COVID-19 VACCINE MANDATE

OHS / WHS Risk Assessment for the Workplace

Identified by the State Government of Tasmania is the potential of exposure to the vulnerable in our place of work to the Covid-19 Virus. The control measure to mitigate the hazard has been determined by the Chief Health Officer of Tasmania to implement a Covid-19 Vaccine Mandate to all workplaces across the state of Tasmania. This document raises serious concerns about the vaccine mandate as a safe and effective way to halt transmission and thus reduce the spread of the Covid-19 Virus particularly to the vulnerable.

TOPICS REQUIRING SERIOUS CONSIDERATION:

In brief:

1. Risk Assessment under WHS Act – Primary duty of care is to provide a safe workplace stating that **all** workers and their representatives **must** be consulted especially those who will be directly affected.
2. The Covid-19 Vaccines are an experimental medical treatment and are being issued under a provisional approval by the TGA (Therapeutic Goods Administration) whereby trials will not be completed until the 1st Quarter of 2023, it is therefore very questionable issuing a blanket mandate across all workplaces especially without sufficient long term safety data.
3. All experimental medical treatments must be issued with the recipient's informed consent. This process requires the health care provider to educate a patient about the risks, benefits, and alternatives of a given procedure of intervention. The patient must be competent to make a voluntary decision (*"given voluntarily in the absence of undue pressure, coercion or manipulation" – extract Australian Immunisation Handbook*) about whether to undergo the procedure or intervention.
4. The State Parliamentarians are exempt from the Vaccine Mandate – it appears that they have some input into their risk assessment that was completed, and it was determined that they do not cause a risk to the vulnerable at their workplace. Therefore, the assumption would be that as precedence, other workplaces would be afforded this opportunity.
5. There are numerous medical studies, research articles along with documentary evidence that clearly state the Covid-19 vaccines do not stop the transmission of various strain of the virus.

Therefore, the vaccines are not a suitable control measure for preventing exposure to the vulnerable in the workplace.

6. The vaccine adverse reactions and fatality data requires constant regular updating, as incidences of adverse reactions and reported deaths continue to increase. The most current and up to date data is critical to provide appropriate monitoring especially the fact that it is an ongoing experimental treatment.
7. The Chief Health officer is mandating an experimental medical treatment which is listed as a poison (Sars-Cov-2 Covid-19) vaccine [Refer **APPENDIX B Instrument of Authorisation**]. There is a need for clarification on what class of Poison the vaccines are listed as and what harm they may cause.
8. Research recently released from Massachusetts Institute of Technology ("MIT")/ Harvard University shows the vaccines alter DNA. Additionally, research paper from Stockholm University identifies Covid-19 Spike protein can biologically impair DNA damage repair thus be a potential cause of cancer (further details and links provided in this document).

Topics in Detail:

1. RISK ASSESSMENT UNDER WHS ACT

In reference to our duty of care requirements under the WHS Act relating to managing work, health and safety risks, we the undersigned are registering a NOTICE OF SERIOUS CONCERN REGARDING THE TASMANIAN GOVERNMENT'S MANDATORY VACCINE POLICY. Mandating an experimental medical treatment without any consultation or co-operation at our place of work contravenes the Risk Assessment process legislated under the WHS Act. The Tasmanian Chief Health Officer has determined that the Poison (Sars-Cov-2-Covid-19) Vaccines are an appropriate control measure in significantly reducing the risk of serious illness and death from the Covid-19 virus and helps reduce the rate of transmission. This blanket statement and subsequent mandate to all Tasmanian workplaces requires serious scrutiny and independent peer reviewed medical evidence to be justified. It is well documented the Covid-19 Vaccines do not prevent transmission. The premise that by vaccinating every worker in all Tasmanian workplaces will protect the vulnerable is null and void.

Under both the WHS Act – all stakeholders have a duty of care to identify hazards, assess the risk and control the risks. The most important step in managing the risks involves eliminating them so far is as reasonably practicable, or if that is not reasonably practicable minimizing the risks so far as reasonably practicable. In deciding how to control risks, a person conducting a business or undertaking (PCBU), **MUST CONSULT YOUR WORKERS AND THEIR REPRESENTATIVES WHO WILL BE DIRECTLY AFFECTED BY THIS DECISION. Inoculating all workers with a mandated vaccine which is classed as a Poison by the Chief Health Officer of Tasmania to prevent transmission is not under any circumstance - providing a safe workplace.** Careful consideration must be placed on the fact that due to reported adverse reactions to

these vaccines and no long-term safety data (experimental trials). It may be established that potential prosecutions will be incurred by the PCBU, and Officers of the business should they be deemed liable for any death, injury or harm at the workplace. These are serious questions the State Government must answer.

