all agree that the key objective of this debate is to understand how best to return our students and staff to campus. And that this must occur with the maximal reduction of danger to staff and students. It speaks very much to our students experiencing a full educational experience – something that is simply required of our universities.”*

### 6.4. Department of Health

6.4.1. *“[Health Minister Joe Phaahla](#) has said the government does not intend to make COVID-19 vaccinations compulsory by law.”*

6.4.2. *“While the state has no intention to make vaccination mandatory, we also have no intention to interfere in internal policies of private and independent institutions, including on public health policies.”*

6.4.3. On [15 October 2021](#) he provided the following statistics on vaccinations: *“The performance provinces differ quite a bit with the Western Cape having crossed the 40% mark at 43%, and the Eastern Cape, Limpopo and Free State close by at 39+ %, all three should cross 40% by Monday next week. Gauteng is pulling fairly well with over 3,5 million jabbed but due to large population, that constitutes only 31,7% of the adult population On the bottom half we are concerned by the pace of Mpumalanga and KZN especially the latter with a big population. We will continue to give them support.”*

6.4.4. *“The other matter we are addressing is that of the call by some health workers on the front line that they should be considered for booster doses due to the high risk of their work and the fact that they were vaccinated first almost 8 months ago starting on 17 February 2021 on the Sisonke study.”*

6.4.5. *“The request is receiving attention and we are working with the SA Medical Research Council on a possible approach and the MRC has applied to SAHPRA to consider a J&J booster to follow the Sisonke*

*study in order to use this as a second study on the possible benefit of enhanced immunity with a booster of the otherwise one dose vaccine. We will wait the results of this application.”*

6.4.6. Since 20 October 2021 vaccinations are also available for the age group 12-17.

6.5. Deputy President David Mabuza

6.5.1. On 8 October 2021 the Deputy President held [a media briefing](#) to address the COVID-19 vaccination social mobilisation campaign – return to play.

6.5.2. He indicates that Government is *“convinced that the more of us take the COVID-19 vaccines, the sooner we will begin to enjoy watching our sporting teams as spectators on the grandstands; the sooner we will be able to enjoy live concerts, festivals and performances in theatres.”*

6.5.3. *“For us to win the battle against COVID-19, we must put people’s lives and health first. Contrary to all sorts of myths being spread through fake news, the primary objective of this vaccination programme is to protect individuals and not harm them.”*

6.6. Education Sector

All universities are grappling with the COVID-19 pandemic and lockdown implications, to greater or lesser success. All universities must do a risk assessment and are in different phases of their processes. The circumstances of universities differ, although there are several commonalities. There is no one approach to vaccinations or a vaccination policy/rule that applies. The [Directions on a national framework and criteria for the management of the 2021 academic year in public and private higher education institutions: issued in terms of the Disaster Management Act, 2002 \(Act 57 of 2002\)](#) indicates that (par 2.8) *“Different methodologies will have to be explored to ensure that staff and students at higher education institutions (HEIs) are able to access campuses as safely as possible; that the mitigation of health and safety risks are built into the daily lives and work of all institutions (including living and teaching spaces); and that social solidarity must guide all of us in how we conduct ourselves in relation to others, to ensure that we all do whatever we can as a collective to minimise the spread of the virus.”*

(par 2.9) *“Because of unique circumstances at each institution (locational and spatial arrangements, local lockdown restrictions, capacity issues, actual and variable numbers of students, etc.), a one - size- fits -all approach is not feasible. Therefore each institution must work out its own management plan”*

On the vaccination rules at other institutions, some universities have made progress and have reached a decision, of which the following are known to the Forum:

6.6.1. Curro (basic education)

6.6.1.1. On 18 Augustus 2021 [Curro Holdings](#), South Africa’s biggest private school group announced that they will become a mandatory vaccinated company.

6.6.1.2. *“We started a legal process within the legal framework of making sure that our business will be totally vaccinated within the next 12 months. I think that it is our obligation to get the world open and ensure that all our learners, parents and teachers are protected throughout the coronavirus,” said Greyling*

6.6.1.3. [Health and Safety Guidelines for medical policy and procedure](#)

6.6.1.3.1. *“Compulsory immunisations should be done at municipal clinics, private practices or at pharmacies with private clinics.”*

6.6.1.3.2. *“Parents have to hand in the immunisation records of their children upon enrolment and keep the school updated on further immunisations.”*

6.6.1.3.3. It would be interesting to see if Curro will update this policy and produce now that the national vaccination role is out open for the year group 12 to 17 since 20 October 2021.

6.6.2. University of Cape Town (UCT)

- 6.6.2.1.1. In September 2021, 83% of the [UCT Senate](#) voted in favour of a policy to make vaccines mandatory from 2022. The final decision rests with the university's council.
- 6.6.2.1.2. The UCT) [executive is supportive of a policy](#) requiring mandatory vaccinations for UCT staff and students.
- 6.6.2.1.3. On 20 October 2021 [UCT's full council in principle adopts mandatory COVID-19 vaccination policy](#) at the time of this report we did not have access to the policy. From media reports, the rule seems to require that all staff (to be able to perform their duties) and students (as a condition of registration) provide acceptable proof of vaccination against COVID-19.

#### 6.6.3. The [University of Witwatersrand \(Wits\) proposed a Mandatory Vaccination Framework](#)

- 6.6.3.1.1. Wits have a Mandatory Vaccination Framework. At the time of this report they were at the consultation phase and extended their deadline to 22 October 2021 after receiving 300 comments mostly in favour of the policy.
- 6.6.3.1.2. *"In a communiqué, the university said that all staff, students, visitors and those wanting to study or work at the institution, as well as its service providers, would be required to be vaccinated in order to access the campus. Staff and students would have to produce their vaccination certificate or card which would be linked to their access card in order to access the institution. The university said that if staff and students are vaccinated it will allow for contact teaching to take place and for research to continue. According to the framework, it is only students who are younger than 18 who will be exempted, or staff and students who can show proof from a medical professional that they cannot take the vaccine, based on medical grounds. Even then, Wits said it may send them for further medical assessment. Staff and students who choose not to vaccinate would have to go through a health screening before they would be allowed on campus."*

#### 6.6.4. University of the Free State (UFS)

- 6.6.4.1.1. UFS indicated that if the policy is approved, all staff and students must be vaccinated and be able to provide their vaccination certificates from the 1st of February 2022 to enter campuses.
- 6.6.4.1.2. The University is also planning on bringing back staff and students in a phased-in approach.
- 6.6.4.1.3. The University's mandatory vaccination policy is yet to be presented before the University's council in November 2021 for approval.

#### 6.6.5. Rhodes University

##### **Covid-19: Rhodes approves mandatory vaccination rule (LegalBrief 22 October 2021)**

*Rhodes University's council this week approved a mandatory Covid-19 vaccination rule for the resumption of face-to-face university activities next year. A Daily Dispatch report says it will require all staff, students, service providers and visitors to produce proof that they have been vaccinated against Covid-19 to access campus from next year. 'Based on an analysis of the law and information drawn from the higher education sector, it was submitted that having assessed risks, Rhodes University has a responsibility to ensure that employees and students are protected and that all the necessary precautionary measures are in place,' a statement said. The special meeting of council was convened this week as the university prepares for the full return of students and staff in 2022. The vaccination requirement also applies as a condition for registration for all students, as well as for staff working on campus, service providers and visitors, the university said. However, the university has also made allowances for an exemption application process and for those who cannot take the vaccine on medical or other 'legitimate and justifiable grounds'. The university said key considerations in coming to the decision included the importance of the resumption of face-*

*to-face university activities and the need to mitigate safety and health risks to students, staff, service providers and members of the community of Makhanda.* [Full Daily Dispatch report](#)

#### 6.6.6. University of Johannesburg (UJ)

UJ is considering making a mandatory vaccination policy.

## 7. Vaccinations

### 7.1. Vaccine Solidarity

Faculty Medicine and Health Services developed a Vaccine Solidarity Rally and in those Presentations provided feedback from their experiences as front line workers and the devastation of the pandemic and the benefits of the vaccination. These powerful presentations have received wide support:

- 7.1.1. Prof Jimmy Volmink – <https://youtu.be/r5xgeC-0X3A>
- 7.1.2. Dr Therese Fish – <https://youtu.be/7S7MQfQOJQ0>
- 7.1.3. Prof Wolfgang Preiser – <https://youtu.be/T8DbXPhA-GQ>
- 7.1.4. Dr Neshaad Schreuder – <https://youtu.be/4qFrUfR7eqQ>
- 7.1.5. Dr Usha Lalla – [https://youtu.be/syTM\\_vQO0IE](https://youtu.be/syTM_vQO0IE)
- 7.1.6. Dr Tamsin Lovelock – <https://youtu.be/9R3bYBbfs1I>
- 7.1.7. Dr Arifa Parker – <https://youtu.be/9RoaO3u9Upo>
- 7.1.8. Jess Davies – <https://youtu.be/az2tKWlu4hQ>
- 7.1.9. Dr Alistair Broadhurst – <https://youtu.be/UvFEbuAH7g0>
- 7.1.10. Dr Kerry-Ann Louw – <https://youtu.be/4GgTZcWVXg8>
- 7.1.11. Prof Keymanthri Moodley – <https://youtu.be/Ux2WCCxAR7s>
- 7.1.12. [Prof Wolfgang Preiser Post cast COVID-19 and vaccines](#)
- 7.1.13. Prof Wolfgang Preiser and Dr Jantjie Taljaard on addressing the role of the vaccine on campus COVID-19 prevention – weeding our way through mistrust and misinformation. The webinars were hosted on [Tuesday 7 September 2021](#) and [Thursday 9 September 2021](#).
- 7.1.14. World Health Organization – [Dashboard](#) list the number of confirmed cases, deaths reported to the WHO and the number of vaccine doses administered.

