Laura Bowman

From: official information
Sent: Monday, 24 January 2022 1:08 pm
To: [redacted]
Cc: official information
Subject: Final Response: LGOIMA 21425 - [redacted] Medical Apartheid in New Zealand / My Vaccine Pass requirement queries.
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.

Risk
Our decision was based on risk assessments of the work our staff undertake, the nature of the services and legal guidance. The risk assessments showed us that all services present a risk of COVID-19 transmission. It also highlighted the need to protect Council's essential workers to keep our city's infrastructure and services running. A copy of the risk assessment approach is attached for your information.

Our assessments have been based on information provided by central government on the COVID-19 virus and vaccination efficacy. This information is available on the covid-19 and ministry of health websites.

Our overriding consideration was 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.

Several other Councils have made similar decisions to Hamilton City Council. These include:

- Wellington City Council
- Christchurch City Council
- Tauranga City Council
- Timaru District Council
- Dunedin City Council
- Kapiti Coast District Council
- South Wairarapa District Council
- Taupo District Council
- Auckland City Council
- Far North District Council

Medical and religious exemptions
My Vaccine Pass documents can be issued to those who are fully vaccinated or have received a medical exemption approved by the Director-General of Health, you can find more information about medical exemptions here. If you have an exemption, you can apply for a My Vaccine Pass.

In June 2021, MedSafe approved vaccination for those aged 12 and above. All those who are eligible to be vaccinated will need a My Vaccine Pass.

Council does not have a policy to exempt those who have chosen not to be vaccinated for religious reasons.

Newstead Chapple and cemetery
The My Vaccine Pass is required for entry into the two chapels at Newstead. Our Funeral Directors are working closely with loved ones to accommodate needs as best we can. If you want to visit a gravesite at the cemetery then anyone can do so.

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.

Human Rights

The Government measures to combat Covid-19 are extraordinary and place significant restrictions on New Zealanders' human rights. Even during a pandemic, everyone has human rights and freedoms under the New Zealand Bill of Rights Act and the Human Rights Act. However, there are times when limiting these rights and freedoms can be justified under the New Zealand Bill of Rights Act.

Our overriding consideration was 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. We do not believe anyone's rights are being unduly limited given this consideration and the current risk posed by COVID-19.

Hamilton residents who have complained

To date we have received written complaints from approximately 100 people. We cannot confirm if they are all Hamilton residents. We do not hold records of any verbal complaints that may have been made at our facilities. Based on an estimated population of 178,500 people this is less than 0.001% of the Hamilton population.

Consultation

Council may reconsider its policy position as part of future reviews. Council recognised the significance of the decision and community engagement as part of the 30 November report. The Extraordinary Council Meeting Agenda and Minutes are publicly available.

Contactless and remote access to services

Information an be found on our website on the following pages for those not able to access our facilities in person:

My Vaccine Passes at Council Facilities

Facilities and Parks

Events and Gatherings

Funerals and Tangihanga

Hamilton Zoo and other facilities

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.

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

Hamilton City Council | Private Bag 3010 | Hamilton 3240 | www.hamilton.govt.nz
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From: [redacted]
Date: 3 January 2022 at 3:33:51 PM NZDT
To: Paula Southgate <paula.southgate@council.hcc.govt.nz>
Cc: Geoff Taylor <geoff.taylor@council.hcc.govt.nz>, Mark Bunting <mark.bunting@council.hcc.govt.nz>, Kesh Naidoo-Rauf <Kesh.Naidoo-Rauf@council.hcc.govt.nz>, Rob Pascoe <Rob.Pascoe@council.hcc.govt.nz>, Ryan Hamilton <Ryan.Hamilton@council.hcc.govt.nz>, Ewan Wilson <Ewan.Wilson@council.hcc.govt.nz>, Dave Macpherson <Dave.Macpherson@council.hcc.govt.nz>, Sarah Thomson <Sarah.Thomson@council.hcc.govt.nz>, Martin Gallagher <Martin.Gallagher@council.hcc.govt.nz>, Angela O'Leary <Angela.OLeary@council.hcc.govt.nz>, Maxine van Oosten <Maxine.VanOosten@council.hcc.govt.nz>
Subject: Fwd: Medical Apharteid in New Zealand
Reply-To: [redacted]

Dear Councillors,

Probably the most important email you will ever read as a public servant. All information requested is requested under urgency, pursuant to the Official Information Act 1982.
He reason for the urgency is the profound physical, mental and social damage this discriminating, despicable, unfounded measure is causing every minute it exists.