2. MANDATING EXPERIMENTAL MEDICAL TREATMENT - COVID-19 VACCINES

The Tasmanian Chief Health Officer is mandating an experimental medical treatment which is listed as a poison (Sars-Cov-2 Covid -19) Vaccine **–** refer to Public Health Act -2016 (WA) – Instrument of Authorization to supply or administer poison (Sars-Cov-2 Covid-19) Vaccine – Australian Defence Force notification (No.7) 2021 **(Appendix B)**. The classification of these vaccines as a poison requires clarification and specific details in relation to what potential harm or injury they may cause. The Tasmanian Health Department is obligated to provide comprehensive detailed data in relation to potential harm the vaccines may cause to all stakeholders of Tasmanian workplaces. Additionally, the Vaccines are an experimental medical treatment which currently is PROVISONALLY APPROVED by the Therapeutic Goods Administration (TGA) of Australia. It is noted that sufficient long term safety studies have not been conducted on any of these Vaccines currently being rolled out under Phase II and Phase III trials across Australia. The trials are being monitored by reviewing data as it is reported. (DAEN) – Database of Adverse Event Notifications. Data listed as at 31st of October is referenced in table of Topic **6. VACCINE ADVERSE REACTIONS**.

3. INFORMED CONSENT

All experimental medical treatments must be issued with the recipient's informed consent. This process requires the health care provider to educate a patient about the risks, benefits, and alternatives of a given procedure of intervention. The patient must be competent to make a voluntary decision ("*given voluntarily in the absence of undue pressure, coercion or manipulation" –extract Australian Immunisation Handbook)* about whether to undergo the procedure or intervention.

See below: Extract Australian Government – Department of Health Australian Immunisation Handbook

"Valid consent is the voluntary agreement by an individual to a proposed procedure, which is given after sufficient, appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to that individual.[8-12]

As part of the consent procedure, people receiving vaccines and/or their parents or carers should be given sufficient information (preferably written) about the risks and benefits of each vaccine. This includes[13]

- *what adverse events are possible?*
- *how common they are*
- *what they should do about them*

Criteria for valid consent

For consent to be legally valid, the following elements must be present:[12,14]

1. *It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of receiving a vaccine.*
2. *It must be given voluntarily in the absence of undue pressure, coercion, or manipulation.*
3. *It must cover the specific procedure that is to be performed.*
4. *It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person.*

The person must have the opportunity to seek more details or explanations about the vaccine or its administration.

The information must be provided in a language or by other means that the person can understand. Where appropriate, involve an interpreter or cultural support person.

Obtain consent before each vaccination, after establishing that there are no medical condition(s) that contraindicate vaccination. Consent can be verbal or written."

4. STATE PARLIAMENTARIANS ARE EXEMPT FROM THE VACCINE MANDATE

The State Parliamentarians are exempt from the Vaccine Mandate – it appears that they have some input into their risk assessment that was completed, and it was determined that they do not cause a risk to the vulnerable at their workplace. Therefore, the assumption would be that as precedence, other workplaces would be afforded this opportunity.

5. VACCINE NOT A SUITABLE CONTROL MEASURE

In relation to assessing other control measures in the interim whilst more data is obtained on the safety and efficacy of the Covid-19 Vaccines. Consideration must look at the risks in relation to the Covid-19 virus, as of the 28 October 2021 there were a total of 1,696 deaths (Australian Govt Dept of Health – be Covid Safe Data Sheet) and that the Australian population was 25,791,722 as at 31 March,2021 (ABS Stats) it seems the risk of inoculating every worker in the State with an experimental medical treatment completely unnecessary and potentially hazardous, again risk vs reward. In relation to assessing other control measures to reduce contracting and transmitting the virus to others in the workplace there are treatments with documented success and safety data on record.

Dr. Peter McCullough is an internist, cardiologist, epidemiologist, in academic medical practice in Dallas, Texas, USA. He maintains ABIM certification in internal medicine and cardiovascular diseases. He manages common infectious diseases as well as the cardiovascular complications of both the viral infection and the

injuries developing after the Covid-19 vaccine. He is on record stating that focusing on early treatment of those who are sick with Covid-19 Virus is very successful in stemming the spread of the virus.