### 7.2. Ingredients of the vaccine

7.2.1. Some hesitant members of society argue that they do not know what is in the vaccinations and therefore they are not willing to have them administered.

7.2.2. Several reputable sites are confirming the contents of the vaccine:

[Western Cape COVID Vaccinations Fact sheet June 2021](#)

[Centres for Disease Control and Prevention - Johnson & Johnson's Janssen COVID-19 Vaccine and Pfizer-BioNTech \(mRNA\)– full list of ingredients](#)

[CDC: ingredient in COVID-19 vaccines](#)

### 7.3. Safety and efficacy of the vaccine and vaccinations

The South African Health Product Regulatory Authority (SAHPRA) is the South African governing body mandated to ensure that health products are safe for use. For this Risk assessment, it is also noted that similar international regulatory authorities provided approval, amongst others, for the use of the two vaccinations administered in South Africa.

7.3.1. CDC: [Pfizer-BioNTech COVID-19 Vaccine Overview and Safety \(also known as COMIRNATY\)](#)

7.3.2. CDC: [Johnson & Johnson's Janssen COVID-19 Vaccine Overview and Safety](#)

7.3.3. [COVID-19 vaccines are regulated for safety and effectiveness by regulatory authorities](#)

7.3.4. [Approval process for COVID-19 vaccines - SAHPRA](#)

- 7.3.4.1. *“SAHPRA emphasised that it applies the same criteria to the evaluation of all COVID-19 - vaccine applications, in order to ensure the safety of all South Africans. Every application for registration of a COVID-19 vaccine is evaluated against the same standards of safety, quality and efficacy.”*
- 7.3.4.2. *“Dr Boitumelo Semete-Makokotlela, SAHPRA Chief Executive Officer, stated: “The medicines’ approval process entails a rigorous process of assessment, where all information provided by the applicant is carefully evaluated by experts in their respective fields. While we have drastically reduced our usual time frames for the registration of COVID-19 vaccines, we have not cut back on the checks required to ensure that they are safe and effective. We will not compromise on the safety of South Africans and we will not endanger South African lives.”*
- 7.3.5. The [South African Health Products Authority \(SAHPRA\) has approved](#) the use of the Pfizer COMIRNATY Vaccine in terms of Section 21 of the Medicines and Related Substance Act 101 of 1965 (The Medicines Act) to include individuals twelve years (12) years and older.
- 7.3.6. The [South African Health Products Authority \(SAPHRA\) registered](#) the COVID-19 Janssen on 31 March 2021, with conditions. Registration was done in terms of Section 15(6a) of the Medicines and Related Substances Act 101 of 1965.
- 7.3.7. The Compensation for COVID-19 Vaccination side-effects compensation clarity note was published in the Government Gazette on 22 October 2021. This note can be accessed [here](#).

#### 7.4. Frequently asked questions considered

- 7.4.1. [Number of vaccinations in South Africa](#) (18 October 2021).
- 7.4.2. The statement “COVID-19 vaccinations cause death” was investigated.
- 7.4.2.1. SAHPRA released a [statement](#) on 20 August 2021. *“In the case of a death that occurred after vaccination, the following information must be submitted, to facilitate a comprehensive causality assessment:*
- *An autopsy or post-mortem examination;*
  - *Full clinical history, including any comorbidities and allergies; and*
  - *Listing of all medicines taken prior to and at the time of the adverse event.”*
- 7.4.2.2. *“It may not be possible to accurately determine causality when the information provided is incomplete.”*
- 7.4.2.3. *“To date, investigations for 32 death cases have been completed and causality assessment concluded, of which 28 were coincidental to vaccination. This means that these deaths were not related/linked to the vaccination. Four cases are unfortunately unclassifiable because there was either no information available about the case or the information was completely inadequate. Hence, causality assessment could not be conducted or concluded.”*
- 7.4.2.4. One needs to consider this information against the total number of vaccinations already administered.
- 7.4.3. Antibodies after infection vs vaccinations
- 7.4.3.1. [COVID reinfection: Evidence shows vaccination provides greater protection than antibodies alone](#)
- 7.4.3.2. [Vaccines provide more protection than previous infections](#)
- 7.4.3.3. [World Health Organization: I had COVID-19 do I still need to get vaccinated?](#)
- 7.4.3.4. [“You should be vaccinated regardless of whether you already had COVID-19 because:](#)
- *Research has not yet shown how long you are protected from getting COVID-19 again after you recover from COVID-19.*
  - *Vaccination helps protect you even if you’ve already had COVID-19.”*

*“Evidence is emerging that people **get better protection by being fully vaccinated** compared with having had COVID-19. One study showed that unvaccinated people who already had COVID-19 are more than 2 times as likely than fully vaccinated people to get COVID-19 again.”*

#### 7.4.4. [Use of Ivermectin – SAHPRA](#)

*“The South African Health Products Regulatory Authority (SAHPRA) is aligned with the United States Food and Drug Administration (USFDA) call to not use Ivermectin for the treatment of COVID-19. This stance is reflected in the SAHPRA statement, dated 28 January 2021, outlining SAHPRA’s views on Ivermectin and the Controlled Compassionate Use Programme.”*

#### 7.4.5. Vaccines have been developed quickly does this not compromise their safety and efficacy?

*“The [speed of development of COVID-19 vaccines](#) has been unprecedented for several reasons, but the safety and efficacy requirements for vaccines have not been compromised, Vaccine development was facilitated by:*

- *New technologies adapted from the development of other vaccines – mRNA vaccines were developed for COVID-19 very rapidly after the sequence of the COVID-19 virus was determined, but the underlying technology had been under development since much longer and production could be scaled up very quickly. The adenovirus technology used for adenovirus vector vaccines was first tested with SARS, MERS and Ebola virus over the last 20 years, and so was able to be adapted quickly to COVID-19, which has several similarities to these viruses.*
- *Clinical trial successes - it has been possible to rapidly recruit large numbers of volunteers into clinical trials and, with unfortunately high rates of infection in several countries, to complete trials with 10,000-50,000 people in a short period of time. Under normal circumstances, it may take many months or even a few years to carry out trials of this size to determine whether a vaccine is effective.*
- *Very close collaboration - between regulators, industry and clinical researchers enabled clear indications of regulatory requirements and early access to results.*
- *Intensive and insightful research - researchers predicted that the “spike protein” on the virus would be a good target for vaccine development, and almost all vaccines have been designed to induce a response to this protein. So far, the spike protein has produced a strong immune response in those vaccinated, and for those vaccines that have reported clinical results are highly protective from COVID-19 disease.*
- *The massive financial investment by governments, industry and philanthropic organisations in vaccine development and the re-direction of much of the global research and commercial infrastructure for the development and manufacture of vaccines. Governments also enabled companies to take the commercial risk of manufacturing some vaccine stocks ahead of regulatory approvals.”*

*[Also see the CDC response to this question](#)*

#### 7.4.6. Will mRNA vaccines affect the DNA of vaccine recipients?

*“[No. COVID-19 vaccines do not change or interact with your DNA in any way.](#) Both mRNA and viral vector COVID-19 vaccines deliver instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19. However, the material never enters the nucleus of the cell, which is where our DNA is kept.”*

*Also, see the response to this question on the South African Government Coronavirus [webpage](#)*

#### 7.4.7. [Are COVID-19 vaccines safe for pregnant or breastfeeding people or those planning to get pregnant?](#)

*“Yes, COVID-19 vaccination is recommended for all people 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. You might want to have a conversation with your healthcare provider about COVID-19 vaccination. While such a conversation might be helpful, it is not required before vaccination.”*



Learn more about vaccination considerations for [people who are pregnant or breastfeeding](#).

*“Currently, no evidence shows that any vaccines, including COVID-19 vaccines, cause fertility problems (problems trying to get pregnant) in women or men. Learn more about COVID-19 vaccines and people who would like to have a baby.”*

#### 7.4.8. The benefit of vaccination in limiting the transmission of COVID-19 virus.

7.4.8.1. Two recent (mini-)review papers:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8287551/> and [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00472-2/fulltext#seccestitle130](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00472-2/fulltext#seccestitle130) look at this question.

