Laura Bowman

From: official information
Sent: Monday, 24 January 2022 1:17 pm
To: [redacted]
Cc: official information
Subject: Final Response: LGOIMA 21406 - [redacted] - Rates rebate for unvaccinated
Attachments: Finalised work - COVID-19 vaccination proposal - risk assessment - November 2021.pdf

Kia Ora,

Thank you for contacting Hamilton City Council regarding the Vaccine Mandate. Further to the email correspondence sent to you below, the following is provided for your information. COVID-19 continues to bring challenges to our community, local businesses, healthcare system and the way we operate at Council.

Rapid Antigen Testing
While rapid antigen testing is a vital tool in identifying infection, which can generate a reduction in exposure risk created by that infected person through their immediate isolation following a positive result, it does not reduce the likelihood of becoming infected or the consequences of the infection.

The Ministry of Health has supported the use of rapid antigen tests as a surveillance tool. This is different from the RT-PCR (Reverse Transcription Polymerase Chain Reaction) test currently widely used in New Zealand which detects genetic material called RNA and is far more accurate than rapid antigen tests. This is especially true for negative rapid antigen test results as the rapid antigen tests do not do amplification and so cannot identify small quantities of virus material. Therefore a negative rapid antigen result cannot rule out infection.

Central government currently advises that Rapid antigen tests are not:

- as accurate at detecting COVID-19 as nasal and saliva PCR tests
- used for diagnosis of people with COVID-19 symptoms
- a replacement for existing nasal and saliva PCR tests
- mandatory for businesses
- acceptable for mandatory surveillance testing under the Required Testing Order (RTO)
- a replacement for vaccination.

Central Government Order In Council
Council wished to discuss the Covid-19 as a matter of priority.

Risk assessment
Please see the attached risk assessment approach.

Council decision
In making the decision to require My Vaccine Pass to access facilities Council undertook a risk assessment, based on well-established information on the covid-19 virus. All of the information relevant to that decision is in the Council report and attached risk assessment.

Information on the efficacy of the Covid Vaccines
All information on the covid vaccine has been sourced from central government and can be found on the ministry of health and covid 19 websites.

Hepatitis and HIV
Both of the illnesses you have identified are transmitted through contact with bodily fluids, neither is passed on through airborne transmission. The transmission risk and safety protocols for managing these are well understood and established. Covid-19 is an airborne virus, the transmissibility and risks associated with covid-19 mean the controls in place to manage this risk are different.

Hamilton Zoo
Whether a facility is open air or not was one of the considerations in assessing council facilities, it is not the deciding factor. Other factors considered included the well-documented transmission of Covid-19 to animals, in addition staff who care

for our animals are a small group of specialist workers, who need to maintain the ability to work to ensure animal welfare. These considerations as noted in the attachment to the 30 November report.

Waterworld
These considerations in relation to our pool facilities are noted in the attachment to the 30 November report. A vaccine pass is required to enter the Waterworld facility, regardless of which part of the facility you are using.

Information can be found on our website on the following pages regarding access to our facilities:

- https://www.hamilton.govt.nz/our-city/covid-19/what-hamilton-looks-like-at-orange/Pages/My-Vaccine-Passes-at-council-facilities.aspx
- https://www.hamilton.govt.nz/our-city/covid-19/what-hamilton-looks-like-at-orange/Pages/Facilities-and-parks-.aspx
- https://www.hamilton.govt.nz/our-city/covid-19/what-hamilton-looks-like-at-orange/Pages/Events-and-gatherings.aspx
- https://www.hamilton.govt.nz/our-city/covid-19/what-hamilton-looks-like-at-orange/Pages/Funerals-and-tangihanga.aspx

You have the right to seek an investigation and review by the Ombudsman of our response. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Kind regards,

Official Information Team
Legal Services & Risk | People and Organisational Performance
officialinformation@hcc.govt.nz

Hamilton City Council | **Private Bag 3010** | **Hamilton 3240** | **www.hamilton.govt.nz**
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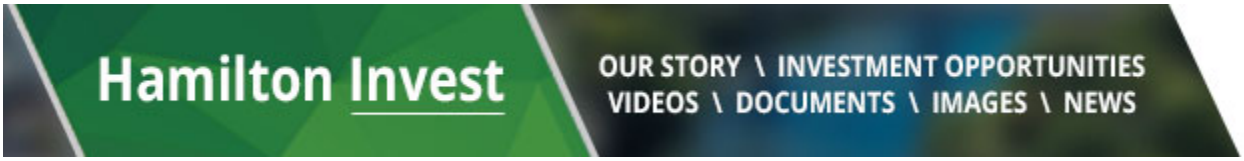


From: [redacted]
Sent: Thursday, 16 December 2021 1:12 pm
To: official information <officialinformation@hcc.govt.nz>
Subject: Re: LGOIMA 21406 - [redacted] - Rates rebate for unvaccinated

Hi there,

Thank you for your reply.

Please excuse the fact that I do not believe the Government's websites and mainstream media are a fair and reputable source for this content. In healthcare, there is never 'one source of truth', nor should there be, this in fact is dangerous.

I have a few questions from your Open Agenda document that you sent me please. But, before I begin, my first question is would your council consider a negative test for entry to facilities? i.e. the Rapid Antigen Test (RAT)? Because knowing you do NOT have a current infection is far more accurate that assuming someone is not infectious because they are 'vaccinated', when it is KNOWN the vaccinated can spread it, and be asymptomatic?

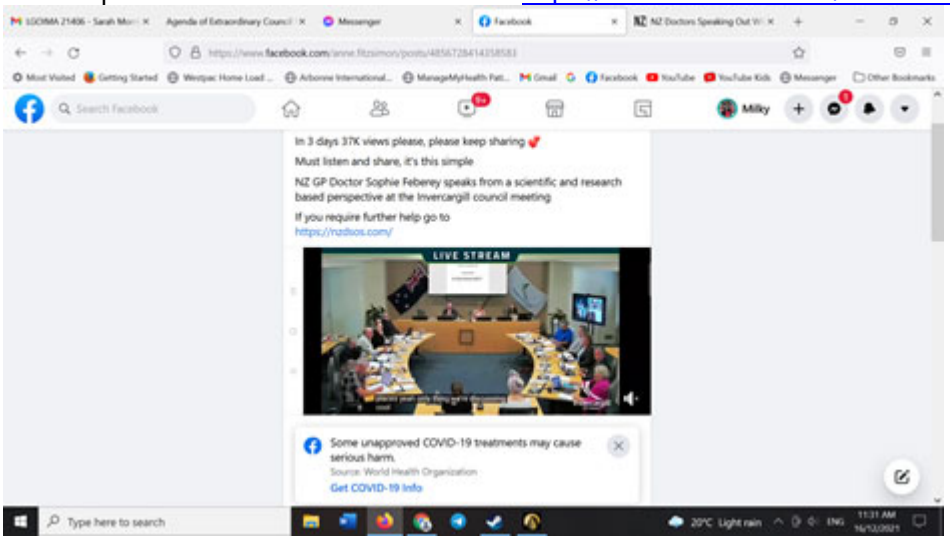
Right, my concerns are:

29. This Bill introduced the COVID-19 Public Health Response Act 2020, the legislative mechanism by which Orders containing the detail that Council is looking for will be made. At the time of preparing this report, the Orders were yet to be made.
- Please provide rationale as to why this report was prepared ahead of the order being made?