Data on medicinal early treatments available from: Dr Peter McCullough, Author at America Out Loud

Video Presentation – Dr Peter McCullough – Phoenix Arizona – 27/10/21 Association

of American Physicians & Surgeons. https://rumble.com/vochii-dr.-peter-mccullough-10272021-phoenix-az.html

Dr. Vladimir Zelenko https://zstacklife.com/

Dr. Zelenko graduated summa cum laude with a B.A. degree with high honours in Chemistry from Hofstra University. After receiving an academic scholarship to attend S.U.N.Y. at Buffalo School of Medicine, he earned his M.D. degree in May 2000. Dr. Zelenko completed his family medicine residency at South Nassau Communities Hospital in Oceanside, N.Y. in May 2004. Since then, Dr. Zelenko has practiced family medicine in New York's Hudson Valley. He has been described by his patients as a family member to thousands of families and is a medical adviser to the volunteer ambulance corps in Kiryas Joel, New York. Based on my front-line experience, it is essential to start treatment against Covid-19 immediately upon clinical diagnosis of the infection and not to wait for confirmatory testing. There is a very narrow window of opportunity to eliminate the virus before pulmonary complications begin. Delaying treatment is the essence of the problem. My treatment regime is attached ***(see website above)*** *and please know that as of today it has saved thousands of patients without serious complications or negative side effects. Hundreds of top doctors across the world have embraced prehospital treatment of Covid-19 in high -risk patients*

6. VACCINE ADVERSE REACTIONS

Total adverse event reports to 31 October 2021

2.1	76,587	35,715,731
Reporting rate per 1000 doses	Total AEFI reports received	Total doses administered
39,965	**35,386**	**891**
Total reports for Vaxzevria	Total reports for Comirnaty	Total reports for Spikevax

To 31 October 2021, the total number of adverse event reports received where the brand of the COVID-19 vaccine was not specified was 409.

Listed as of the 31 October 2021 there are 76,587 Adverse Events from the vaccines. The data table excludes recorded deaths, which should be provided. This is paramount in determining the risk of this experimental medical treatment. Data on recorded deaths are accessible on the TGA webpage and are listed below but questions in relation to how up to date this information needs clarification. We taxpayers are paying for these vaccines and the government agency is obligated to every Australian to keep us up to date and informed of the monitoring of these experimental medicines.

Senator Malcolm Roberts on the 18 October 2021 raised serious concerns in the senate about why the data about deaths is being held back [refer **APPENDIX C**_ Transcript Senator Malcolm Roberts]

Extract Reports of death in people who have been vaccinated (TGA Website 31 October 2021)

´Large scale vaccination means that some people will experience a new illness or die within a few days or weeks of vaccination. ***These events are often coincidental, rather than being caused by the vaccine.*** *[Bold added for affect]*

The TGA reviews all deaths reported in people who have been recently vaccinated. As the number of people being vaccinated has increased, so has reporting of fatal events with a coincidental association with

vaccination. Our review of individual reports and patterns of reporting does not suggest that the vaccines played a role in the vast majority of these deaths.

Since the beginning of the vaccine rollout to 7 November 2021, about 36.8 million doses of COVID-19 vaccines have been administered. The TGA has found 9 reports of death that were linked to immunization from 656 reports received and reviewed. The overwhelming majority of deaths reported occurred in people aged 65 years and older. The deaths linked to immunization occurred after the first dose of Vaxzevria (AstraZeneca) – 8 were TTS cases and one was a case of immune thrombocytopenia (ITP).

List on the TGA Webpage in relation to Summary of Adverse reactions states:

Summary

- *Vaccination against COVID-19 is the most effective way to reduce deaths and severe illness from infection. The protective benefits of vaccination continue to far outweigh the potential risks.*

- *Like all medicines, COVID-19 vaccines may cause some side effects. The most frequently reported include injection-site reactions (such as a sore arm) and more general symptoms, like headache, muscle pain, fever and chills. This reflects what was seen in the clinical trials.*

- *We are carefully monitoring and reviewing reports of:*

    - myocarditis and pericarditis following mRNA vaccines, particularly in younger age groups

    - thrombosis with thrombocytopenia syndrome (TTS) following Vaxzevria (AstraZeneca)

    - Guillain-Barre Syndrome (GBS) following Vaxzevria (AstraZeneca)

    - immune thrombocytopenia (ITP) following Vaxzevria (AstraZeneca)

- *Myocarditis is a known but very rare side effect of Comirnaty (Pfizer) and Spikevax (Moderna). It is usually temporary with most people getting better within a few days. Myocarditis is reported in about one in every 100,000 people who receive Comirnaty (Pfizer), although it is more common in young men and teenage boys after the second dose (4–7 cases per 100,000 doses).*

- *To 7 November 2021, the TGA has received 288 reports which have been assessed as likely to be myocarditis from about 22.7 million doses of Comirnaty (Pfizer). Thrombosis with thrombocytopenia syndrome (or TTS) is a very rare but serious side effect of Vaxzevria (AstraZeneca). Our analysis shows it is reported in about 2 in every 100,000 people following vaccination, although the risk is slightly higher in people under 60 years. The risk of TTS is much lower after the second vaccine dose (0.3 in every 100,000 vaccinated people).*