7.4.8.2. To cite some key sentences:

7.4.8.2.1. *... As vaccine uptake increases globally, we are beginning to see suppression of person-to-person SARS-CoV-2 transmission. By leveraging various arms of the adaptive immune response in both mucosal and systemic environments, several of the available vaccines appear to limit infection and viral replication, often lowering viral load beneath the threshold for transmission and preventing symptoms. ... many studies show significant efficacy in preventing transmission for some vaccines, such as the Pfizer-BioNTech, Moderna, and Johnson & Johnson vaccines, .... questions include the extent to which emerging variants can evade existing immunity and whether immunity wanes over time. The emergence of the delta variant tests our waning vaccination-derived immunity and previous estimates of vaccine effectiveness. Fortunately, boosters appear to restore protection against infection. (Mostaghimi et al., Lancet Infect Dis 2021)*

7.4.8.2.2. *Current clinical evidence shows that COVID-19 vaccination protects against severe symptoms of the disease but is also an important tool to decrease the spread of the virus and the rate of infection. At this point in time, the global COVID-19 pandemic is complex, some countries have vaccinated a large portion of their population, others have difficulty accessing vaccination, and there is a wide variety of measures put in place and closures between the countries. These discrepancies may bring out variants of the virus, and prolong the global pandemic phase. Vaccinated individuals are likely to be less likely to transmit the virus; however, it remains critical to continue to maintain responsible behaviors. (Vitiello et al., Inflammopharmacology 2021)*

7.4.8.3. Being vaccinated lowers the risk that one will transmit the virus but it does not eliminate it entirely. This is why some of the non-pharmaceutical interventions need to be maintained even when vaccinated. The full benefit of vaccination on a population level (including populations such as SU students and staff) will be seen when universal coverage has been reached – the few breakthrough infections that will still occur of which some may lead to onward transmission will then not cause severe illness.

#### 7.4.9. Religious Objections to Vaccination

An internet search on the topic seems to indicate that most religions have no prohibition against vaccinations; however, some have considerations, concerns or restrictions regarding vaccination in general, reasons for vaccination, or specific vaccine ingredients.

Other institutions and companies that opted for a mandatory vaccination rule provided for exemptions on medical and constitutional grounds. Clear criteria should be made available to guide the applicant and committee dealing with the exemptions. The committees would need to consider a request for exemptions on a case by case basis.

Sites addressing some of the religion and vaccinations questions are:

[Vanderbilt University Medical Centre: Vanderbilt Faculty & Staff Health and Wellness](#)

[Institute for Vaccine Safety – John Hopkins Bloomberg School of Public Health](#) (vaccinations in general and not specifically focused on COVID-19 vaccines)

[USA – What constitutes a “sincerely held” religious exemptions to a vaccine mandate?](#)

#### 7.4.10. Why should young people/children vaccinate?

[Experts, including those at Johns Hopkins, believe that there are many benefits:](#)

***“The vaccine helps prevent kids [and young people] from getting COVID-19:*** Although COVID-19 in children is sometimes milder than in adults, some kids infected with the coronavirus can get severe lung infections, become very sick and require hospitalization. This is especially important to remember in light of the delta variant, which is more contagious than other coronavirus variants. “The current vaccines are still effective in preventing severe illness from the delta variant of the virus,” Sick-Samuels notes. Children can also have complications such as multisystem inflammatory syndrome in children that may require intensive care or long-lasting symptoms that affect their health and well-being. The virus can cause death in children, although this is rarer than for adults.

***The vaccine helps prevent or reduce the spread of COVID-19:*** Like adults, children also can transmit the coronavirus to others if they’re infected, even when they have no symptoms. Getting the COVID-19 vaccine can protect the child and others, reducing the chance that they transmit the virus to others, including family members and friends who may be more susceptible to severe consequences of the infection.

***Getting vaccinated for COVID-19 can help stop other variants from emerging:*** Cases of COVID-19 are increasing among children, and the delta variant appears to be playing a role. Reducing viral transmission by getting vaccinated also reduces the virus’ chance to mutate into new variants that may be even more dangerous. However, the virus can transmit easily between unvaccinated children and adults, giving new variants a chance to emerge.

***Having your child vaccinated for COVID can help restore a more normal life:*** “Getting vaccinated will also help keep children in school and participating in the things they enjoy,” Sick-Samuels says. “Children exposed to the coronavirus who are vaccinated are less likely to get infected, and so are more likely to be able to continue participating with less disruptions to school attendance and other activities.”

***COVID-19 vaccines help protect the community:*** Another reason to strongly consider a COVID-19 vaccine for your child is to protect the health of those living and working in your area. Each child or adult infected with the coronavirus can transmit the virus to others in the community.

*If this happens some of the people so infected will become quite sick themselves or further spread the virus to others who will become very sick, and maybe even die — all because of a preventable infection.*

*This transmission also provides a chance for the virus to mutate further and create a new variant that might prove more infectious or resistant to the available vaccines and therapies. Fewer overall infections among the population means less chance of severe infection and death in the community and of dangerous coronavirus variants emerging.”*

#### 7.4.11. [Heart inflammation after COVID-19 vaccinations are rare and temporary, researchers say](#)

*Reports of heart problems after COVID-19-vaccination are rare, researchers in the US reported. The team looked at the clinical records of more than two million vaccinated individuals who received at least one dose of a COVID vaccine across 40 hospitals in the US. According to their findings, 20 people had vaccine-related myocarditis (inflammation of the heart muscle). However, all of the 19 patients admitted to the hospital were discharged after a few days, and none died. Fifteen of them were men, and their median age was 36 years. Two patients who developed the syndrome after their first vaccination also went on to receive their second dose, and didn't experience any worsening of symptoms. The risk is "quite low"... COVID infection itself can affect the heart as well as by causing heart damage, including myocarditis.*

*The benefits of mRNA shots in preventing COVID-19 continue to outweigh the risks, European and U.S. regulators and the World Health Organization have said. [\[source\]](#)*

*CDC now recommends that children between the ages of 5 and 11 years receive the Pfizer-BioNTech pediatric COVID-19 Vaccine [\[source\]](#)*

[SA source](#)

#### 7.4.12. Other reputable sites dealing with vaccine questions:

- 7.4.12.1. [Discovery](#)
- 7.4.12.2. [Johns Hopkins Medicine](#)
- 7.4.12.3. [World Health Organization](#)
- 7.4.12.4. [South African Department of Health](#)
- 7.4.12.5. [Stellenbosch University](#)

#### 7.4.13. Booster shots

It has been in the news lately that booster shots are being considered for South Africans, especially those (Health workers) who received their single-shot J&J shots in February 2021. The Department of Health will provide the way forward on who should receive booster shots and when.

#### 7.4.14. Proof of vaccination

The South African Government issues an electronic vaccination certificate once fully vaccinated. See the [website](#) for more information.

Everyone partially vaccinated or fully vaccinated also gets a hard copy vaccination card containing details about the vaccination they received.

## 8. SU operational requirements

### 8.1. Residential University

- 8.1.1. Being a Residential University infrastructure was designed to have students on campus and to provide the best possible student experience both in and out of the classroom.
- 8.1.2. The DHET directions (par 5.3) identify "*libraries laboratories and lecture venues in use, as high-risk areas.*"
- 8.1.3. SU staff and students are from different age groups and in-person service forms part of SU's core business and is an inherent requirement of the job of most staff and service providers.
- 8.1.4. Several environments make use of open-plan offices.
- 8.1.5. Due to the nature of our operations we frequently congregate all over our campuses.

- 8.1.6.SU main campus is an open campus which makes access control challenging. Most buildings and certain facilities do have access controls in place.
- 8.1.7.Tygerberg, Bellville and Worcester campuses are gated with controlled access.
- 8.1.8.Symptom screening is a legal obligation in terms of the [Consolidated Directions on Occupational Health and Safety measures in certain workplaces](#) and the [Directions on a National Framework and criteria for the management of the 2021 Academic year in public and private higher education institutions: Issued in terms of the Disaster Management Act](#)
- 8.1.9.SU uses the [HigherHealth screening tool](#) as the preferred screening tool. It is a self-screening web-based tool allowing for the user to record certain information and screen for daily symptoms.
- 8.1.10. Tygerberg campus designed their own screening tool as their students work in a higher risk environment.
- 8.1.11.As with any screening where one relies on the integrity of the user, it is not a flawless system.
- 8.1.12.Another complicating factor is that people present on campus can be asymptomatic/presymptomatic and spread infection unknowingly.
- 8.1.13. The HigherHealth screening tool requests the user to provide feedback on their vaccination status. SU requested the de-identified information from HigherHealth but at the time of this report, have not received feedback. SU does not have a clear indication of the number of vaccinated staff and students on campus as not all our staff, students and service providers have returned to campus and therefore do not use the tool as they are not physically on campus. Vaccinations can also be obtained at various sites and not only at the Lentelus site or SU mobile sites.
- 8.1.14.It is known that on 21 October 2021 about 36% of the adult population in SA had received vaccinations. In the [Western Cape](#) about 45% of the adult population. From these figures, the conclusion is drawn that SU does not have close to a majority of our staff and students fully vaccinated.
- 8.1.15. During a [webinar](#) on 19 October Prof Keymanthri Moodley, Director of the Centre for Medical Ethics and Law stated that, *“research has shown that mandates in different parts of the world, both for childhood vaccinations as well as COVID-19 vaccinations, resulted in an increased uptake of around 18 to 20 per cent, which is exactly what we are going to need if we want to get 70% of the adult population fully vaccinated by December.”*
- 8.1.16.The constant change in regulations and the uncertainty caused by the pandemic created a lot of anxiety for staff and students.
- 8.1.17.COVID-19 fatigue is setting in and some people on campus are no longer as vigilant as at the start of the year when following COVID-19 non-pharmaceutical interventions.
- 8.1.18.It seems that the sector is calling for all students to return for in-person classes. If this is put into action the current social distancing and limitation in classes directives must be relaxed. In this scenario, it is essential to follow a vaccination rollout for staff and students.
- 8.1.19.Students hardly follow COVID-19 non-pharmaceutical measures when they are in social settings in town or elsewhere.
- 8.1.20.SU main campus is an integrated part of the Stellenbosch town and community. SU actions and decisions impact the larger community.
- 8.1.21. Benefits of Being on Campus:  
A number of resources and opportunities are available on campus that are important for students and staff and thus support the need to be on campus.
- 8.1.21.1. In-person learning and teaching, most students find online classes overwhelming and they benefit by attending in person, where they are not distracted and can listen and learn without disruptions.
- 8.1.21.2. Invigilated assessment opportunities.
- 8.1.21.3. Free Wifi – save on extra expenditure to provide data.
- 8.1.21.4. Computer User Areas.