Regards

[redacted]
Supporting Critical thinking and obective truth
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This e-mail and any files attached to it are intended solely for the use of the addressee(s) and may contain confidential information. If you receive this message in error, please notify the author immediately, disregard the contents of the message and delete the message from your system

-----Original Message-----
From: [redacted]
To: Ryan.Hamilton@council.hcc.govt.nz <Ryan.Hamilton@council.hcc.govt.nz>
Sent: Wed, Dec 22, 2021 4:29 pm
Subject: Re: Medical Apharteid thank you for standing for freedom

Thanks for your email. Apologies for the delayed reply. It has taken some time to put this together
Urgent action required.

Introduction

I suspect the other councillors, by voting for the segregation of Hamilton residents are suffering from mass psychosis. They are victims of deliberate psychological manipulation through the compliant state funded media. However,

that does not excuse the horrendous carnage they are causing with this measure.

I have read the following
1. Extraordinary Council Minutes 30th November (ECM)
2. Covid 19 Vaccination proposal risk assessment
3. Covid 19 vaccine proposal consultation

I attach-
1. **Vaccine Passports an Evidence Based Guide for Businesses.** It applies to local government too.
2. Human Right Commission -Specific Conditions Briefing: upholding human rights protections in the use of vaccination certificates under New Zealand's proposed Covid-19 Protection Framework

All the Council documents upon which the Council made their decision are fundamentally flawed. The measure needs to be reviewed as a matter of urgency.

1. The documents contain **no** sourced evidence-based data to support the assertions.
2. The Human Rights Commission states: - *"The decision-making process must be open and transparent, with reasoning, **evidence** and advice relied upon, clearly set out."*

The Government premise that the vaccine is the only solution is accepted without any questioning of either the effectiveness of the vaccine as a solution, its risks or the viability of other solutions. (See alternative solutions heading of attached paper Vaccine Passports an Evidence Based Guide for Businesses.) This is diametrically opposed to the principles outlined by the Human Rights Commission, attached, that the measure should be-

a) Strictly necessary,
b) There must be no alternative,
c) The measure must be based on scientific evidence,
d) The measure must be proportionate,
e) Time bound – lasting no longer than strictly necessary
f) Non-discriminatory
g) Subject to independent review.
h) There should be readily available exemptions and a system for exemptions, which is accessible, equitable and efficient.

The Human Rights Commission also point out the Government has not provided critical information relating to the essential requirement of proportionality. "*At the time of writing the Government had not set out its assessment of proportionality. In the interests of transparency and accountability, the Government should publish its full reasoning, including any evidence relied upon."*

3. The health and safety risk assessment does not assess the **actual** risk. It starts on the premise that the vaccine is effective in reducing infection and reducing transmission. This is not supported by **any** sourced scientific evidence. In fact, no data is produced. There is no mention of potential risks of the control measure, nor an analysis of the proportionality. (See Vaccine Passports an Evidence Based Guide for Businesses paper health and safety section.)
4. The ECM concedes the vaccinated can catch and spread the virus, but then asserts the measure will reduce transmission. A total juxtaposition. No data as to

how common it is for the vaccinated to transmit compared to the unvaccinated is provided.

5. The documentation concedes the measure is to “encourage” young people to get the jab, so it is conceding coercion. It is ethically, and morally abhorrent to coerce a person to participate in a clinical trial. Coercion is not consent as required by Human Rights law. Vaccination is a private matter that should be a full and free informed choice decided between a patient and their doctor, taking into account the patient’s individual medical status.

6. At paragraph 63, of the ECM, there is an admission, that the injection is still subject to clinical trials and there is no long-term efficiency nor safety data, yet the Council are still seemingly happy to involve themselves in the equation between a Health Practitioner and their patient, in coercing the taking of this experimental irreversible medical procedure.

7. There is absolutely **no evidence-based data** to support the justification of segregating the unvaccinated and breaching fundamental human rights. Not one piece of scientific evidence is produced to support the assertion that vaccinated people are less likely to transmit the virus compared to the unvaccinated.