41. It appears that it is technically possible to alternate requiring a My Vaccine Pass from the public and not so long as the premises is cleaned between groups and signpost what settings we are operating under. The ability to switch also provides another option for facilities as a whole. At this stage this approach is not recommended due to the nature of our facilities, operational challenges, and safety of staff.
- Please provide me with your risk assessment document, as the Western BOP council has the same facilities, but is not requiring My Vaccine Passes, therefore not excluding it's rate-paying NZ citizens.

56. As of November 2021 here have been over 5.15 million deaths associated with COVID-19 globally, with 40 in New Zealand.
- That is, "deaths associated WITH Covid19", not deaths FROM Covid19.... this is an incredibly important difference. Dr Ashleigh Bloomfield himself admitted at the November 24th, 2021 press conference, that 'covid deaths' in NZ have been WITH covid19, such as the very public shooting victim in Auckland....How does that make sense? Any person who has died who also happens to have had a positive covid test within 28 days of death, is a "covid death". This is stated by the World Health Organization (WHO), which NZ has shamefully, blindly followed. And unfortunately, only now, nearly 2yrs in, admitted to the public. This recording is significantly skewed and a great mislead of the public, making your policy rationale unfounded.

The NZ Ministry of Health (MOH) also released the attached treatment management document to NZ doctors, which was subsequently read to the Invercargill Council meeting by NZ GP Dr Sophie Feberey, in argument against the vaccine pass mandate on council facilities - https://www.facebook.com/anne.fitzsimon/posts/4856728414358583



Please explain why unvaccinated people will be excluded from facilities, when the MOH clearly state it is "asymptomatic infection" (a greater risk in VACCINATED people), "not the vaccine status of the patient" that is the concern (documents attached). Transmission therefore, is more likely between and from vaccinated people (to add to this, unvaccinated people would surely be 'too sick' to go out if they had covid?).

60. According to the Ministry of Health, being fully vaccinated (currently described as two doses of the Pfizer vaccine) provides protection in three ways. The first is by minimising the likelihood of infection, and the second is that it reduces the seriousness of illness if infected. The third way
it provides protection is that it helps to reduce the likelihood of transmission.
- Incorrect. The vaccine has never been proven to reduce transmission, in fact it HAS been proven that the nasopharnygeal viral load of Covid19 is the same between vaccinated and unvaccinated individuals. The Lancet published a prospective, longitudinal study in the UK which concluded "...fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts. Host–virus interactions early in infection may shape the entire viral trajectory". https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext

61. The effectiveness of two doses of the Pfizer vaccine provides 64% to 95% protection against symptomatic illness.
- Incorrect. Even the mainstream media disagrees, promoting booster after booster, after booster, therefore a 'vaccinated' individual can drop back to unvaccinated status without these ant anytime, usually within 4 months, therefore before the boosters at 6months. Vaccination effectiveness WITHOUT boosters for AstraZeneca was shown as 44% and Pfizer as 63% effective (picture attached from NZ mainstream media).
Please explain your sources with higher percentages stated.

63. To understand the long-term efficacy and safety of the vaccine, participants in the clinical trials are being tracked for another two years after their second dose of the Pfizer vaccine.

- No one, at any stage, before they recieved the vaccine was explicitly told this is a trial. The media and government have only ever told the public it is 'safe and effective'. When has there ever been a 'one size fits all' medication, after 9months of production, an it's efficacy touted by the manufacturer itself, who has had any responsibilty waivered by our government? Including pregnancy, in all gestational weeks..... Never. Not even ibuprofen is safe in pregnancy. Both aspects of 'safe and effective' are categorically incorrect, due to the trials having NOT been concluded. And they are not expected to be until November 2023. Therefore, how can you discriminate against people who choose not to participate in, or are medically exempt from, a trial medication that has no long term safety data? What about people with Hepatitis infections? HIV infections? Why is there no discrimination against their 'status' for access to your pools, when they could cut themselves and bleed there, exposing people?
Please explain.

67. i. Indoor/enclosed facilities vs. open air – ventilation has been shown to be a key factor in the risk of transmission of COVID-19.
- Why doesn't Waterworld then, for example, operate their outdoor facilities/pools for unvaccinated people, where chlorine from the pools also removes viral loads from both vaccinated and unvaccinated people?

74 ii. Porritt Stadium and other open-air sites with changing rooms are currently being approached as not requiring a vaccination certificate for use.
iv. Parks/reserves/playgrounds (open air) – there are no plans to require vaccination certificates at these sites.
- If 'open air' is the decider, and not cleaning of equipment etc, why not allow access to Hamilton Zoo for the unvaccinated, which is also open air?

You also state that as the Auckland Border opens, the risk increases - if that were the case, why are only spot checks being done? And not checking everyone, if this was a 'health crisis', surely they would maintain a 'check everyone' policy? But that, of course, is a logistical nightmare, therefore done away with, and instead issue the threat of fines. It makes no logical sense. It does however, release the 600 staff who were assigned to man the hard border, to cover the 900 police refusing the vaccine.
Also, there are over 7000 (known) positive covid cases self isolating in Auckland, yet where are all the deaths? There will be thousand more people 'with it', NZ wide, they just haven't been tested because they have no symptoms.
It is also unsure of how many false positives there are after the PCR tests, which was never designed for it's current use. The government has never reported the type 1 (false positive) and type 2 (false negative) statistical error rates either. Yet, the pharmacy head yesterday openly announced Rapid Antigen Testing for the unvaccinated, 12y3m and over, without any symptoms of Covid19, but REFUSED to comment on the specificity and sensitivity of the test - therefore, is it any use, will it 'keep people safe', or is it just another useless method of appeasement?

80. Where the decision is to restrict entry/services to individuals who present proof of vaccination or an exemption the key financial considerations will be:
- Is this a typo? Why would you restrict vaccinated or exempt people?

80. vi. Staff-related financial considerations e.g. increased cost of staff physical and mental ill health and absenteeism related to potential exposure and/or exposure to Covid19.
- There is a video compiling ALL the times that Dr Bloomfield and Jacinda Ardern said masks do not work, therefore will never be mandated etc. Then, low and behold, they flip completely and mandate them everywhere. Why? Does the Council know what damage masks can cause, with respect to carbon dioxide rebreathing? Children growing up with lower IQs? I highly recommend you 'Google it', before you mandate your poor staff to wear them for 8+ hour shifts. In 14 years of frontline medical care I have never worn a surgical mask, and have never been directed to do so by our medical board. I have never worn a mask so much in my life since Jacinda Ardern mandated them. I can assure you, this alone is very concerning.