    - *Two new cases of TTS were reported this week, taking the total to 160. Of these, 139 cases occurred after a first dose and 21 after a second dose from about 13.2 million doses of Vaxzevria (AstraZeneca).*

It is noted that the vaccines are under experimental trial and the four (4) adverse reactions listed above are all serious illnesses that could potentially affect the quality of life of those inoculated. If you are going to vaccinate a healthy 20- year- old apprentice that may potentially contract Myocarditis and be hospitalized requiring ongoing long-term treatment, it is paramount that all risks are clearly assessed and analysed against the so-called protective benefits of **allegedly** reducing transmission of the Covid-19 virus and all its strains. Data out of the USA is showing 86% of teenager males who contract Myocarditis are hospitalized. *(Refer Dr. McCollough presentation – link provided page 8.).* Also, research data from Germany & Netherlands.

Risk versus Protective benefits – Refer to Israel date below:

Failure of Pfizer-BNT Vaccine in Israel

ISRAEL CONFIRMED CASES, JULY 4 TO JULY 31

Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20—29	2689	795	77.2%	71.9%
30—39	3176	881	78.3%	77.4%
40—49	3303	635	83.9%	80.9%
50—59	2200	359	86.0%	84.4%
60—69	2200	187	92.2%	86.9%
70—79	1384	100	93.3%	92.8%
80—89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	**TOTAL**	**TOTAL**	**AVERAGE**	**AVERAGE**
20-90+	**15634**	**3038**	**86.0%**	**84.4%**

Source 1: https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880
Source 2: https://datadashboard.health.gov.il/COVID-19/general

Independent peer reviewed medical evidence is required in relation to the protection from the Virus with all strains and the reduction of transmission rates that all of the Covid-19 Vaccines actually provide. This is an ongoing experimental treatment it is incumbent of the government and the key stakeholders of the workplace to place the safety, health and wellbeing of all workers at the forefront.

7. MANDATING AN EXPERIMENTAL MEDICAL TREATMENT LISTED AS A POISON

The Chief Health officer is mandating an experimental medical treatment which is listed as a poison (Sars-Cov-2 Covid-19) vaccine [Refer **APPENDIX B Instrument of Authorisation**]. There is a need for clarification on what class of Poison the vaccines are listed as and what harm they may cause.

8. VACCINE AFFECT ON DNA

Every day there is new medical research and data being released in relation to the Covid-19 Vaccines that are raising serious concerns about the safety and efficacy. Research out of MIT/Harvard suggest that all the mRNA Covid-19 vaccines are the Astra-Zenecca vaccine can alter our DNA. All health departments both for Federal and State Governments have stated that this does not occur. This information alone is serious enough to halt the vaccine program immediately pending immediate investigation.

Refer link below of SARS-CoV-2 RNA reverse-transcribed and integrated into the human genome – PubMed (nih.gov) https://pubmed.ncbi.nlm.nih.gov/33330870/

Report of out Stockholm University, Sweden determines that the Sars-Cov-2 Spike Impairs DNA damage repair and inhibits V (D) J Recombination in Vitro.

This research if proven in Vivo animal testing will determine that the Vaccine Sars-Cov-2 Spike protein enters the cell nuclei suppresses DNA repair engine of the human body and potentially lead to cancer and premature ageing. Considering there are no long-term safety studies conducted on any of the Covid Vaccines on Carcinogenicity. This is another serious concern about the safety of the vaccines and the potential harm they may cause now and into the future. Halt the mandate until further assessments are made.

Report link:

www.mdpi.com/1999-4915/13/10/2056

IN CLOSING

In relation to the data provided in this document regarding serious concerns around the safety, efficacy and long-term health effects of the Covid-19 Vaccines, currently being mandated to all workplaces across the State of Tasmania. We call upon the PCBU's and officers of the business to contact the Tasmanian Health Department in relation to the concerns raised and request clarification on these issues of safety & health and confirm clarification on the liability of enforcing this mandate on the workers that may lead to harm and potential litigation

Document received on behalf of the company, and I /We understand the concerns raised with the mandating of an experimental medical treatment. We understand under the OHS/ WHS laws the requirements of risk mitigation of any hazard identified in the workplace by the workers and will raise these issues with the PCBU & Officers of the business.

EMPLOYER REPRESENTATIVE DATE: TIME:

NAME	POSITION	SIGNATURE

EMPLOYEES RAISING ISSUES OF CONCERN REGARDING MANDATORY VACCINE.

REFERENCES

APPENDIX B_Instrument of Authorisation
APPENDIX C_Transcript Senator Malcolm Roberts