

Name	UQSMI-operations-receiving Covid-19 Inoculations.	Managed (Current) Rating	Target (Residual) Rating
Location		High	Low
Location Category	Office / Meeting Room		
Business Unit		Last Review Date	Risk Owner
		13/01/2022	Michael Murray Kilmartin
Risk Assessment Team		Risk Approver	
Sherrin Nora Brundle (uqsbrund@uq.edu.au) Marcin Ziemski (uqmziem1@uq.edu.au) Torben Wuestemann (s4556713@student.uq.edu.au) Michael Murray Kilmartin (e5mkilma@uq.edu.au)		Tyson John Doyle Cronin	
Describe task / use			
The University has invoked a requirement that all persons wishing to attend all University sites must be fully vaccinated against Covid-19. By making the inoculation a workplace requirement, the university has a duty of care to ensure that no harm will come to those in the university community by being inoculated.			

Risk Factors

Risk Factor	Chemical/Toxins/Poisons/Gases
Description	
<p>The so called Covid 19 vaccines are in fact experimental drugs which have been rushed through the approval stage on the grounds of a pandemic emergency. Final reports for the drugs are not due until up to five years time.</p> <p>Adverse events from the drugs include, headache, muscle pain, fever, chills, myocarditis, pericarditis, thrombosis with thrombocytopenia syndrome, Guillian-Barre Syndrome and immune thrombocytopenia, which in the worst cases has resulted in deaths.</p> <p>The product data sheets from both Pfizer and Astra Zenica indicate that studies have NOT been done on the carcinogenicity of the shots.</p> <p>The WA government have indicated that they class the vaccine as a poison.</p>	<ul style="list-style-type: none"> ● Absorption/skin mucosa -- No ● Accumulative effects -- Yes ● Carcinogen -- Yes ● Chemical splash/spill -- No ● Corrosive substance -- No ● Compressed gas -- No ● Cryogenic substance -- No ● Dangerous when wet -- No ● Explosives/explosive atmosphere -- No ● Flammable liquid -- No ● Flammable solid -- No ● Harmful irritant -- Yes ● Incompatible with other chemicals -- No ● Ingestion -- No ● Inhalation -- No ● Needle stick or sharps injury -- No ● Oxidiser -- No ● Poison -- Yes ● Sensitising agent -- No ● Serious irreversible affects -- Yes ● Spontaneously combustible -- No ● Storage hazard -- No ● Toxic substance/toxin -- Yes

High	Low		
Existing Controls	Proposed Controls		
<ul style="list-style-type: none"> 5 - Administration: The University have advised concerned people that they obtain medical advice before obtaining the vaccine. Unfortunately medical practitioners are bound by the AHPRA to not give advice against vaccinations. 	Description	Responsibility	Target Date
	Remove requirement to be innoculated against Covid-19	Deborah Jane Terry	14/02/2022

Risk Factor	Psychosocial Hazards/Behaviour
Description	
<p>Being coerced into being inoculated, could cause serious stress for people who have concerns for the safety and/or effectiveness of the drugs. There has been cases of suicide caused by this stress.</p> <p>Requiring inoculation could be seen as harassment as it excludes those who are unwilling to be inoculated to be part of the University community.</p>	<ul style="list-style-type: none"> ● Confusion -- Yes ● Destructive behaviour -- Yes ● Distraction -- Yes ● Disorientation -- Yes ● Effects of providing care to ill or dying persons or animals -- No ● Effects of conducting euthanasia on animals -- No ● Fatigue/exhaustion e.g. prolonged work hours/shifts without adequate breaks -- No ● Grief or bereavement -- No ● Influence of alcohol or other drugs -- No ● Mental illness factors -- Yes ● Phobia (e.g. arachnophobia, claustrophobia etc.) -- Yes ● Stress from inappropriate/difficult task -- Yes ● Unacceptable behaviour (harrassment or bullying) -- Yes ● Violence -- No ● Young workers/new workers -- No

High	Low		
Existing Controls	Proposed Controls		
<ul style="list-style-type: none"> 5 - Administration: The University have advised concerned people that they obtain medical advice before obtaining the vaccine. Unfortunately medical practitioners are bound by the AHPRA to not give advice against vaccinations. 	Description	Responsibility	Target Date
	Remove requirement to be innoculated against Covid-19	Deborah Jane Terry	14/02/2022