8. Unsubstantiated claims are made that, “the public have a reasonable expectation that staff are vaccinated.” Why is this assertion being made when there is no evidence based scientific reason supporting the control measure? – If this were true, there would be data and evidence? Any expectation on the behalf of the public, if indeed there are statistics to back this claim, are driven by propaganda.

9. An assertion is made at paragraph 87 that vulnerable people will have more confidence using facilities if they know everyone is vaccinated. This belief by the vulnerable has been created by double speak propaganda. If your vaccine works, why would you be concerned about others’ vaccination status?

10. Fundamental Human Rights breaches are dismissed without any substantive consideration. This is completely and utterly reprehensible.

The ECM does not say why and provides no detailed justification for each of the many fundamental human rights breached. It is evident the Councillors have not, been provided with critical facts. They do not mention International Human Rights, which cannot be derogated.

11. There are multiple references to the “significant risk” COVID 19 represents and figures relating to deaths “associated” with Covid 19, not those dying of COVID 19. Significant risk is not defined. Listing the deaths associated with COVD-19 does not put risks in context with other critical considerations in terms of public health.

12. Critically, there is no comparison data and comparing statistics to other diseases, nor a consideration of the survival rate of 99% nor a consideration of all the physical and mental damage caused by the restrictions imposed by the government. 11 million die each year due to poor diet. At the very least, there should have been comparisons with the collateral damage of lockdown restrictions. There is no data to illustrate the age of those who died, or whether they died of other comorbidities but happened to test positive.

13. There is no mention of the survival rate at different ages. The virus is heavily striated towards the elderly. Those who are obese or have comorbidities have a higher risk than those who are healthy.

14. There is no comparison with deaths in previous years from flu, nor the excess deaths caused by government restrictions.

15. Fundamental data is missing, such as the risks of injecting children who have more chance of being injured by the injection than the virus and gain no benefit from this irreversible medical procedure.

16. The assumption that the only alternative to vaccine passports are lockdowns is untrue. (Page 4 Vaccine Passports an Evidence Based Guide for Businesses attached.)
17. The wellbeing consideration, analysis is totally inadequate bearing in mind the immense damage this control measure will do, socially, physically, economically and mentally. It is ironic that in paragraph 34 one of the purposes is the "Wellbeing of Hamiltonians" The purpose of the local government is the promotion of social economic and cultural wellbeing. Segregating society based on no scientific justification and taking away the ability especially for children to have access to exercise and educational facilities is incredibly destructive to wellbeing.
18. Stating there is "potential for a **profound social impact for personal/ private events by using the discriminating vaccine passes**, with no further comment is totally shameful when the impact is devastating to social cohesion and community wellbeing.
19. There is reference to "asymptomatic" spread. As detailed in the attachment Vaccine Passports an Evidence Based Guide for Businesses. Studies prior to the vaccination rollout illustrate that asymptomatic people did not spread COVID. (Page 5) In the Finland break through study (page 9 ref 32,) there were asymptomatic cases in the vaccinated.
20. There is no mention of the recent serious issues regarding the Pfizer trials (page 3 Vaccine Passports an Evidence Based Guide for Businesses.)
21. Paragraph 89 is a further unsubstantiated statement without any data claiming the economic impact of banning a sector of society from its facilities will be minor is completely inadequate. Every month a comparison of the losses should be publically available.
22. The Government deliberately defied official health advice that suggested it utilise COVID-19 vaccine passports solely for the purpose of high-risk events, keeping them 'narrow in scope.' Therefore, even if there was a rationale behind the vaccine passports, (despite to date no evidence being forthcoming) by choosing to impose even more draconian measures the Council is going even one-step further than the Government in defying public health advice. Clearly the policy is therefore not about health!
*'Public health advice is that CVCs should be used as a **temporary** requirement for entry to large high-risk events or venues to reduce the risk of large outbreaks and community spread and should be reviewed in relation to vaccination rates.'*

Actions Required.
a) Please ensure all Councillors have a copy of the email and attachments
b) Please put the following questions on the council agenda as a matter of urgency. In accordance with the ECM, this policy also needs to be reviewed regularly. Skim reading is not appropriate bearing in mind the public duty obligations councillors have. They serve the community who pay their salaries. Please ensure answers are provided to each question, with sources, not a generic dismissal.