- 8.1.21.5. Library for research.
- 8.1.21.6. Study spaces in a conducive environment.
- 8.1.21.7. Laboratories.
- 8.1.21.8. Campus learning and living experiences that aids healthy socialising and support opportunities.
- 8.1.21.9. Networking opportunities.
- 8.1.21.10. Sport facilities.
- 8.1.21.11. Housing facilities especially for the most vulnerable.
- 8.1.21.12. Campus Health services and the Centre for Student Counselling and Development.
- 8.1.21.13. Delis, restaurants and shops where students can buy food and necessities with their student cards and bursary money – also providing affordable balanced meals.
- 8.1.21.14. There is a considerable benefit to having students back on campus as they tend to do more learning in groups and from peer-to-peer education.
- 8.1.21.15. Being on campus also allows for informal learning as conversations and assistance does not only happen during the class but can happen during off periods, in between classes and afterhours.
- 8.1.21.16. There are further benefits to having students attend in-person tutorials as they have a knowledgeable tutor at their disposal for in-person, on-demand training during these in-person sessions.
- 8.1.21.17. Online classes are less interactive than in person classes where the lecture has the benefit of the body language of students and get a feel when they do not understand, and the lecturer need to repeat certain information. Online the lecturer is mostly greeted by silence.

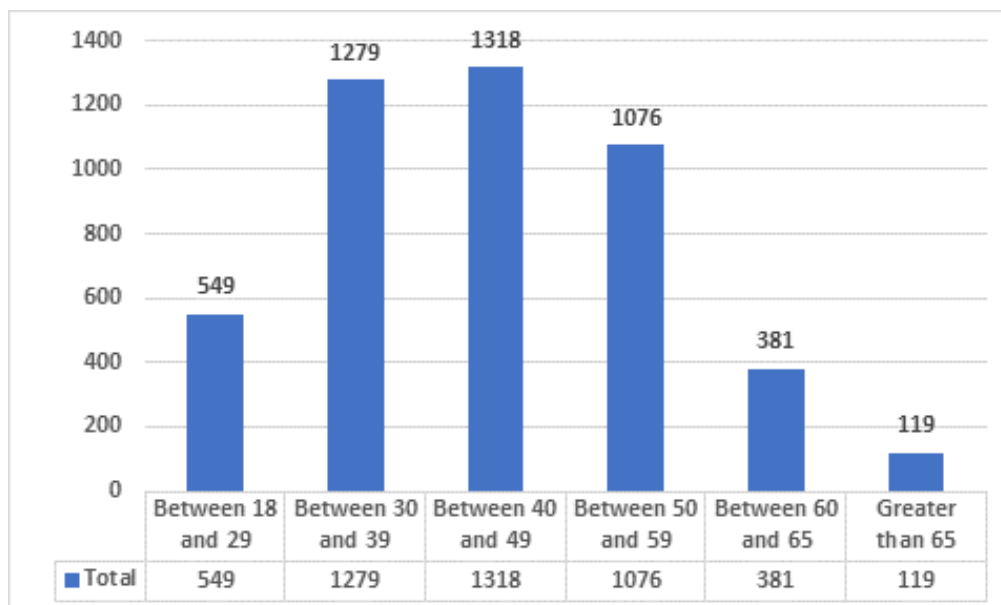
## 8.2. Governance structures

- 8.2.1. SU has various Governance structures e.g Council, Senate, Institutional Forum. These bodies are represented by internal and external stakeholders of all ages. Should a vaccination policy be drafted these structures should also be consider in the application of the policy.
- 8.2.2. Going forward it is likely that various committees will follow the hybrid meeting model as it saves time and cost on travel.

## 8.3. Staff

- 8.3.1. Most of our staff, if not all, have daily interactions with students, fellow staff, and service providers.
- 8.3.2. Physical presence and interaction with others are inherent job requirements for most staff members in a residential university. Some staff have more contact with students, service providers and stakeholders than others e.g. lecturers, residence heads, student communities, student administrators, technical assistance in labs etc. This increases their risk profile.
- 8.3.3. SU does not have a complete overview of the co-morbidities that staff and service providers have been diagnosed with.
- 8.3.4. Staff in numbers

Age Distribution of Staff:



8.3.4.1. Deidentified staff with Discovery that indicates vaccinations and co-morbidities\* (14 October 2021)

\* Discovery only have sight/data for members who have registered on the Discovery Connected Care Vaccination Portal and for claims that we have received as a scheme.

The below data is only for the employees and does not include dependents.

EMPLOYER NAME	ENTITY COUNT	REGISTERED	EMPLOYEES OVER 60	EMPLOYEES WITH COMORBIDITIES	FUTURE BOOKINGS	FULLY VACCINATED	PARTIALLY VACCINATED
UNIVERSITY OF STELLENBOSCH-ACTIVES	1,899	912	257	661	2	930	556

8.3.4.2. Deidentified staff with Medi-Help Med Scheme\*\* Figures as based on claims received.

COVID-19 Vaccinations :

STELLENBOSCH UNIVERSITY - 8459

Please note figures are based on claims received.

Number of members vaccinated	
- Gender	87
- Male	35
- Female	52
- Age profile	87
- 0 - 24	1
- 25 - 34	10
- 35 - 44	31
- 45 - 54	28
- 55 - 64	17
Name of Vaccine	
- Pfizer	136
- Johnson & Johnson	2
First Dose	
- Pfizer	85
- Johnson & Johnson	2
Second Dose (if applicable)	
- Pfizer	51
- Johnson & Johnson	0
Vaccination Site	
- Dis-Chem	5
- Clicks	12
- Other pharmacies	92
- Hospitals	13
- GP	16
Province	
- Eastern Cape	4
- Free state	-
- Gauteng	-
- Kwa-Zulu Natal	-
- Limpopo	-
- Mpumalanga	-
- North West	-
- Northern Cape	-
- Western Cape	134

(MediHelp data – 15 October 2021)

The Forum is mindful of the fact that staff may not have provided their medical aid data when registering for a vaccination.

8.3.5. Students

8.3.5.1. Student population

SU has a diverse student population that it can best serve on campus. Students are housed in SU accommodation as well as private accredited and other accommodation. Emergency Remote Teaching and Learning (ERTLA) and Augmented Remote Teaching and Learning (ARTLA) was a method of “getting by” but it had an impact on student wellness and their sense of belonging. It is also known that students enjoy and benefit from student life and social interactions.

8.3.5.2. Emergency teaching and learning mode/models were implemented on an urgent basis to ensure that the academic year could continue whilst keeping everyone safe. It is not sustainable in the long run /on a longer-term basis as of its potential impact on student wellness and their sense of belonging. The vaccinations provide for a way back to normality.

8.3.5.3. Age distribution of students

Row Labels	Stellenbosch Campus	Tygerberg Campus	Business School	Elsenburg	Military Sciences	Grand Total
<18	8	2				10
18-20	8758	820	32	145	2	9757
21-23	9981	1205	90	150	53	11479
24-29	4099	874	154	24	147	5298
30-39	1647	942	612	3	232	3436
40-49	799	310	456		74	1639
50-59	364	95	136		44	639
60+	85	27	7		3	122
<b>Grand Total</b>	<b>25741</b>	<b>4275</b>	<b>1487</b>	<b>322</b>	<b>555</b>	<b>32380</b>

8.3.5.4. International students – Country of origin of students with nationalities other than South African. (For a full list see Annexure D)

SU has 3 501 international students from 92 countries on its campuses. These students may travel and receive different vaccinations. Having students travel from all over the world to our campus has an impact on SU's risk profile.

SU also has exchange programmes with international partners where students spend a semester abroad. International travel may add to the risk and most countries require international travellers to be vaccinated. South Africa does not have that requirement at the time of this report.