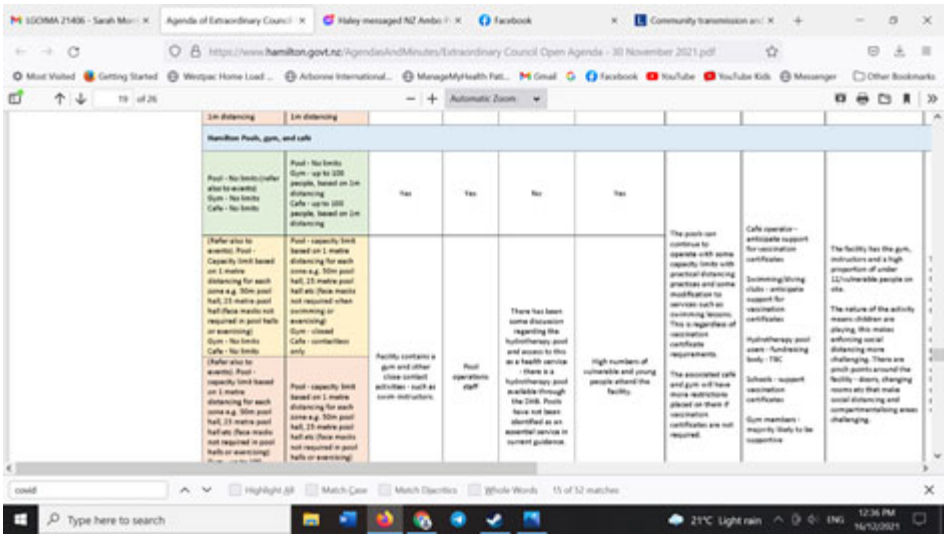
86. The decisions to be made with respect to facilities have the capacity to affect social wellbeing of communities. Any restrictions on entry/access to services will have a direct impact on the members of communities who will no longer be able to enter those facilities or access those services. This has the potential for a profound social impact in relation, particularly, to personal/private events and gatherings.
- Agreed, so why do it when the science does not back up mandates, vaccine passports, transmission of the virus etc? And taking unvaccinated people's money to maintain the council services, as you say (rates), but excluding them from the services, is criminal. You have CHOSEN to exclude them, you did not have to as per option C in your report. It was an option to include them. People, tax payers, have chosen to wait for more research around why the whole world needs to be exposed to a spike protein (via infection or vaccination), which just uses the corona virus as a vector, that itself is not the issue.
Side note, why is the government not allowing people to prove natural immunity status after infection? Which has proven to be stronger at 8 months post infection, and vaccination protection wanes after3- 4 months? Hence all the boosters..... recommended by Pfizer.....Because it would not play into their fear narrative, that's why. Before all of this, anyone could request serology from their GP to check for communicable disease immunity to get into nursing

programmes, paramedicine programmes, and for travel insurance purposes. But now, we are not allowed to be tested to see if we have had Covid19 and therefore are immune..... Please think on that.

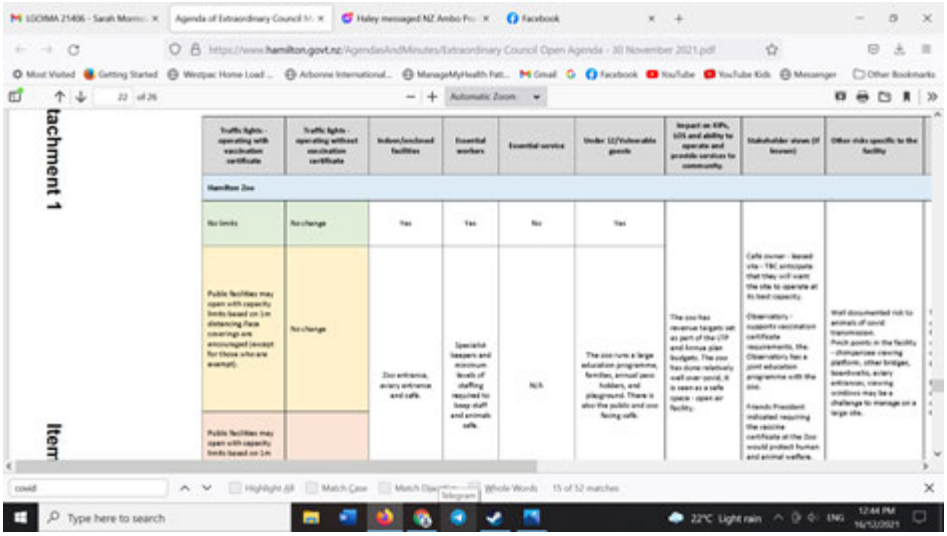
93. The impact of these decisions on Māori communities deserves particular consideration, given the lower rates of vaccination uptake in Māori communities in Hamilton and across the motu. Restricting access to facilities will therefore have a greater impact on Māori than on other ethnic groups.
- Really? Because so far, everything is just lumped as 'vaccinated' or 'unvaccinated'. Two classes of individuals, as admitted openly by Jacinda Ardern, which she is comfortable with. It is incredibly sad, how yet again, Maori are singled out as being 'weak', and unable to make informed decisions (which have gone against vaccination). They are clever people; I wish everyone would stop treating them like second class citizens, and listen to them. Why all of the bribes? Coercion? Allowing children 12yo and over to 'consent' without parental consent (which in itself is legally wrong, children under 16yo can only give assent). Can you please explain how the generalisation that a vaccinated Maori person is more at risk than a vaccinated non-Maori, and vice versa? If you are going to differentiate on race, you need to consider ALL races; NZ is not bicultural, it is multicultural. So good luck.

96. Given the very short timeframes before the traffic light system commences and before the Auckland border opens, increasing the risk of transmission in Hamilton, it is not possible to carry out the usual formal public consultation process. Elected members will have considerable
knowledge of the views that their communities hold in relation to COVID-19 vaccines and vaccine mandates. This is likely to include the strength of feeling demonstrated by the various court cases brought against workplace mandates and the public protests against mandates and
other public health measures, and, on the other hand, the widespread uptake of the vaccine.
- Can you please conduct a survey in Hamilton about how the public feel here about mandating vaccine passes in venues etc, including the information that other councils have NOT mandated them. This will allow your board members to update their 'considerable knowledge', which has not yet been asked for by rate payers. Please include the link to this survey in your reply, I would hate to miss out. Also, it is unfair to say 'widespread uptake' of the vaccine - people have been threatened to take this vaccine, or lose their livelihoods. It has been under that duress, and your council is condoning that by using these passes.

Futhermore, your table on page 19, portrays that under the orange traffic light setting (which Hamilton is in now), there is no difference to pool use if vaccine passes are, or are not, utilised? Therefore it reads that anyone, vaccinated or unvaccinated, can still swim, just not use the cafe/gym? Yet when I phoned Waterworld today (16.12.21 at 1240hrs) they said everyone entering requires a vaccine pass, therefore you cannot swim without one.
Please clarify.