All Councillors have a public duty to read in full including all the references.

Public Officials **cannot** refuse to look at data in order to best represent the public this would surely be negligent? They have a public duty to seek the objective truth and the best solutions to serve the whole community and treat all residents equally. (Please see censorship section of attached Vaccine Passports an

Evidence Based Guide for Businesses.) If the Council have made a mistake, they have a duty to own that mistake and put it right.

They **cannot** ignore breaches of fundamental human rights, as they need to consider their potential liabilities in this regard. They also need to ensure in respect of **all** data they are relying on they have researched any conflicts of interest in terms of funding and they have a public duty to ask pertinent, persistent questions and demand the evidence based data from the Government.

The Councillors also need to demonstrate they understand the difference between evidence based research and a "view" or "belief". The latter are politics or religion and of no weight. Sources are required for their assertions.

The residents of Hamilton need this issue on every agenda. Amnesty International have raised concerns including the lack of time limits and review. When there are breaches of fundamental human rights, in New Zealand, such that Amnesty International is concerned it is imperative that these measures are reviewed in detail.
"The Government needs to ensure the Bill includes a range of safeguards, including a "clear aim and justification, a specified and limited timeframe,"
One wonders if you put, "LGBT" in place of "unvaccinated" whether Councillors would feel comfortable. If the only government explanation was *"it is to keep you safe* and *"to stop the spread*" with no evidence based explanation as to why, would the Councillors ask questions in those circumstances. It is absolutely, barbaric and inhumane to reduce human beings to their vaccine status and create a medical apartheid.

Questions, which need addressing as a matter of urgency-

1. **Other councils have decided not to take the action that HCC have taken.**

If you look at the legislation itself, Council facilities including libraries and swimming pools are defined as "Public Facilities" These can open at orange. Schedule 6, details the regulations applying to different businesses at orange. Clause 40 is the one that applies to Public Facilities and they can open based on maximum capacity with 1 metre distancing. This applies, whether or not, they use discriminating vaccine passes. There is no difference in the rules.

Therefore, the Council are **choosing** to impose the discriminating vaccine passes for **no gain** regarding restrictions. Contrast this with cafes who have more restrictions imposed, if they open without discriminating vaccine passes and are therefore being coerced into using them.

Therefore, in choosing to use the discriminating vaccine passes the Council gains nothing restriction wise and discriminates against residents of Hamilton they are purportedly "serving "potentially causing severe harm, not to mention being complicit in coercion of a medical intervention in breach of fundamental human rights.

Stating that it is simpler and fairer to have uniform restrictions involving vaccine passes totally undermines the interference with bodily sovereignty of each person affected.

Councillor Rob Pascoe gave a very confusing answer regarding the Council's decision to use discriminatory vaccine passes. He seems to think because Council facilities are not on the list of essential businesses such, as supermarkets then they **have** to use passes. This reasoning is **completely wrong.** The minutes of the Extraordinary Meeting of the Council do not reflect this Councillors reasoning (para 42 of Extraordinary Council meeting.)The designated business can NEVER use the passes, but you have to read the legislation to see which business are hit with extra restrictions if they do not use them. Council Facilities are not in this situation. For Public Facilities the restrictions do not alter whether passes are used or not. This Councillor has clearly misunderstood the briefing and therefore it is reasonable to assume he does not understand the issue.

https://covid19.govt.nz/traffic-lights/life-at-orange/events-and-public-facilities-at-orange/public-facilities-at-orange/

https://www.legislation.govt.nz/regulation/public/2021/0386/latest/LMS563461.html

2. What is the scientific justification behind the medical apartheid?

Before taking tyrannical steps, in breach of fundamental human rights such as segregating population the Council must ensure it is necessary to have **absolute evidence** based data to categorically support the contention that the vaccinated pose less risk.

We need an answer to the central question. **"If the vaccinated can transmit and catch the virus what is the justification with evidence based data?"** If no one can answer, this question alone, there is absolutely **no reason** to impose what essentially are "Nuremburg laws." (Please see reference73, 74 of Vaccine Passports an Evidence Based Guide for Businesses.)

If the vaccine works, why would the vaccinated fear the unvaccinated? If the vaccination does not work, why would you make it a condition of entry and coerce people to take it.