8.3.5.5. Number of vaccinations – students

8.3.5.5.1. Stellenbosch Lentelus site: 3 771 (14 October 2021)

8.3.5.5.2. Tygerberg: 71.9% of our undergraduate students are now vaccinated (19 October 2021)

*“Stellenbosch University undergraduate health sciences students - are driving a 'vaccine class off' to see who reaches 100% vaccination. Their motto - to be the first to 100. The 4th year MBChB class (IVax) leads at 83%, followed closely by Team Vaccine (2nd year Speech, Hearing and Language Therapy) at 82,9%. They have innovative names - 'we got the ShOT3' (OT class 3), Pfizo-therapy 3(Physio yr 3) and Midwife Crisis II (lagging behind in vaccine take-up). Our future health professionals are certainly leading the way! (Dr Fish)*

The Forum is mindful of the fact that it took Tygerberg 8 months (single shot Johnson and Johnson) to achieve 71.9%. They have a smaller cohort of students



than on the main campus. The main campus does not have the same amount of time if all students return in 2022.

8.3.5.6. At the time of this report, SU requested de-identified information from Higher Health on those staff and students associated with SU and is still waiting on feedback.

#### 8.3.5.7. Student accommodation

- 8.3.5.7.1. SU has 70 student accommodation facilities. This number includes student houses and residences on Stellenbosch, Worcester and Tygerberg campuses. This number excludes private student accommodation accredited by SU.
- 8.3.5.7.2. SU houses 7 703 students in SU accommodation. (1 355 of these students is housed on the Tygerberg campus).
- 8.3.5.7.3. Each SU accommodation facility has a return to accommodation plan that includes health protocols and how to manage communal spaces during the pandemic.
- 8.3.5.7.4. During engagement, it became clear that the resources spent to isolate and care for those in isolation and quarantine comes at a financial and mental wellness cost for SU, staff and students and is not sustainable in the long run.
- 8.3.5.7.5. SU did experience that the virus could easily spread amongst students in SU student accommodation, mainly due to the students not following protocols when they are in a social setting in town or other off-campus venues and some being asymptomatic infecting others unknowingly.
- 8.3.5.7.6. Signing a code of conduct at the start of the year prohibiting risky behaviour had little impact on the students in social settings off-campus.

#### 8.3.5.8. In-person on-campus classes

- 8.3.5.8.1. During a consultation, a Dean said that during COVID 19 and with the ERTLA (Emergency Remote Teaching Learning and Assessment) and ARTLA (Augmented Remote Teaching, Learning and Assessment) academic offering SU “got by, but it was not the best version of itself”. SU needs its students back on campus to provide the best possible training and mentoring of students. SU is known for its in-person hands-on academic programme and service offerings. The ELS system (Extended Learning Spaces) is (already) redefining the way SU will look at “class attendance” in the future. Lecturers are currently asking whether virtual attendance and physical attendance are the same and it is arguably one of the explicit aims of the ELS project to create a virtual experience similar to the in-class physical learning and teaching experience. SU has a more flexible definition of class attendance to include both virtual and physical, class attendance (especially in the 8h00 classes) might even increase.
- 8.3.5.8.2. With load shedding a reality there are also resources available on campus to enable students to continue with assessments, classes and studying during load shedding.
- 8.3.5.8.3. There are however certain modules and courses that one can only obtain the true benefit in person e.g. clinical training, practical legal studies, time in a laboratory, time on stage and essential field trips that cannot be provided through a virtual experience.
- 8.3.5.8.4. Some of the courses offered at the University have an in-person practical component that forms part of the degree of the students. These include but is not limited to students working in hospitals, in the communities (social workers), in schools (education students), internships (engineering students). We can also list our performing arts students that must perform before audiences.
- 8.3.5.8.5. SU must not “undervalued” the long-term detrimental effects of students *not* learning/experiencing the “lived-reality” of in-person classes, and all of the associated

benefits of being around their peers and academic colleagues. The entire academic approach of many of SU students appears to be changing, in response to online classes and learning. The hidden “best practices” advice, that so frequently gets handed down across year-groups, has certainly been impacted by this – with very little understanding of what this impact could be. Despite having the choice, a worryingly large number of students simply opt to stay-at-home to stream, as opposed to attending in person. Note-taking, interactive/active-listening, body-language perceptiveness, peer-assessment or “placement of oneself” in understanding of concepts/performance relative to in-person reactions etc. – all of these skills are potentially falling by the wayside, and are arguably going to take another academic year to return (if not longer). Simply put – SU mustn’t lose sight of the fact that it is not simply what is happening now, or last year – but that the academic “effects” of the transitions in approach are potentially going to impact on teaching and learning for years(s) after whatever point sees a return to “normality”.

#### 8.3.5.8.6. Social distancing

Social distancing of 1.5m created a challenge and came at a financial cost. Numbers in venues with 1.5m distance reduced capacity of venues to 30%. Vehicles used for field trips (that where further than 200km) and getting students to field sites under the very strict capacity rule sare unattainable.

#### 8.3.5.9. Examinations

- 8.3.5.9.1. Some professional bodies require that their examinations be in-person, invigilated in a controlled environment.
- 8.3.5.9.2. Other examinations consist out of practical assessments that must be done in person on campus.
- 8.3.5.9.3. SU will not be able to move all assessments online in all instances going forward.
- 8.3.5.9.4. The online assessment was used pre-COVID and ways to ensure the academic integrity of online assessments, e.g. through the way the assessment is constructed, was used. One could e.g. have an open book assessment or an assessment where collaboration with peers are allowed and even encouraged or assessments where each student gets a unique assessment which makes (inappropriate) collaboration more difficult. A new assessment policy will be implemented from 2023 and one has to carefully look at the principles of assessment and the goal(s) of different types of assessment and not create the impression that the only way to ensure academic integrity is through in-person examinations.

#### 8.3.6. Research

- 8.3.6.1. For purposes of this risk assessment Post-Docs are included as students as they neither qualify as students nor staff.
- 8.3.6.2. Research Participants: The feasibility of implementing a vaccination rule across different research projects should be considered by each project application for Research Ethics Committees (REC) approval, on a case by case basis. The REC’s can then consider the measures put in place in this regard, according to the specific participant group of each project. Some research projects may entail the studying of unvaccinated patients – so this would never be a “one size fits all”.
- 8.3.6.3. Research Ethics Committees could potentially include reference to the vaccination status of participants in our application forms (provided the REC system can be adapted in this regard), to ensure that applicants consider this aspect of their work.

- 8.3.6.4. Staff and students attend international conferences to present papers and interact with peers and may require vaccination to travel.

#### 8.3.7. Events

- 8.3.7.1. Various social, cultural and sports events happen on campus and some of these are also open to the public and international participants. There are also several co-curricular training opportunities provided.
- 8.3.7.2. Students also arrange their own, non-SU affiliated events.
- 8.3.7.3. Under normal circumstances, some events attract a large number of people e.g the SU Woodfees, graduation ceremonies, sporting events, etc.
- 8.3.7.4. Some participants may be at a higher risk of infection and although all non-pharmaceutical measures are constantly applied it does not eliminate the risk of spreading the virus.
- 8.3.7.5. SU has seen internationally that sports events and other gatherings require attendees to show their proof of vaccination before they enter the venue.

#### 8.3.8. Service providers and tenants

- 8.3.8.1. SunCom and Facilities Management did a quick assessment of the vaccination status and policies of service providers and tenants. Not all the stakeholders or tenants responded and therefore the Forum does not have a complete picture. On the information provided, it is possible to draw some conclusions.
  - 8.3.8.1.1. Out of the 31 tenants, contractors and service providers that responded 12 had a vaccination rule in place.
  - 8.3.8.1.2. It seems that an SU vaccination rule will have little impact on the service providers that responded. They will follow the SU rule.
  - 8.3.8.1.3. It is legally possible to amend existing contracts, should it be necessary.
- 8.3.8.2. SU is constantly procuring services and it cannot only focus on its current list of contractors/tenants but must also look at criteria for future appointments.
- 8.3.8.3. The de-identified information is included as Annexure E.

#### 8.3.9. Public

- 8.3.9.1. Neelsie Student Centre

In the Neelsie various services are rendered to the public/members of the general community who are not affiliated with the SU. For example, the main post office in Plain Street closed its doors some time ago and the post office in the Neelsie is filling that gap. The Neelsie uses normal shopping mall protocol with sanitizing stations at the entry points and compulsory wearing of masks. The Neelsie is a public space and control will place a huge burden on access and accessibility.
- 8.3.9.2. SU will probably be unable to enforce any vaccination rule on our public open spaces but will be able to control elsewhere e.g. buildings and events.

#### 8.4. Sport

- 8.4.1. Sports teams cannot wear masks when they practice.
- 8.4.2. SU has teams and players participating on local, provincial, national and international levels.
- 8.4.3. Maties Sport provided an extensive analysis of their sport. The de-identified summary is included as Annexure F.

#### 8.5. Arts and Culture

8.5.1. The performing arts on campus found it extremely difficult to provide their students a well-rounded experience during practices and performances as they use their faces and expressions as part of their toolkit to perform. The National Department of Sports, Arts and Culture Directions are strict and does not allow for any relaxation on non-pharmaceutical measures. This has a direct influence on the quality of the education and experience that the students receive.

8.5.2. SU Choir also experienced challenges during their practices and performances. They tried innovative ways to perform under difficult circumstances, but it is not sustainable.

## 8.6. Stellenbosch community

### 8.6.1. SU programmes in the community

SU continuously has formal and informal direct engagements with some of its local (Stellenbosch, Worcester, Bellville, Saldanha) community partners. They are in strong agreement that vaccination is the only way out of the pandemic and that it will, amongst others, also aid economic recovery on a local level.