It also says 'no change' to rules under orange for the Hamilton Zoo around opening without vaccine passports....
Please clarify.



Finally, imagine a vaccine SO GOOD it needs to be mandated on health professionals (myself; and sack thousands in a pandemic who won't comply), because not enough of them voluntarily got it, for a virus 'so deadly' (0.15% mortality rate...), that you need a test to tell you if you have it....

Thank you, I look forward to your timely response.

[redacted]

On Thu, Dec 16, 2021 at 8:43 AM official information <officialinformation@hcc.govt.nz> wrote:

> Kia Ora,
>
> Thank you for contacting Hamilton City Council regarding the Vaccine Mandate.
>
> **Council Facilities that require a My Vaccine Pass for entry**
>
> The My Vaccine Pass is a condition of entry for people over 12 years and three months old if they are visiting the following public facilities:
>
> - Hamilton City Libraries
> - H3 facilities including Claudelands Events Centre, FMG Stadium and Seddon Park
> - Hamilton Pools
> - Hamilton Zoo
> - Waikato Museum, ArtsPost and i-SITE
> - Hamilton Park Cemetery chapels and offices
> - other indoor facilities such as the Te Rapa Sportsdrome and Enderley Community Centre
> - Parts of Hamilton Gardens
> - Offices and meeting rooms in the Municipal building
> - Customer Service Centre in the Municipal Building
> - Council Chambers in the Municipal Building.
>
> This change came into effect at Hamilton Pools on 3 December and other facilities from 14 December.

Rates

Rates recover part of the cost of running our facilities, they are not a charge for use of the facilities. Your rates cannot be adjusted if you choose not to or are unable to use the facilities for any reason. Any portion of rates not paid by the due date will have a 10% penalty added. An additional 10% is applied to the outstanding balance at 1 July each year.

We are continuing to provide services to our community in different ways where we can, including click and collect at the libraries, online access to Council meetings, and providing Waikato Museum exhibitions virtually.

In the table below we have provided information on how the General rate and UAGC (Uniform Annual General Charge) is allocated by activity. In the first column is the percentage allocated to each activity and in the second an example of the average residential property (2018 CV of $582,323) and in the third the median residential property (2018 CV of $530,000). You can find more information on rates in the 2021-2031 Long Term Plan.

Activity	% allocation of General Rates and UAGC by activity	Average Residential ($)	Median Residential ($)
Mayoral Support Services	0.22%	6.07	5.53
Animal Control	0.57%	15.59	14.18
Aquatics	2.69%	73.49	66.87
Cemetery & Crematorium	0.32%	8.80	8.01
City Safety Operations	1.09%	29.84	27.15
Civil Defence & Emergency	0.24%	6.49	5.90
Community & Social Development	1.67%	45.53	41.43
Community Facilities	0.47%	12.84	11.68
Environmental Health Control	0.40%	11.03	10.04
Hamilton Gardens	2.21%	60.34	54.90
Hamilton Zoo	2.47%	67.24	61.18
iSite	0.30%	8.24	7.50
Libraries	5.28%	143.97	130.99
Museum	2.63%	71.77	65.31
Parks Contracts	11.59%	316.04	287.57
City Planning	3.44%	93.89	85.43
Growth Programmes	0.52%	14.09	12.82
Planning Guidance	0.45%	12.39	11.27
Parking	0.63%	17.12	15.58
Rubbish & Recycling	4.12%	112.32	102.20
Stormwater	7.63%	207.99	189.25
Transport Centre	0.28%	7.54	6.87
Transportation Network	22.37%	609.98	555.02
Wastewater	12.28%	334.94	304.76
Water Supply	5.46%	148.96	135.54
Democracy Services	0.96%	26.21	23.85
Mayor Office	0.11%	3.02	2.74
Partnership with Maaori	0.22%	5.97	5.43
Claudelands Events Centre	3.52%	96.09	87.44
H3	1.62%	44.17	40.19
Stadia	3.35%	91.33	83.10
Theatres	0.12%	3.40	3.09
Tourism & Major Events	0.75%	20.43	18.59

	100.00%	**2,727.12**	**2,481.41**

We're continuing to provide services to our community in different ways where we can, including click and collect at the libraries, online access to Council meetings, and providing Zoo and Waikato Museum exhibitions virtually.

Legal framework

The COVID-19 Public Health Response (Protection Framework) Order 2021 lists designated premises that cannot deny entry/access to goods or services on vaccination grounds (Sections 31 – 33). These are listed below, and includes some detail around education premises:

A designated premises means—

(a) a supermarket:

(b) a dairy:

(c) a pharmacy:

(d) a petrol station:

(e) a public transport service except—

(i) a domestic air transport service; or

(ii) a Cook Strait ferry:

(f) premises of health services that are partly or wholly funded by

(i) the Ministry of Health:

(ii) Oranga Tamariki—Ministry for Children:

(iii) the Ministry of Social Development:

(iv) the Department of Corrections:

(v) a district health board:

(vi) Veterans' Affairs New Zealand:

(vii) the Accident Compensation Corporation:

(g) a school transport service:

(h) Kāinga Ora housing, as defined in section 2 of the Public and Community Housing Management Act 1992:

(i) premises let, or to be let, by or on behalf of a registered community housing provider (as defined in section 2 of the Public and Community Housing Management Act 1992), but only if the tenancy was granted as a tenancy of social housing to a tenant assessed under that Act as eligible to be allocated social housing:

(j) any other housing or accommodation funded by, or under contract to,—

(i) the Ministry of Housing and Urban Development, except for any grant funding or loan agreement:

(ii) the Department of Corrections:

(iii) Oranga Tamariki—Ministry for Children:

(k) a housing support service funded by, or under contract to, any department referred to in paragraph (j):

(l) emergency accommodation provided by or funded by a government department for people in need:

(m) premises used to provide shelter or emergency and temporary housing for people in a civil defence emergency.

For those premises not listed, as a Local Government Authority we have the responsibility to decide how these spaces will operate, this includes meeting our obligations under the Health and Safety at Work Act 2015.

Council decision and risk assessment

In making the decision Council undertook a risk assessment, based on well-established information on the covid-19 virus. If you have any further questions, you can visit our web page here. Information on Council's decision is contained in the council report available here.

Our overriding consideration is and will continue to be the safety of our workforce, volunteers, and the community (many of whom are more vulnerable to potential COVID-19 transmission) who use our services.