3. Health and Safety Risk Assessment of Actual Risks of Covid and Measures that are effective.

a) As the Council is imposing segregation, where is the data showing the actual risk of an unvaccinated person spreading the virus compared to a vaccinated one? There is no evidence provided that the vaccine passport measure protects against the spread of COVID.

b) The Council risk assessment does not address the **ACTUAL** risk nor consideration of solutions that are proportionate. (See attached paper Vaccine Passports an Evidence Based Guide for Businesses, Health and Safety Assessment section.)

c) The vaccine is known to lose its efficacy (as per the Ministry of Health) after 3 months so the vaccinated can be asymptomatic and not realise they have the virus and thus be transmitters of the virus and contagious to others. Please advise how the Council has dealt with this risk in its health and safety assessment?

d) Has the Council considered it could potentially be liable, for assault as it is complicit in coercing people to have the injection and therefore there is no free and informed consent? Please provide such related research and/or expert advice.

e) What policy does the Council have in place in relation to potential adverse reactions and deaths particularly in young people given that it is complicit in effectively forcing this experimental medical procedure on persons who want to use the Council's public facilities?
Paragraph 36 is not supported by scientific data at all- (See page 6 Vaccine Passports an Evidence Based Guide for Businesses, reference 21.)
Many peer reviewed research papers have been provided in the attached paper, Vaccine Passports an Evidence Based Guide for Businesses, to illustrate why the unvaccinated are no different to the vaccinated in terms of transmission and viral load.
Please provide just one peer reviewed paper to substantiate this medical apartheid and the shutting out of children from sports activities, that keep them healthy and therefore at less risk of serious illness.
(See page 9 of attached paper Vaccine Passports an Evidence Based Guide for Businesses)

4. **What is the review date**?

Will the decision be reviewed every 7 days? – If not, when? It is unconscionable to torture people with discriminatory rules that materially affect their wellbeing, with no certainty as to when the discrimination will end. Please see Human Rights Commission report- such draconian measures that materially affect Human Rights should be time bound, if they are ever justified. Paragraph 9 of the EGM refers to regular review, but no periods are given. Bearing in mind the fundamental breaches of human rights and the impact on wellbeing these policies will have it is imperative strict regular reviews are publically set out.
If Omicron, as has been indicated affects the vaccinated due to their narrow immunity and turns out to be mild will the segregation be terminated? When is the review for this?

5. In light of the risks of heart problems and sudden cardiac arrest post vaccination, health and safety procedures at all council facilities need to be updated. New instructions are required on adverse medical event incident forms. Reports should include whether the person was injected, and dates of the injection.

6. There should be mandatory notifications to the CARM register in all cases temporally linked to the injection. Training on these important health and safety adverse events should be implemented immediately.

7. Council to review every week the updated adverse events from the injection at VAERS, UK Yellow Card, Eudra Vigilance and CARM NZ pursuant to their Health and Safety obligations.

8. The Council to publish how many vaccinated people have COVID tested positive in vaccinated only facilities in the event of an outbreak.

9. As the Council is choosing to impose these segregation policies, what is its approach to people who have medical certificates to show that it is not appropriate for them to be vaccinated? The Human Rights Commission states, *"There should be readily available exemptions and a system for exemptions, which is accessible, equitable and efficient"* This is not the case with the current government legislation-. Please see attached paper Vaccine

Passports an Evidence Based Guide for Businesses. (Page 7, reference 26) for details. Please listen to the criteria carefully. You have to suffer a serious adverse reaction, requiring hospitalisation from the first jab to be eligible to apply for a temporary exemption. This is not practically an exemption and breaches all medical ethics of *"Do No Harm".* Will the Council if it refuses to reverse this barbaric and cruel policy, accept a Health Practitioner's exemption certification, as per the original exemption that was acceptable to the Government before their U-turn on exemptions?

10. Religious exemptions. What is the Council policy?

11. Those with natural immunity? How can they be a risk of any sort? Please explain why they have to have a vaccine passport?

12. It is especially tragic to see the Council banning children from sport and reading in the library, based on no logical reasoning whatsoever. Staying fit and healthy helps people's natural immunity and therefore their natural resistance to any illness. If this were about health, why would the Council do this? (See page 17 Vaccine Passports an Evidence Based Guide for Businesses.) How can the Council purport to serve the community and then support measures, which will contribute to a spiralling rate of obesity and deterioration of mental health through these inhumane, cruel policies.