As is the case generally, the communities SU interact with/serve would expect of the university to, amongst others;

- Advise, guide and support local communities and partners through knowledge sharing – also about the safety of vaccinations and legal opinions on vaccination-related matters;
- Be a good corporate citizen i.e. to act responsibly. There was a public outcry after ‘non-vaccinated students took over the town, putting everyone else at risk’ at the start of the semester. SU is viewed as directly ‘responsible’ for the behaviour of students and as such it would be expected of SU to guide, influence and discipline behaviour;
- The sense is that a strong directive from SU will be welcomed and supported and it might be that we see similar drives around our campuses.

## 8.7. Testing

Earlier in 2021, it was communicated to communities that Rapid test / Antigen tests are unreliable (providing false negatives) and only the outcome of a PCR test should be considered. Public Health institutions only provide free testing if the patient presents with COVID-19 related symptoms. Medical aids only pay for two PCR tests and four PCR tests in the case of a health care worker.

## 8.8. Communication

It is important to continuously engage staff, students and service providers with campaigns to address vaccine hesitance. HigherHealth indicated that about a third of students in the Higher Education sector may be hesitant to receive the vaccination. SU need to motivate those who are hesitant. It is recommended that more effort be placed on vaccination drives.

## 8.9. Monitoring implications of a hard vaccination rule and a soft vaccination rule

### 8.9.1. A Hard vaccination rule:

- 8.9.1.1. Would require all students to be able to show proof of vaccination on registration to be able to register as a student for the academic year and to be allowed on campus.
- 8.9.1.2. Staff and service providers would be expected to show proof of vaccination to continue with their academic and service offerings at the start of the academic year.
- 8.9.1.3. Staff, students and service providers will not be able to return to campus if they are unable to provide proof of vaccination or apply for and be considered and approved for an exemption in terms of the vaccination policy. Should an application, on predetermined grounds be successful, they must comply with alternative measures put in place. It would be necessary to find a monitoring avenue to deal with compliance with the additional measures to ensure that there is adherence.

- 8.9.1.4. SU, being an open campus, makes monitoring a challenge as there is no single point of entry.
- 8.9.1.5. Monitoring of the vaccination record would be easier in this approach as there is a central control point e.g. registration for students and return to campus for staff and service providers. The various information systems would have to accommodate for this and the possibility to link card access to the vaccination status of a staff, student or service provider must be explored.
- 8.9.1.6. Stakeholders attending conferences or events should be able to provide proof of vaccination before they are issued a ticket to the event. As a control mechanism tickets and vaccination status must be scrutinised before entry is granted.
- 8.9.1.7. Stakeholders visiting SU buildings e.g. members of the public, parents, visitors, would be expected to show proof of vaccination before they are allowed entry into the buildings. Additional resources would be required to enforce the right of admission requirement.
- 8.9.1.8. We have seen in the media that a mandatory/hard rule has some strong reactions from stakeholders.

8.9.2.A soft rule:

- 8.9.2.1. Would require everyone that wants to enter a SU building, attend an event, conference, meeting at SU to be able to show proof of vaccination before they are allowed entry or attendance.
- 8.9.2.2. The soft approach, in a sense, still allows for people to choose to be vaccinated.
- 8.9.2.3. Monitoring would be more of a challenge as a considerable resource would be required to enforce the policy at our buildings or events.
- 8.9.2.4. In the case of a soft rule, the monitoring for visitors will be the same as for staff and students.

**9. Consultation of the risk assessment.**

- 9.1. In terms of the [Consolidated Directions on Occupational Health and Safety measures in certain workplaces](#), the Risk assessment and plan must be consulted with Occupational Health and Safety committees (OHS committees) and any representative trade union as contemplated in section 14(1) of the Labour Relations Act.
- 9.2. The Forum recommends consultations on the Risk Assessment with the Deans, Responsibility Centres and Student Representative Council and other student bodies. These consultation line will then include their respective OHS committees in the consultation.
- 9.3. The vaccination policy/rule once written should however be consulted more widely to include the prescribed governance structures and route for normal consultations on policies.
- 9.4. Consultation timeline

Risk Assessment Consultation Timeline			
	Date and time	Responsible person	Stakeholders
	NA	None	Any representative trade union and contemplated in section 14(1) of the LRA
	Fri 12 Nov	Nicolette van den Eijkel	Rectorate
	Completed by 9 Nov 2021	Prof Nicola Smit	Deans

Completed by 9 Nov 2021	Deans	Management teams and Occupational Health and Safety Committees in Faculties
Completed by 9 Nov 2021	Nicolette van den Eijkel	Responsibility centres (to include Occupational Health and Safety Committees)
Completed by 9 Nov 2021	RC heads	Management teams and Occupational Health and Safety Committees
Completed by 9 Nov 2021	Viwe Kobokana	SRC and student bodies (includes the Prim Comm/ TSRC etc.)

## 10. Conclusion

SU is obligated to provide a safe working environment for staff and service providers and a campus environment for students. A vaccination policy/rule is a core ingredient (together with other safety measures such as maintaining physical distance, adequate ventilation, wearing a mask, regular sanitising, etc.) to ensure that SU can return to normality as soon as possible and have staff, students and service providers on campus to best ensure a fully functioning institution with better access to available resources. SU experienced the loss of valuable staff, service providers and students during the pandemic and wants to do everything reasonable to provide a safe environment whilst having a full in-person academic and service offering.

SU's student and staff population are made up of various age groups and nationalities. As a residential university, it needs its students and staff back on campus to provide the best possible in-person academic and service offering.

It appears that students do not diligently follow non-pharmaceutical preventative measures when they are interacting socially off-campus creating a risk for on-campus staff, service providers and fellow students. Worldwide, millions of vaccines have been administered with extremely negligible negative outcomes, if one takes the volumes administered into account. Several leading authorities on vaccinations declared the vaccinations safe and effective and the world's best opportunity to return to normality. Most people that are strongly opposed to vaccinations base their stance on unclaimed theories that have scientifically been proven wrong several times.

Therefore, in terms of an overall assessment of risk as set out below it seems prudent/sensible to adopt a strategy that encourages as many members in our community to get vaccinated and due to outcome of this Risk Assessment a vaccination rule or policy is a tool to achieve this goal.

## 11. Recommendations

The Forum makes the following recommendations to the Rectorate:

- 11.1. Introduce a vaccination policy or rule.
- 11.2. Based on this risk assessment the Rectorate can decide on a hard rule (condition of registration/employment) or a soft rule (requirement to enter buildings/attend functions).
- 11.3. Provide a process document to outline the process for the implementation of the rule.
- 11.4. Write to the Department of Higher Education, Science and Innovation to review its current directions that only extend to the 2021 academic year.
- 11.5. Update SU workplace plans and walk through risk assessment to include all individual staff along with their vaccination status.
- 11.6. Update return to SU accommodation plans and walk through risk assessment to include students and their vaccinations status.

- 11.7. Provide an online solution for staff, students and service providers to upload their vaccinations status.
- 11.8. Investigate the possibility that vaccination status can be linked to card access for staff, students and service providers.
- 11.9. Establish a dedicated communication and education plan to encourage staff, student and service providers that are still hesitant to get vaccinated.
- 11.10. Continue to provide access to vaccinations, including transport, time off, etc.

## Institutional Risk Assessment for the Full Return to Campus for Face to Face Offering and Developing a Vaccination Rule

### Overview

- Strategic objective – SU as a residential university requires staff and students on campus for academic, research, social and support purposes
- Management Decision #1 – Full return to campus for face to face offering

### Risks identified

- #1: Students and stakeholders may oppose or refuse to return to campus
- #2: Staff might challenge the call to return to campus
- #3: People could be infected while on campus
- #4: SU could be held responsible for loss of life or damages by staff or students getting infected
- #5: Next wave may require SU to return to the online/hybrid mode

- Management Decision #2 – A vaccination rule to be developed

### Risks identified

- #1: People opposed to vaccination might challenge the rule
- #2: Basic rights of the campus community might be affected unintentionally
- #3: The absence of a vaccination rule could impair the core functioning of the institution
- #4: Staff or students might question the safety of the work environment/campus life
- #5: SU could be blamed/sued for damages by relatives of affected people

### Management Decision #1

#### Full Return to Campus for Face to Face Offering

- #1 Students or other stakeholders may oppose or refuse to return to campus
  - Probability – Medium, people may oppose the processes
  - Impact – Medium, expectations of reasonable accommodation and negative media coverage
  - Proposed Mitigation – Risk Mitigation plan, workplace plans, communication plans
  - Appetite recommended – Tolerate the residual exposure
- #2 – Staff or service providers may oppose or refuse to return to campus
  - Probability – Medium, opportunism, some staff prefer working from home
  - Impact – High, legal and disciplinary actions require resources
  - Proposed Mitigation – Robust flexible work policy, obtain majority buy-in, manage fall out
  - Appetite recommended – Manage residual risk
- #3 – People could be infected while on campus
  - Probability – High, especially social activities could lead to people getting infected
  - Impact – Medium, Super spreader or cluster outbreak could occur
  - Proposed Mitigation – Risk Mitigation Plan, implement existing protocols
  - Appetite recommended – Tolerate the residual exposure
- #4 – SU could be held responsible for loss of life or damages by staff or students getting infected
  - Probability – Medium, relatives could expect financial compensation
  - Impact – Low, probability of successful claims is low
  - Proposed Mitigation – Keep to best practices, review and revise mitigations constantly Workplace transmission to be reported as an occupational disease to COIDA.
  - Appetite recommended – Tolerate residual risk
- #5 – Next wave may require SU to return to the online/hybrid mode
  - Probability – Medium, increasing vaccination rate, immunity, non-pharmaceutical interventions
  - Impact – Low, experience shows that we can adapt to higher lock-down levels
  - Proposed Mitigation – Implement well-established protocols for higher lock-down levels of operations, preserve the academic integrity, manage staff wellness
  - Appetite recommended – Manage residual risk