You have the right to seek an investigation and review by the Ombudsman of our response. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Kind regards,

Official Information Team

Legal Services & Risk | People and Organisational Performance

Email: officialinformation@hcc.govt.nz

Hamilton City Council
Te kaunihera o Kirikiriroa

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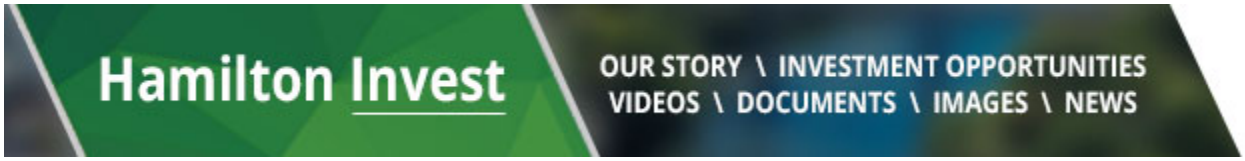

-----Original Message-----
From: [redacted]
Sent: Tuesday, 14 December 2021 6:55:23 am
To: "Info" <info@hcc.govt.nz>
Subject: Rebate on rates
Kia Ora,

Can you please confirm how we go about getting a rate rebate for being locked out of council facilities due to the covid 19 vaccination passes that some councils (yours) have implemented, while others across NZ have not?

Many thanks,

[redacted]

COVID-19 Vaccination Proposal

RISK ASSESSMENT

Amohia ake te ora o te iwi, ka puta ki te wheiao.

To protect the wellbeing of our people is paramount.
King Tuuheitia Pootatau Te Wherowhero VII

Hamilton City Council
Te kaunihera o Kirikiriroa

APPROACH

This risk assessment was undertaken in line with guidance issued by WorkSafe New Zealand[1] and incorporates that advice into the approach taken.

The approach includes an assessment of the level of risk associated with COVID-19 based on the role (including the work being done and the location from which the work is being done) rather than the individual performing the role to determine the effectiveness of existing controls and their impact, and the potential risk impact from the use of vaccines.

Indigenous ethnic inequities in infectious diseases are clear. Maaori experience higher rates of infectious diseases than other New Zealanders. Maaori generally have higher rates of chronic conditions and comorbidities and, following international trends, are likely to have an increased risk of infection should a community outbreak occur. The unequal distribution and exposure to the determinants of health further increases the risk for Maaori. This requires equity to be a central feature to the COVID-19 response, ensuring the active protection of the health and wellbeing of our Maaori staff.

CONTEXT OF RISK ASSESSMENT

Hamilton City Council has an obligation to provide a safe and healthy working environment for all of our workers, which extends to contractors and others that we engage as well as our employee, and those people visiting our workplaces, including our customers, visitors, and wider communities. This commitment is reinforced through our orgainsational purpose, to 'Improve the Wellbeing of Hamiltonians' and places front and center our Non-Negotiable: 'Safety first in all we do'.

Demonstrating a commitment to Te Tiriti o Waitangi and the achievement of Maaori health equity is a critical component of this Plan. Meeting these obligations requires collective effort across the organisation and the application of Te Tiriti articles and principles at every level of the response. Equity considerations should continue to be integrated across the response.

We have a duty of care under the Health and Safety at Work Act 2015[2] to take all reasonably practicable steps to eliminate, or otherwise minimise, any risks to our people. Hamilton City Council continually assesses these risks, which also includes the risk presented by having COVID-19 in the workplace as well as the community.

New Zealand has moved away from an elimination strategy, towards one of minimisation and protection. This will result in a degree of ongoing community transmission as restrictions start to ease as we move away from lockdowns under the alert level system and into the new framework. It is

reasonable to expect that with loosening of restrictions, and a strategy of "minimise and protect", people will be at a higher risk of contracting (and therefore or transmitting) COVID-19 in the coming weeks/months, with the likelihood of infection, transmission and the health impact and outcomes of any infection being mitigated somewhat through the use of vaccinations[3] and other risk mitigations that make up the COVID-19 Protection Framework.

Vaccination rollout using Pfizer vaccine is currently underway across New Zealand with the Government working towards a vaccination target rate of 90% of the eligible population within each local District Health Board to be fully vaccinated (having received first and second doses). The Government has announced that we will move to the new Covid-19 Protection Framework on 3 December 2021.

The purpose of this risk assessment undertaken by Council is to determine the current risk associated with COVID-19, and to assess the effectiveness of control mechanisms, including the potential use of vaccination as a workplace control, on reducing risk to a level that is deemed acceptable, or as low as reasonably practicable.

ASSESSMENT OF PROBABILITY

The Delta variant of COVID-19 is described by the New Zealand Ministry of Health as being a more infectious mutation of the virus. It is predicted that without any controls, the R0-value would be between 5 and 6 – meaning that one infected person may infect up to 5 to 6 others. It has been described as "highly transmissible".

The probability of infection taking hold when directly exposed to COVID-19 viral particles can vary from person to person, but there is enough anecdotal evidence to show that in the absence of other controls e.g., mask wearing, social distancing, and hygiene practices, there is a high probability of becoming infected when directly exposed to COVID-19. This is seen in the number of household infections that occur when those household members share a space with a COVID-19 positive person. There is also increasing evidence of infection occurring due to incidental exposure outside the home, as seen in MIQ facilities between rooms when doors have been opened.

The infectiousness has also been identified in the challenges associated with connecting some cases epidemiologically due to the transient nature of some of the exposure events. An example of this is the way in which the initial infection in this outbreak occurred, with no known direct exposure link, and the possibility of unidentified chains of infection.

On this basis, it is reasonably foreseeable that if a person is exposed to COVID-19 without any controls in place there is a **high probability** of infection as a result.

ASSESSMENT OF CONSEQUENCE

The range of consequences for a person infected with COVID-19 is extremely broad and will depend on a myriad of factors. While some people may be completely asymptomatic for the duration of the infection, others may lose their life to the infection or its associate complications.

As at November 2021 here have been over 5.15 million deaths associated with COVID-19 globally, with 40 in New Zealand.

While some individuals may recover from all COVID-19 symptoms within a few days (or not experience any at all), others will continue to struggle with lingering, and sometimes debilitating, effects for significant time after the infection has cleared.

As well as potentially serious consequences in respect of mortality and health (both long term and short term), which must be a primary consideration, there are also consequences of infection related to business continuity and the provision of important services to the community. Widespread infection of staff, or infection of people holding key or highly skilled roles could have a serious impact in this regard.

ASSESSMENT OF EXPOSURE

The degree to which a person is exposed to COVID-19 is the determining factor as to whether a person might become infected, and therefore be prone to the consequences associated with the virus. When examining WorkSafe New Zealand guidance on risk assessments[4], the risk factors described by the regulator relate specifically to whether a person will be exposed, and if exposed, how quickly might the contact tracing identify that they have been exposed.

For the purposes of this assessment, exposure will be rated as either 'lower risk' or 'higher risk' and/or determined by the Central Government Health Order mandating specific areas and roles that will be required to be vaccinated[5]. There is also a further undertaking to determine those Council Facilities that will require a vaccination passport to enter the premises under the new framework and therefore both the public and employees will be required to be vaccinated under the legislation expected to be introduced shortly.