13. Taking the exercise facilities away will harm those excluded both physically and mentally. In Western countries, there is a strong link between deaths from the virus and obesity. Social interaction and community sport is critical in mental health wellbeing. Bearing in mind the collateral damage from the lockdowns in terms of suicides the Council is under a Duty of Care to record the damage done by this segregation and be aware of their potential liabilities in terms of suicides and illness and susceptibility to the virus of those who no longer have access to exercise and social activities. Please advise how council is proposing to monitor health decline in those who refuse to show their papers?

14. Why are 12+ year olds being ostracised and denied use of council facilities for not providing proof of having an irreversible medical procedure, that only has provisional consent, no long term data, risks of serious heart and neurological conditions yet they have negligible risk of serious harm from the virus? Never in human history in a free society, have any medical interventions particularly one, which is experimental and irreversible been effectively, mandated on the whole population. (Please see paper Vaccine Passports an Evidence Based Guide for Businesses**,** for details under Human Rights.) To persecute those who exercise their bodily sovereignty is egregious. This cannot be considered humane or justifiable in a purported democratic society. Please refer to the potential liability section of the attached paper before giving a response.

15. Zoos, Hamilton Gardens and other outside facilities are in the open air so why are unvaccinated people being denied the use of the fresh air. Why are they more likely to infect the animals especially outside? Where is the data justifying this?

16. The banning of people from seeing their loved ones graves is cruel, and nothing but punitive. (Please see page 14 of attached paper, Vaccine Passports an Evidence Based Guide for Businesses**,)** as to why it is never acceptable to

punish under human rights laws. It is no understatement to perceive such actions as evil. This is why human rights were implemented after the atrocities of the WW II. Until recently, people found it hard to believe how the educated Germans of the 1930's ignored the dehumanisation of a whole sector of society, banning them from teaching, from public facilities and eventually being complicit in the atrocities that followed. At least the German population could take solace in the fact they were unaware the road they were travelling. Today we have history to tell us the destination such polices take society.

17. Please advise the Council's justification with evidence based data why it is not punishment?

18. Will people who are denied access to these facilities be given rates rebates/compensation, for being excluded from using the facilities? They are not "choosing" not to use them they are being banned from using them unless they produce their private medical information with no scientific justification for the ban.

19. Please provide in writing the justification with scientific data, how Hamilton Council can breach Article 7 of the International Covenant on Political and Civil Rights, especially as this article cannot be overridden even in an emergency?

It is legally, ethically and morally abhorrent to coerce a person to participate in a clinical trial. Coercion is not consent as required under the Code of Health & Disability Services Consumer Rights. Rights comprised within the Code, include the right to be fully informed and the right to make an informed choice and give informed consent. Taking away everything until you, consent is blackmail and not a choice. Coercion is completely incompatible with consent and denying a person the inalienable right to participate in society if the person does not submit to a medical experiment will unquestionably breach fundamental and internationally required human rights. Has the Council considered its potential liabilities in International human rights law? There is nothing in the minutes of the Extraordinary meeting, which only refers to the NZ Bill of Rights. Human Rights are not suspended during a pandemic.

Please provide all reports, research, expert advice, notes, minutes and correspondence as to Council considerations regarding potential Human Rights liabilities bearing in mind they have imposed these measures when the Government does not specifically require them?

20. Please provide details of the percentage of Hamilton residents who have complained about this policy.

21. Please explain why there cannot now be a proper consultation, in accordance with the Human Rights Commission as the Council is under a duty to review this policy

22. Please confirm what alternatives have been organised as detailed in the EGM for the segregated unvaccinated whilst the medical apartheid exists.

23. Please confirm by return when these questions will be on the Council agenda and provide answers to each question not a generic dismissal.
Regards,

[redacted]

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-----Original Message-----
From: Ryan Hamilton <Ryan.Hamilton@council.hcc.govt.nz>
To: [redacted]
Sent: Sat, Dec 4, 2021 9:50 pm
Subject: Re: Medical Apharteid thank you for standing for freedom

Hi [redacted]

Thanks for your detailed email. It's definitely an extra restrictive and ridiculous step which is absolutely not necessary.

I hope you send this to other councillors as you have gone to a lot of work.

This is crazy isn't it!