## Management Decision #2

A risk assessment and vaccination rule to be developed

- #1 – People opposed to vaccination might challenge the rule
  - Probability – High,
  - Impact – Medium, time consuming and expensive
  - Proposed Mitigation – Tailored communication plan to address hesitancy; legal opinion in place, mitigation plans consulted
  - Appetite recommended – Take the risk, manage residual exposure
- #2 – Basic rights of the campus community might be affected unintentionally
  - Probability – Low, large group of specialists are participating in the development of the rule. The legal opinion confirms the mandate to develop a rule.
  - Impact – Medium, damaged relationships, negative publicity
  - Proposed Mitigation – Consult rules, keep to best practices, review and revise mitigations constantly. Rights outweighed by public interest
  - Appetite recommended – Take the risk, manage residual exposure
- #3 – The absence of a vaccination rule could impair the core functioning of the institution
  - Probability – High, SU need to continue as a campus-based institution
  - Impact – High, SU cannot afford to migrate to a partial or fully non-residential institution
  - Proposed Mitigation – Keep commitment to strategic objectives
  - Appetite recommended – draft a vaccination rule
- #4 – Staff or students might question the safety of the work environment/campus life
  - Probability – High, SU is a residential university with face to face activities
  - Impact – High, SU cannot be a partial residential university
  - Proposed Mitigation – Keep to best practices, review and revise mitigations constantly, vaccination rule
  - Appetite recommended – Take the risk, manage the residual risk
- #5 – SU could be blamed/sued for damages by staff and relatives of affected people
  - Probability – low, relatives could attempt financial gain
  - Impact – low, probability of successful claims low
  - Proposed Mitigation – robust mitigation plans and protocols Government COVID19 vaccine injury no-fault compensation scheme will cover a person who has suffered harm, loss or damages caused by the vaccine injury, and Compensation for Occupational Injuries and Diseases Act
  - Appetite recommended – Take the risk, Tolerate residual risk

## Membership of the Forum conducting the Risk Assessment

<b>Name and Surname</b>	<b>Title</b>
Nicolette van den Eijkel	Chief Director: Facilities Management (Chair)
Choice Makhetha (Dr)	Senior Director: Student Affairs
Craig Thompson (Dr)	Sports Physician ; Campus Health
Ebrahiem Abrahams	Director: Employees Relations
Gareth Cornelissen	Deputy Director: Student Communities
Haidee Williams (Dr)	Occupational Health Physician
Hein Swanepoel (Adv)	Senior Director: SunCom
Leslie van Rooi (Dr)	Senior Director: Social Impact and Transformation
Marietta van den Worm	Faculty Director: Natural Science
Nicola Smit (Prof)	Dean: Faculty of Law
Penny van der Bank	Compliance Officer
Pierre Viviers (Dr)	Senior Director: Campus Health
Riaan Basson	Director Procurement
Robert Kotze	Senior Director: Stellenbosch University International
Steven Adams	Deputy Director: Employees Relations
Toni Solomon	Prim Committee chair
Vhudi Ravhutsi	Chair: Tygerberg Student Representative Council
Victor Mathobi	Chief Director: Human Resources
Viljoen van der Walt (Dr)	Director: Risk Management and Campus Security
Viwe Kobokana	Chair: Student Representative Council

## Annexure Letter from USAf regarding Returning to Class 2022

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18 October 2021

### Returning to Class in 2022:

#### Universities must take reasonable steps to ensure the health, safety and wellbeing of students, staff and local communities

The discussion about 'vaccine mandates' at some of our universities is very much in the news. It is important to understand this issue in the context of the responsibilities that face universities and the best scientific advice that is currently available. It has to countenance also the growth of concerns about the implications for the rights of individuals where vaccinations are concerned.

It is intolerable to our universities that many students who entered academic study at the beginning of 2020 have spent little, if any, time on their campuses. They have had little to no in-person engagements, either with their lecturers and professors or with fellow students. So much of learning happens outside of the virtual or real classroom. With the rollout of South Africa's vaccine programme, the opportunity to return to some level of normality is upon us. All 26 institutions are grappling with the challenge of understanding how to achieve the full return of students and staff and to do this safely.

Universities are required by various pieces of legislation, and in particular the Occupational Health and Safety Act, to take steps to maximally secure the safety of staff, students and the wider community. How is this to be done?

We have known from the outset of the pandemic that to ensure maximal safety we have to protect ourselves and protect one another. This is a social compact that we have all worked at. Now we do have a new weapon to help us fight the pandemic: vaccinations.

We must begin with the idea that universities are congregate settings with thousands of individuals occupying common spaces. The best scientific evidence from around the world shows that the most effective way available to protect these settings against outbreaks of SARS-CoV-2 infections and against subsequent serious illness, hospitalisation and death is through ensuring that individuals are fully vaccinated. This evidence is unambiguous that the number of vaccinated individuals who fall seriously ill with CoViD-19 are in orders of magnitude lower than is the case with unvaccinated people.

The leadership of our universities must advise their councils of the most effective way to maximally safeguard the safety of our students and staff. They have begun to engage their internal constituencies on related policies, some requiring students and staff to be vaccinated and others opting for serious attempts at urging and convincing these constituencies.

The Constitution guarantees individuals certain rights. Alongside these rights are countervailing responsibilities individuals have towards one another so as to advance the common good. Individual rights should not trump the common good. Public health is a common good. So, the engagements in universities to ensure that health, safety and wellbeing of staff, students and local communities is not a matter of the infringement of individual rights but rather the balancing of individual and social

Directors: SM Buhlungu; AM Crouch; WJS de Villiers (Vice-Chairperson); ND Kgwadi; T Kupe; P LenkaBula; GSS Mabizela; ED Malaza; T Marwala; T Mayekiso; PA Mbatl; M Mokgalong; TZ Mthembu; XA Mlose; SWF Mulhwa (Chairperson); NS Nhlapo; NB Nihambeleni; FW Petersen; M Phakeng; N Poku; TB Pretorius; R Songca; LR van Staden; Z Vilakazi; AC Bawa (CEO)

rights. This is not uncommon in democracies around the world. Existing laws in South Africa prevent smoking in public spaces. Laws restrict the speeds at which we may drive and require the wearing of seatbelts. The curtailment of individual rights often speaks to bolstering social rights. This, together with using the best scientific advice that is available, must speak to ensuring that this debate is conducted rationally, unemotionally and in the best interests of ensuring the health, safety and wellbeing of staff, students and the wider community.

We should all agree that the key objective of this debate is to understand how best to return our students and staff to campus. And that this must occur with the maximal reduction of danger to staff and students. It speaks very much to our students experiencing a full educational experience – something that is simply required of our universities.

**Inquiries:** 'Mateboho Green, Manager: Corporate Communication: 072 807 4677

## List of Countries from which SU students come :

Row Labels	Stellenbosch Campus	Tygerberg Campus	Business School	Elsenburg	Military Sciences	Grand Total
Angola	3					3
Argentina	1					1
Australia	2					2
Austria	4		1			5
Belgium	21	1	1			23
Benin	1	1				2
Botswana	38	38	10		1	87
Brazil	6					6
Bulgaria	1					1
Burkina Faso			2			2
Cameroon	7	4				11
Canada	3	2	2			7
Chile	2					2
China	1					1
Costa Rica	3					3
Croatia	1					1
Czech Republic	1		1			2
Democratic Republic of the Congo	4	1				5
Denmark	1					1
Egypt	2		1			3
Ethiopia	11	7				18
Finland	1					1
France	486		2			488
Germany	138	3	14			155
Ghana	27	12	13			52
Greece	1					1

Guernsey	1					1
Guinea	1					1
Hong Kong	3					3
Iceland	1					1
India	2					2
Iran	3					3
Iraq	1					1
Ireland	1					1
Israel		1				1
Italy	10	1				11
Ivory Coast			1			1
Jamaica		1				1
Kenya	37	27	7			71
Lesotho	104	16	11			131
Liberia		3	1			4
Libya	1	3				4
Liechtenstein	1					1
Lilongwe	1					1
Lithuania	1					1
Luxembourg	1					1
Madagascar	9					9
Malawi	46	13	8			67
Malta		1				1
Mauritius	7	9	3			19
Mexico	2					2
Morocco	2					2
Mozambique	5	2				7
Namibia	377	58	94	1	2	532
Nepal	1	1				2
Netherlands	8	7				15

New Zealand		1				1
Nigeria	53	15	12		1	81
Norway	2	1				3
Oman	1	1				2
PAKISTAN	2					2
PHILIPPINES	1					1
Portugal	3					3
Qatar	17	1				18
Republic of the Congo	1					1
Reunion	2					2
Rwanda	2	2				4
Saudi Arabia	1	8				9
Senegal	3		1			4
Sierra Leone		1				1
Singapore	1					1
Slovenia	1					1
Somalia	1	1				2
South Korea	3					3
South Sudan	1					1
Spain	2	1				3
Sri Lanka	1					1
Sudan	2	3				5
Swaziland	39		12			51
Sweden	3	2				5
Switzerland	11		1			12
Tanzania	2	5				7
Tunisia	1					1
Turkey	1					1
Uganda	28	7	4		1	40
United Arab Emirates		1				1

United Kingdom	18	3				21
United Republic of Tanzania	19	8	1			28
United States	28	3	1			32
Zambia	58	16	8			82
Zimbabwe	388	35	11	4		438
South Africa	637	163	52		1	853
<b>Grand Total</b>	<b>2725</b>	<b>490</b>	<b>275</b>	<b>5</b>	<b>6</b>	<b>3501</b>

\*the numbers were calculated on the address (country) provided not on the nationality of the student. Students can stay in South Africa without begin citizens and the same for South African citizens not staying in South Africa.