New Zealand is currently moving from an elimination strategy, to one of minimisation and protection, which attempts to slow the spread of COVID-19 rather than removing community transmission completely. There is an understanding within a suppression strategy that COVID-19 will still circulate within the community to varying degrees (depending on a number of factors, including vaccination rates and other controls in place). With community transmission remaining for the foreseeable future, we will soon be faced with

a higher degree of exposure while carrying out our work than we previously have been.

When considering exposure, it is important to consider the degree to which our workers may be exposed to COVID-19, and the degree to which our workers could expose others to the virus. As our duties under the Health and Safety at Work Act 2015[6] extend to others in our workplaces, or those who are impacted by our operations, it is appropriate to consider the level of risk to those communities as well as to our workers.

The WorkSafe guidance refers to a number of example questions relating to exposure, where the risk is seen to be framed around:

- The number of people the employee comes into contact with when carrying out the work .
- The degree to which employees carrying out the tasks are in proximity to other people, and for how long.
- Whether there is a higher risk of infection and transmission within the work environment, compared to the non-work environment.
- The level of interaction with people who are not known to the employee.

Hamilton City Council has a significant number of roles and activities, with **1341** staff undertaking **655** role types, however the majority of roles can be placed into one or more of the following broad categories. We have undertaken to assess each role individually, working with our team leaders to examine each role specifically against the WorkSafe guidelines. It is also reasonably practicable to assess the risk of these categories to determine exposure as a proxy for a role-by-role based assessment and subsequently, the level of risk posed to those workers. The following points outline these broad categories:

- Roles subject to **Covid-19 Public Health Response (Vaccinations) Order 2021**
- Roles in environments specified as "higher risk" under the protection framework
- Roles that work with children under 12, or other vulnerable members of the community
- **Office Based Roles** - predominately indoor based with little to no public interaction
- **Public Facing Roles** – public facing roles and/or roles with a high level of public interaction (including community-based events)
- **Physical Works Role** - predominately outdoor based with little to no public interaction
- **Essential Service Roles** – positions that are essential in providing and maintaining critical services and functions to support the running of the city

The Ministry of Health has since announced the **Covid-19 Public Health Response (Vaccinations) Amendment Order (No 3) Schedule 2**[7] which requires:

- Education and health and disability staff to have receive one dose of the Covid-19 vaccine by 15 November 2021 and be fully vaccinated by 1 January 2022, and
- Corrections workers to be fully vaccinated by 8 December 2021.

This amendment came into effect on 25 October 2021 and applies to the health and disability sector, education services and prisons. There are 25 role types filled by 65 employees within Council, which are associated to the Health Order affecting education workers, and a separate process is already being undertaken to work with those employees who must be vaccinated per the Government mandate in order to carry out their duties.

In October, the Government announced the COVID-19 Protection Framework (the traffic light system) and the new legislation to be introduced alongside it. Under the new framework, businesses or operators offering services in various environments regarded as being higher risk (events, hospitality close personal services, funerals, weddings etc.) can restrict services/entry to only vaccinated patrons. Businesses/services which require vaccination will be able to operate with greater freedoms under the various traffic light settings than those who don't. The Government also announced that businesses requiring vaccination certificates from public would also, under the legislation to be introduced, need to operate with a fully vaccinated staff.

We are working with our community leaders to understand the approach to be taken with our business units and worksites falling into the higher risk categories under the new Framework. Decisions made in respect of public access could have a direct impact on vaccination requirements for the staff working in those environments. A separate process may need to be undertaken with those employees who must be vaccinated under the new legislation to be introduced as we move into the COVID-19 Protection Framework, to the extent that it is relevant to the specific workplaces.

STAFF WORKING WITH CHILDREN UNDER 12, OR OTHER VULNERABLE MEMBERS OF THE COMMUNITY

For staff working with children under 12, or other vulnerable members of the community, there is potential for harmful exposure in both directions, and the consequences may be more direct for these persons. Staff working with children will be working in close proximity to a part of the population in which there is no current option for vaccination – meaning that there is a higher degree of exposure to people infected with COVID-19. There is also a risk of exposure for those children, and to others who may be vulnerable, where a staff member may have a COVID-19 infection.

Number of people the workers will come into contact with: Moderate to High.

Proximity to other people: Moderate to High. Distancing can be challenging due to nature of the work.

Risk of transmission compared to non-work environment: Higher risk where restrictions are being eased regionally.

Level of interaction with people who are not known: Moderate to High .

The level of exposure for these workers is **HIGHER**. In addition, the risk tolerance is very low because of the impacts of transmitting COVID-19 to children under 12, or other vulnerable members of the community.

OFFICE-BASED STAFF

Office-based staff who do not have public-facing roles work for long periods in indoor environments where there is limited interaction with the public, however there is regular and prolonged interaction expected within the office between a potentially large number of other co-workers and teams, including individuals or teams who are undertaking work outside of the office and need to undertake certain tasks within the office. There is a potential for any of these workers to be infected outside the workplace, and arrive at work prior to a test and diagnosis, and then transmit the virus to others.

Number of people the workers will come into contact with: Low to Moderate.

Proximity to other people: Low to Moderate. Distancing is mostly achievable within the office environment. Difficult to achieve in shared spaces such as entry points, stairways, elevators and communal areas.

Risk of transmission compared to non-work environment: Low. Similar risk where restrictions are being eased regionally.

Level of interaction with people who are not known: Low.

For these workers, there is a **LOWER** level of exposure.

PUBLIC-FACING STAFF

Public-facing staff undertake a range of tasks in environments that may be either indoor or outdoor, some within the control of Hamilton City Council, and some that are not. There are a number of activities which may require our workers to interact in close proximity with others from across every community within Hamilton. Wherever there is interaction with the public, there is opportunity for COVID-19 to spread to our staff, or from our staff into the community. There have already been a number of exposure events within a number of public facing roles and activities already at alert Levels 4 and 3 of the current outbreak.

Number of people the workers will come into contact with: Moderate to High.

Proximity to other people: Moderate to High. Distancing is sometimes achievable within the workplace. Difficult to achieve in shared spaces in the work environment and in some public facing roles.

Risk of transmission compared to non-work environment: Higher risk where restrictions are being eased regionally.

Level of interaction with people who are not known: Moderate to High.

For these workers, the level of exposure is **HIGHER**.

STAFF WORKING OUTDOORS

Staff working outdoors undertake work where the environment is generally not conducive to the spread of COVID-19 due to the impact of wind and sunlight. Workers performing these duties may be required to interact with team members, as well as some interactions with members of public and contractors. These workers will also spend time indoors with others from time-to-time, for example in break rooms, offices and vehicles.

Number of people the workers will come into contact with: Low.

Proximity to other people: Low to Moderate. Distancing is mostly achievable within the workplace. Difficult to achieve in shared spaces although limited time in these spaces.

Risk of transmission compared to non-work environment: Low. Similar risk where restrictions are being eased regionally.

Level of interaction with people who are not known: Low to Moderate.

The exposure level for these workers is deemed to be **LOWER**.