You can follow me on FB if you wish Hamilton4hamilton

Ngaa mihi maioha - (thank you with appreciation)

Ryan Hamilton

Chair Economic Development
Dep. Chair Strategic Growth

[redacted]
ryan.hamilton@council.govt.nz

On 3/12/2021, at 12:12 PM, [redacted] wrote:

Hi Ryan,
I understand you voted against segregation in NZ.
Thanks from the bottom of my heart. You are. a true hero, just like some of the Senators in Australia, standing against what in effect the new Nuremburg Laws made in Germany in 1932
https://odysee.com/@voicesforfreedom:6/Senator-Gerard-Rennick:6
I tried to write to Rob Pascoe, but he just parroted the propoganda from the main stream media.
As a Prosecutor for 20 years I only deal in evidence and objective truth. You take each point of the defence in a trial and you counter it with evidence. I worked with Martin Gallagher for 4 years on healthy eating in schols so he knows I am very thorough with my research based on facts and evidence and objective truth.
You may be aware that other regions such as the BOP are not segregating in terms of public facilities. The restrictions are the same for public facilities whether you discriminate with Vax Passes (show me you papers)or not, so Hamilon's decision is not driven by the traffic light Order from the Government.
I attach a paper I sent to Exercise NZ. You may find it useful as the principles are the same. Please could you watch the videos in the references too especially Dr. Peter Mc Cullough and the adverse reactions video. I doubt that the Council has done a risk assessment re the **ACTUAL** risk, nor will they have looked at the potential risks of the jab, or whether in fact there is any scientific justification whatsoever for segregating based on whether one has taken an experimental theraputic.

You may find Voices or Freedom, a group of three mums protecting fundamental freedoms a useful source. They have internations scientist and Doctors speaking every week and provide a community for those persecuted by these laws and those who stand up for freedom.
No one has held the Government to account on WHY!!! if you can catch and spread COVID when jabbed what is the justification scientifically for the segregation. Studies prove that the jabbed and unjabbed have a similar viral load. Most highly vaccinated countries such as Israel and Gibralter are having a surge of positive cases in the vaccinated!!!
Who would have thought Countries would casually breach fundamental human rights, including those international rights which are not suposed to be derogated under any circumstances. Where is humanity gone. All this for a virus that has a 99% recovery rate.
The censorship of anyone who speaks aginst the "one truth" narrative is horrifying.
NZDSOS have spoken up, despite being threatened by the Medical Council who are accusing them of "anti vax messaging." This generalised labelling of information from qualified medical practitioners, as misinformation; is a censorship tactic, more in keeping with totalitarian regime and is extremely nefarious.The Medical Council of course do not indicate what in the NZDSOS, literature is either incorrect, or what is misleading, or why. Censorship of qualified Dr's and scientists in NZ is incredibly sinister in a supposedly democratic country and the antithesis of informed debate. When we are having surveys to ban those who refuse the jab from medical treatment against all medical ethics there is something very wrong. What next are we going to ban the obese? Drug addicts? Why have we never mandated measles, a vaccine which actually stops the spread?
https://www.bitchute.com/video/7RXI2rqSYErW/
Vaccines are not the only way out?
https://www.covidplanb.co.nz/
Look at what has happened in Japan since they stopped the jab and started early treatment.
Vaccine mandates are unconscionable in a humane society. I cannot believe that in a supposed free society it is even being suggested
There is no logic to their reasoning.
https://brownstone.org/articles/20-essential-studies-that-raise-grave-doubts-about-covid-19-vaccine-mandates/
If it was about health there would be an education programme on exercise, nutrition, Vitamin D and early treatments. Why are treatments being banned? Why have the CDC changed the definition of "vaccine?" Did you know that the jab cannot be given emergency approval whilst there are effective treatments? Why are mandates proceeding despite the whistle blower revealing what happened in the Pfizer trials? Can I suggest you look at where Sweden is without lock downs, The fact Sweden has no pandemic but Vaccine passports are being introduced illustrate it is not about your health. Why is adhominen and gaslighting being used to silence anyone outside the narrative? Why is the Council denying the very services such as exercise and swimming that help you survive COVID?
If you watch the references to my paper especially Peter McCullough regarding young people you will see why the experimental jab is so dangerous.
Unlike the Government health officials Dr McCullough is a practising Doctor who has treated COVID patients.
It you look at the references on adverse reactions for teenage boys especially. Many young athletes, especially footballers and cricketers are now dying unexpectedly of heart attacks. Myocarditis is a specific warning on the Pfizer jab as a side effect. We lost our mother in law who died in the UK 3 weeks after her jab of blood clots. I could not even hold her hand as she died.
https://www.notonthebeeb.co.uk/post/surge-of-sports-people-worldwide-suffering-unexpected-ill-health
There have been 126 excess deaths in the UK since the roll out of the jab in 0-19 year olds. You might want to look at the health and safety video in the references and also the links below which are being suppressed by media in NZ.
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales

https://t.me/covid_vaccine_injuries/11971
35.924 people have died within 21 days of having the jab in the UK during first 8 months of 2021 (ONS data)
Why are those with adverse reactions being silenced and ridiculed?
The latest Government figures from USA show 19249 deaths.
Why would you mandate something, with a 99.97 recovery rate, which teens do not die from and the benefits do not outweigh the risk*?*
Why are children been jabbed in the UK when the medical advisory board said it was not advisable?
Why can you not leave a child under 14 alone in NZ but they can apparently make a life changing decison to have a jab with no long term data?
Will the Council be liable if there is a death related to the jab and the Council was complicit in blackmailing this medical intervention? In Australia there is a bill going through parliament that will make employers liable for jab injury.
https://www.sydneycriminallawyers.com.au/blog/proposed-law-would-make-employers-liable-for-injuries-arising-from-vaccine-mandates/?utm_source=Mondaq&utm_medium=syndication&utm_campaign=LinkedIn-integration
Ryan you will be aware as a critical thinker-. Destroying your life until you comply is not a choice it is blackmail and coercion. It means under the Bill of Rights and the Code of Heath & Disability Services there is no free and informed consent. It is potentially a serious criminal offence. This medical intervention is irreversible.
Have you heard of Casey? Casey has severe neurological symptoms and is now back in North Shore Hospital. You can listen to the story of Casey on the video below at around 29 minutes in.
Never has a new gene therapy been forced on everyone in the world that should be a red flag. What about those who have natural immunity. Why did this government ban the test to prove you have had the virus in April 2020- see COVID Plan B.
Teens do not die of covid, but they are dying temporally linked to the jab especially teen boys. If you read Professor John Gibson in my paper, you would know those that did die ***with*** *COVID were only one month short of their expected life expectancy. As sad as that is, there is no justification logically for these mandates especially on teens.*
Recently an article was published in a renown medical journal "Circulation" It hightlight the heart problems the jab is causing.
https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712
Dr Aseem Malhotra talks on GB news about how scientist who are finding evidence to support the recent findings in the Circulation journal refuse to publish in case they lose funding. This is not science it is politics.
https://www.youtube.com/watch?v=9nj8gGhlR2s
It is abhorrent and sinister that the Government took away any practical chance to get an exemption after belatedly allowing exemptions under the vaccinations order . Getting an exemption is now practically impossible! If you read the gazette criteria. If you are allergic to PEG this is not enough- Basically if you nearly die from the first shot you may get a temporary exemption and you can only get if from the Director of Health! Please let that sink in. This is insane, unethical and totally back to front in terms of "do no harm" I feel as if we are living in the dystopia of the George Orwell 1984 were 2 and 2 is five.
https://odysee.com/@voicesforfreedom:6/Employment-Law-No-Jab,-No-Job-Special-Nov-9:1
the Gazette is discussed as 29 minutes in. .
Where is the line for the Council-? Israel is on the 4th Booster!. Once you give away bodily autonomy the Goverment can mandate anything without limits.
With the media being state controlled now in NZ ordinary NZ's have no idea about the millions protesting all over the world
Laws are being rammed through parliament without scrutiny which give unlimited powers and fines. Amnesty International are now registering their concern about democracy in NZ.
My grandad did not fight for freedom to see it thrown away. You will see from the final reference in the paper, where segregation always ends in history. Whatever the cost to us as a matter of principle we know without freedom you have nothing. This is not about vaccinated v unvaccinated it is about freedom.
I hope I have provided some referenced material to help you.

Please reach out if you need anything
Thanks once again for standing up for freedom,
warmest regards
[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

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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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