## Service Providers and Tenants Vaccination Survey

Business Name	Company Vaccination rule for employees in place?	If YES, provide details	Do you know the no. of vaccinated staff?	% vaccinated staff	Will business/staff be impacted if SU makes vaccinations a requirement to being on campus?	If YES, provide details
Tenants						
Tenant 1	Yes	Strongly advised to vaccinate	Yes	90%	No	Unvaccinated staff to be retrenched if SU adopts a mandatory vaccination policy.
Tenant 2	Yes	As Of 1/1/2022 it will be mandatory	No	-	No	Staff will be required to provide vaccination certificates as of 1 Jan 2022
Tenant 3	No	-	Yes	100%	No	-
Tenant 4	No	-	Yes	63%	No	The rest have pledged to vaccinate
Tenant 5	No	-	Yes	20%	No	4 staff members will vaccinate in the coming week
Tenant 6	No	-	Yes	100%	Yes	Might lose employees & Clients. 100% in Neelsie.
Tenant 7	No	-	Yes	100%	No	n/a
Tenant 8	Yes	Repeated requests to vaccinate	Yes	80%	No	The business will be impacted in a positive manner
Tenant 9	Yes	Full vaccination required to be in office	Yes	100%	No	vaccination policy by SU will allow us to return to normal sooner.
Tenant 10	No		Yes	100%	Yes	*** operations will be adversely impacted if customers are prevented to visit the *** if not vaccinated
Tenant 11	Yes	-	Yes	100%	Yes	it will enable normal life to carry on and lead to an increase in business for all.
Tenant 12	No	-	Yes	90%	Yes	Revenue will be negatively affected. Staffing will be slightly affected
Tenant 13	Yes	Strongly advised vaccinating	Yes	87.5%	No	Termination of employment may be considered for unvaccinated staff

Tenant 14	Yes	All employees must be fully vaccinated before they can return to work in Jan 2022	Yes	90%	Yes	If all staff is not going for the vaccine, we can't open our doors, and
Tenant 15	Yes	Strongly advised vaccinating		75%	No	100% will be vaccinated by December 2021
Tenant 16	No		Yes	In progress	Yes	Will have to swap staff around to ensure staff placed in the Stellenbosch site are vaccinated in the instance where staff may be reluctant to get vaccinated. This will indirectly impact our staff's livelihood as transport costs, travel times and work-life balance will be affected.
Tenant 17	No	-	No	-	No	Business trade will be impacted, and staff members will be without income and will impact their livelihood.
Service Providers						
Service Provider 1	No	-	Yes	100% & 70%	No	Cape Town 100% South Africa 70% vaccinated staff
Service Provider 2	Yes	Up till now, we motivated the staff to get vaccinated, however, we informed them that it is becoming compulsory for us to be vaccinated before 2022 because our client wants it to be compulsory for next year to protect everyone around.	Yes	70%	Yes	Business at this stage will be impacted, however, we are continually reminding and motivating staff to get vaccinated
Service Provider 3	No		No		No	
Service Provider 4	Yes		Yes	100%	No	
Service Provider 5	No		Yes	15%	No	

	<b>Vaccination Policy</b>	<b>Current vaccination statistics</b>	<b>View on compulsory vaccination</b>
<b>Contractor 1</b>	Our H&S policy says that it is not a mandatory rule in our company, but will be reviewed as required. The main reason for that was because our risk assessment scores are in the medium to low range.	53% fully or partially vaccinated	Due to the number of staff not vaccinated, we will have a shortage of staff to service SU until such a time as the remaining staff have been vaccinated. That would be a period of 41 days. If we are able to get the remaining staff vaccinated during Dec/Jan holiday (41 days between vaccine shots) that would assist with no shortage of staff on site.
<b>Contractor 2</b>	Policy provided	38% fully vaccinated	Although the company will be enforcing the vaccination rule, the business will not be impacted. Staff might be impacted as we as company will also be enforcing the vaccination rule. Currently our rule on new policy is that all staff must be vaccinated otherwise a negative Covid result will be required every two weeks. This will result in them financially having to pay themselves for the test every two weeks.
<b>Contractor 3</b>	Vaccination drive	60% fully vaccinated	They will deal with this via their HR department.
<b>Contractor 4</b>	Employees are incentivised to vaccinate (financial and leave)	26% fully vaccinated and 14% partially vaccinated	They will comply with SU rules
<b>Contractor 5</b>	Vaccination drive	66% fully vaccinated	They will comply with SU rules
<b>Contractor 6</b>	Vaccination drive	60% fully vaccinated	They will comply with SU rules
<b>Contractor 7</b>	Although *** has encouraged staff to take the COVID 19 vaccine through posters campaigns, etc., we do not have a rule for employees to make it compulsory.	42%	As most *** staff are unionised, such condition will need to be discussed with the Union to inform their members. However, *** will comply with Client requirements implemented. Should there be any exclusion based on Medical reasons, supporting documentation will need to be provided.

<p><b>Contractor 8</b></p>	<p>The Company having regard to the phased roll out of the COVID-19 Vaccine and the nature of its business has elected not to make it mandatory for all its Employees to be vaccinated. However, the Company strongly encourages all its Employees to be Vaccinated. The Company, having a duty to protect its Employees and the nature of the Work undertaken at its Workplace, has made an in-principle decision that some of the Employees may be required to be Vaccinated when a vaccine becomes available to the Employee. The aforesaid Employees will be identified and selected on the basis of operational requirements, risk of transmission through their work, risk for severe COVID-19 disease or death due to their age or comorbidities.</p>	<p>43%</p>	<p>If the University requires mandatory vaccination the company will have to comply. Although the company has not made vaccination mandatory we support the initiative that all employees should be vaccinated. We don't foresee any disruptions if the University makes vaccination compulsory. The trade union Nehawu also supports the vaccination drive.</p>
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	League Teams	Teams	Students Participating	Residence League	Teams	Students Participating	Vaccination Attitude		
							For	Against	Neutral
<b>FOOTBALL</b>		32 Male & 13 Female	750		1 Male & 1 Female	56			
Maties Sixes		12	120						
<b>HOCKEY</b>	Maties				46	680			
	WP	6 Male & 6 Female	220						
<b>NETBALL</b>	Maties	3	41		42	432			
<b>SQUASH</b>	WP	4 Male & 4 Female	52						
	Social		259						
<b>RUGBY</b>	Maties	4	101				60	7	32
<b>Canoeing</b>	N/A	1 Team	29	N/A			29		
<b>Rowing</b>	N/A	2 Teams	35	N/A			35		

		12 Male & 10 Female							
<b>Fencing</b>	N/A	1 Team	21	N/A			21		
		6 Male & 5 Female							
<b>Surfing</b>	N/A	1 Team	12	N/A			12		
<b>Sailing</b>	N/A	1 Team	22	N/A			22		
<b>Cheerleading</b>	N/A	1 Team	23	N/A			23		
<b>Ultimate</b>	N/A	1 Mixed Team	23	N/A			23		
<b>Volleyball</b>	N/A	1 Team	13	N/A			13		
<b>Basketball</b>	CTBA	12 Men, 12 women, 12 men second team	50	yes	8 Residences	180	30	2	4
<b>Tug of War</b>	N/A	1 Mixed Team	30	N/A			30		
<b>Wall Climbing</b>	N/A	1 Mixed Team	38	n/a			38		
<b>Badminton</b>	N/A	1 men, 1 women	30	N/A			30		
<b>CYCLING</b>	N/A	Total members: 26 (8 Female & 18 Male)					8	1	1

<b>TENNIS</b>	South Boland Tennis	2 Male & 2 Female	30				11	4	0	
<b>Cricket</b>	Maties			2021- No Residence League	N/A	0	25	1	6	
	Cricket Boland	3 Male and 1 Female	53							
<b>Chess</b>	Maties			Yes	24	126	11		1	
	WP	2 Mix Teams	40							
			1992				1474	421	15	44