ESSENTIAL WORKERS

Essential workers undertake a range of important tasks required to operate essential services across the city, such as water, wastewater, and roading. The tasks are performed in both indoor and outdoor environments. Workers performing these duties may be required to interact with team members, as well as some interactions with members of public and contractors. Essential workers are critical to the safety of the community and any risk of contracting COVID-19 within these work groups could have an extremely detrimental impact on our ability to provide core services. The risk rating takes into consideration the significance of the potential consequences for the community if essential workers were to be infected with COVID-19.

Number of people the workers will come into contact with: Low.

Proximity to other people: Low to Moderate. Distancing is mostly achievable within the workplace. Difficult to achieve in shared spaces although limited time in these spaces.

Risk of transmission compared to non-work environment: Low. Similar risk where restrictions are being eased regionally.

Level of interaction with people who are not known: Low to Moderate.

The exposure level for these workers is deemed to be **LOW** however the impact on the Community should these workers become infected is much HIGHER.

RISK ASSESSMENT TOOL

The WorkSafe Risk Assessment tool has been adapted and designed to assess current roles within Hamilton City Council. The tool is based on a questionnaire and consists of seven questions, which are individually rated as either 'lower risk' or 'higher risk', depending on the level of exposure.

Using the risk assessment tool 1276 positions were assessed across HCC, using a desk top approach, and involved people leaders and those who performed the roles. 145 positions rated all 7 questions as having 'higher risk' at one end of the scale, with 169 positions rating at least 1 question as having 'higher risk'. There were 0 positions that assessed all 7 questions as having a 'lower risk' and therefore all roles that were assessed had a level of 'higher risk' exposure in at least one aspect within the role.

Sum of Staff Employed in Role	Total Higher Risk							
Business Portfolio	1	2	3	4	5	6	7	Grand Total
Community	54	49	70	73	18	125	144	533
Infrastructure Operations	47	11	29	52	20	42	1	202
People and Organisational Performance	49	46	72	10	9			186
Growth				101	24			125
Venue, Tourism & Major Events			23		68	27		118
Development	19	10	17	15	6			67
Strategy and communication		27	3	12	3			45
Grand Total	**169**	**143**	**214**	**263**	**148**	**194**	**145**	**1276**

HCC initial risk of exposure to COVID -19 for roles across the business

The reason for this risk assessment is to identify where there is risk of exposure for staff at Hamilton City Council and if a vaccination is required to ensure their safety. Please complete all three steps outlined below before returning to hands@hcc.govt.nz

Step one:	
Business Unit:	
Unit Manager:	
Safety and Wellbeing Business Partner:	
Person completing the risk assessment:	
Role assessed e.g., zoo keeper:	
Number of staff employed in this role e.g., 20:	

Step two:

Please identify which of the five categories listed below the role being assessed falls into. If there are two or more it aligns with, pick the category it most aligns with:

1. **Office Based Roles** - staff who are predominately based in the office with no or very little interaction with others outside the office environment
2. **Physical Works Roles** - staff engaged in physical work that requires use of equipment, work indoors and/or outdoors
3. **Office Based Roles & Physical Works** – staff who may work in an office environment and be required to work or attend work indoors/outdoors as part of their role
4. **Public Facing Roles** – staff who are involved with public or client facing roles e.g.: library, museum, zoo, pools
5. **Essential Workers** – staff who are who are essential to maintain critical services and functions within Council

	Select from the drop down box:
Please identify the category this role most aligns with:	

Step three:

Description	**Risk Rating**	**Please select risk rating from d**
How many people does the employee carrying out that work come into contact with?	**Lower risk** = Very few **Higher risk** = Many	
How easy will it be to identify the people who the employee comes into contact with?	**Lower risk** = Easy to identify, such as co-workers **Higher risk** = difficult to identify, such as unknown members of public	
How close is the employee carrying out the tasks in proximity to other people?	**Lower risk** = 2 metres or more in an outdoor space **Higher risk** = Close physical contact in	
How long does the work require the employee to be in that proximity to other people?	**Lower risk** = brief contact **Higher risk** = lengthy contact	
Does the work involve regular interaction with people considered at higher risk of severe illness from COVID-19, such as people with underlying	**Lower risk** = little to none **Higher risk** = whole time	
What is the risk of COVID-19 infection and transmission in the work environment when compared to the risk outside work?	**Lower risk** = equal to outside work **Higher risk** = higher than outside work	
Will the work continue to involve regular interaction with unknown people if the region is at	**Lower risk** = no **Higher risk** = yes	
	Total Lower risk:	**0**
	Total Higher risk:	**0**

Thank you for helping us gather information to help provide Hamilton City Council with information on the roles within the business that present a higher level of risk to being exposed to COVID -19. The information will now be collated between all business units to help inform senior leadership of the potential risk in the business. Consultation with the business units will then commence to ensure all interested parties have an opportunity to be involved in possible next steps.
Please return this completed risk assessment hands@hcc.govt.nz

RISK TOLERANCE

Hamilton City Council have in principle determined that a role presenting with any level of 'higher risk' exposure should be assessed in more detail with all possible mechanisms for reducing that risk being explored further, including implementing a requirement that staff performing those roles be vaccinated against COVID-19.

There is a higher risk tolerance in some roles then others. This is largely dependent on the consequences that could arise if a staff member were to be infected, or if a member of the public was to be infected as a result of their interaction with a staff member. For example, there are some highly skilled essential roles which very few people are able to perform. There could be a significant impact on service to the community if a person holding one of these roles were to become infected. There are some roles that interact with particularly vulnerable people in the community who would either be more likely to contract the virus if exposed, and/or more likely to be seriously affected by an infection.

Based on this risk assessment HCC is proposing that ALL positions required to perform their substantive duties at work should be fully vaccinated in order to mitigate the risk of contracting or transmitting COVID-19 in the workplace as far as is reasonably practicable.

It is also important to note that other risk mitigants would also need to be present and that vaccination is not the only risk control present or required to reduce the risk to an acceptable level, based on HCC's risk tolerance.

IMPACT OF EXISTING CONTROLS

There are a broad range of controls already in place to prevent infection, and these are associated with particular levels within the established hierarchy of control from the lowest level of effectiveness through to the highest:

PPE CONTROL: THE USE OF FACE COVERINGS

Effectiveness: partially effective

These work by reducing the spread of viral particles from person-to-person by capturing droplets that would normally be expelled through breathing, talking, coughing or sneezing. There are varying degrees of effectiveness, depending on the material being used, the fit, and whether these are worn correctly. N95 or surgical masks may be better than reusable cloth masks, but must be replaced more often and can become ineffective when they become moist (either from the environment or from the humidity of exhaled breath). While masks reduce the probability that viral particles will be passed from person-to-person, there has still been infection between persons who are masked and so are not to be considered infallible as a control measure.

ADMINISTRATIVE CONTROL: PHYSICAL DISTANCING.

Effectiveness: partially effective

Physical distancing of at least one metre within the workplace, and two metres between people in public works by reducing the opportunity for viral particles to pass from one person through the air to another, as the particles are expelled only so far into the airspace around the infected person and is effective for transmission by droplets. However, aerosol transmission of Delta has reduced the effectiveness of this control. It is heavily reliant on people "following the rules" and has been shown to be a challenging control to manage due to a number of factors (including incidental breaches and the lack of visual cues to remind people of what 2 metres looks like in different environments).

ADMINISTRATIVE CONTROL: HYGIENE

Effectiveness: partially effective

Practicing good personal hygiene and the regular use of handwashing and/or hand sanitiser helps to remove viral particles which people may have come into contact with through touching surfaces that have been contaminated with particles, which is particularly important when touching the face, eating, or adjusting masks. Regular cleaning of surfaces, particularly high-touch surfaces such as lift buttons, door handles etc. works in the same way, by removing any particles from the surfaces before they are touched. The effectiveness of these types of controls is highly dependent on a number of factors, including the type of soap or sanitiser being used, the method and duration of handwashing, and whether individuals remember to clean their hands prior to touching the face etc.

Rules have also been put in place in relation to staying home if sick, which works by reducing the potential for COVID particles to be deposited in the workplace by infected people and picked up by others. This relies on people following this requirement – however when applied correctly can reduce the potential exposure to COVID-19. This is not infallible even when applied correctly, as it is possible to be infected with COVID-19 but not show symptoms (this is known as being A-symptomatic).

This particular control relies heavily on behaviours which may be impacted subconsciously, so is not an effective control in isolation and requires a number of other controls to be in place to create defence in depth. The aerosol nature of virus transmission also limits the effectiveness of this control.

ENGINEERING CONTROL: WORKPLACE DESIGN

Effectiveness: partially effective

Design factors such as ventilation systems and air circulation can reduce the level of exposure if designed correctly with COVID-19 transmission in mind. Many buildings occupied or entered by Hamilton City Council staff will not have been designed in a way that provides adequate protection, however some buildings may have a level of air changes and ventilation which exceeds American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) standards. It is not financially feasible to upgrade ventilation systems in all of our facilities, nor do we have the time to undertake such substantial building works. This is reliant on other controls, such as physical distancing and hygiene being in place and only reduces exposure so far.

ISOLATION CONTROL: WORKING FROM HOME

Effectiveness: effective

This control is currently being used extensively to reduce the level of exposure to COVID-19. It works by removing people from situations and environments whereby they may be infected. It is effective for work-related exposure for those who are able to work from home during periods of lockdown, however it should be noted that there are potential exposure events that may occur inside the home. Exposure to COVID-19 at home while performing work is difficult to influence and control by Hamilton City Council so has not considered as part of this assessment.

Working from home is an effective control (it is used as part of lockdown measures to reduce exposure), however it may give rise to other potential wellbeing, cultural and productivity challenges associated with being isolated from work colleagues for extended periods or on a permanent basis. It is also not possible for all roles to perform their work from home, or for that to be sustainable long-term. While in a heightened alert level, many services have been halted which requires workers who are not undertaking essential services to be sheltering at home. Once alert level restrictions are e ased, most employees will be required to work onsite at some point or to some extent to effectively undertake their duties, connect with colleagues and therefore the control itself may be wholly unsuitable and unable to be applied for certain roles.

Each of these controls work by reducing the likelihood of infection, either by impacting the probability of infection, or by decreasing the level of exposure. Due to the way these controls work, they do not reduce the potential consequences of COVID-19 once infection has taken place.

While not a control, we note also the important role the testing plays in the fight against COVID-19. While testing is a vital tool in identifying infection, which can generate a reduction in exposure risk created by that infected

person through their immediate isolation following a positive result, it does not reduce the likelihood of becoming infected or the consequences of the infection. An infected person may also have created a risk of exposure during an infectious period prior to being tested, or receiving the result.

While our staff survey indicated that the majority of our people are or intend to be fully vaccinated (with this already being a requirement for some through the Public Health Order mandate) we have not considered this a "current control" as this has not been fully defined or implemented as a required control across our entire workplace setting at this point. This assessment considers the application of vaccinations as a "proposed" control only.

IMPACT OF VACCINATION

According to the Ministry of Health[8], being fully vaccinated (currently described as two doses of the Pfizer vaccine) provides protection in three ways. The first is by minimising the likelihood of infection, and the second is that it reduces the seriousness of illness if infected. The third way it provides protection is that it helps to reduce the likelihood of transmission.

The effectiveness of two doses of the Pfizer vaccine provides 64% to 95% protection against symptomatic illness.

Two doses of the vaccine provides 90-96% protection against hospitalisation or severe illness due to Delta infection.

To understand the long-term efficacy and safety of the vaccine, participants in the clinical trials are being tracked for another two years after their second dose of the Pfizer vaccine.

There is still potential for infection to occur regardless of vaccination, however it is much less likely for serious illness or hospitalisation to be required and very unlikely for an infected person to pass away as a result of their infection.

REFERENCES

1. worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid/how-to-decide-what-work-requires-a-vaccinated-employee
2. worksafe.govt.nz/laws-and-regulations/acts/hswa
3. covid19.govt.nz/alert-levels-and-updates/covid-19-protection
4. worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid/how-to-decide-what-work-requires-a-vaccinated-employee
5. covid19.govt.nz/alert-levels-and-updates/latest-updates/expanded-vaccination-order-for-health-and-disability-education-and-prison-workers
6. worksafe.govt.nz/laws-and-regulations/acts/hswa
7. legislation.govt.nz/regulation/public/2021/0325/latest/LMS579374.html
8. health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19- vaccines

SUMMARY

This risk assessment has determined that there is a significant impact on risk reduction for potential consequences associated with the use of vaccination alongside other controls. Without vaccination we are reliant on existing control measures that may not be sustainable or realistic over time, as seen by extended lock-downs and other alert level restrictions. Workers occupying roles at the lower end of the risk scale, even those workers in outdoor settings or in office environments with limited contact, still present with a level of risk due to the contact that they have with others and the shared facilities that they access. Due to the potentially serious consequences associated with COVID-19, HCC's view is that any level of risk, even low risk, needs to be addressed and reduced. A fully vaccinated workforce would provide for a reduction in the seriousness of consequences if infected, would reduce likelihood of infection and would reduce likelihood of transmission if infected. Vaccination would offer the best mitigation of the risks presented by COVID-19 when combined with all other current controls in place.

A LOWER level of risk is achievable using existing controls, including using isolation to restrict workers to their home to undertake work. In this way, it would be unlikely for that person to be infected during the course of their work – however this may not be a sustainable method of working in the long-term, and there are a large number of roles across Hamilton City Council where this is not impossible. We do however need to be mindful that working remotely is supported by our flexible working policy and often sought by job seekers in a tight labour market. For certain roles, working from home could provide a suitable alternative not requiring vaccination.

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