Appendix

Documents Referenced

1. In the December monthly Covid report, Australia's TGA reported that risk for teenage boys to develop myocarditis or pericarditis is 6-11 (say 8) per 100,000 doses (ie 8 per 50,000 boys that get 2 shots each). That is a myocarditis or pericarditis risk of more than 1 in 6000 for boys who get 2 shots. This is clearly an indication of safety issues with the shots (note that in October the TGA reported this to be only 5.2 per 100,000 doses, in December it's 6-11 per 100,000).
 - a. <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-02-12-2021>
 - b. Particularly when studies of Covid-19 impacts on children and young people (CYP) suggest that the disease is milder than the flu for CYP (see below).
2. The British Medical Journal (BMJ), a top 5 journal in medicine, referring to Covid inoculation trails: "None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus." Places serious questions on the validity of inoculation trails so far.
 - a. <https://www.bmj.com/content/371/bmj.m4037>
 - b. <https://www.bmj.com/content/375/bmj.n2635>
3. Circulation journal (top 3 in Cardiology and Cardiovascular medicine): "We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination."
 - a. https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712
4. Circulation Research Journal (top 10 in Cardiology and Cardiovascular medicine): "In the current study, we show that S protein alone can damage vascular endothelial cells (ECs) by downregulating ACE2 and consequently inhibiting mitochondrial function."
 - a. <https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902>
 - b. The spike protein resulting from the vaccines is the same as SARS-Cov-2 spike protein, according to the landmark paper "Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine" (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7745181/>), now under scrutiny by the BMJ (see above).
5. Clinical Infectious Diseases journal (#11 in infectious diseases journals). "...evidence of systemic detection of spike and S1 protein production from the mRNA-1273 vaccine is significant and has not yet been described in any vaccine study, likely due to limitations in assay sensitivity and timing assessment. The clinical relevance of this finding is unknown and should be further explored."
 - a. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075>
6. Clinical Science journal, 2021 issue 135: "our findings suggest that the S protein may prompt PC dysfunction, potentially contributing to microvascular injury."
 - a. <https://portlandpress.com/clinsci/article/135/24/2667/230273/The-SARS-CoV-2-Spike-protein-disrupts-human>
7. "The SARS-CoV-2 Spike protein disrupts human cardiac pericytes function."
 - a. <https://www.biorxiv.org/content/10.1101/2020.12.21.423721v2>
8. The Lancet, November 2021, paper indicating that the fully vaccinated are not only poorly protected from severe Covid-19, but they are also equally as infectious as the unvaccinated: Of 41 people that caught Covid-19 (from a fully vaccinated person), "Fourteen fully vaccinated patients became severely ill or died, the two unvaccinated patients developed mild disease."
 - a. [https://www.thelancet.com/journals/lanape/article/PIIS2666-7762\(21\)00258-1/fulltext?s=08#%20](https://www.thelancet.com/journals/lanape/article/PIIS2666-7762(21)00258-1/fulltext?s=08#%20)
9. The Lancet, October 2021 "...fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection..."
 - a. <https://www.sciencedirect.com/science/article/pii/S1473309921006484?via%3Dihub>
10. European Journal of Epidemiology, September 2021, no evidence exists to indicate that vaccination prevents spread of Covid-19: "Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States"
 - a. <https://link.springer.com/article/10.1007%2Fs10654-021-00808-7>
11. The CDC reports increased risk of heart problems following Covid Vaccinations: "Since April 2021, increased cases of myocarditis and pericarditis have been reported in the

United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults.”

a. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>

12. The FDA’s authorisation for Comirnaty, dated August 23, 2021, was specifically given “for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older.” We know that the shot does not prevent Covid-19. The FDA authorisation is therefore not valid. Furthermore, the FDA letter of Authorisation also requires that Pfizer continue studies to test the myocarditis and pericarditis risks of the shots, the results of which are due for release until 31/10/2025 (C4591009), 30/09/2024 (C4591021 and C4591021), 31/05/2027 (C4591036), 31/05/2024 (C4591007), 31/12/2022 (C4591031) and for under 16’s until 31/10/2023 (C4591001), 31/05/2024 (C4591007), 31/10/2024 (C4591023), and for risks in pregnancy on 31/12/2025 (C4591022).

a. <https://www.fda.gov/media/151710/download>

13. The QLD Government is no longer mandating that businesses require their clients to use the CovidSafe app across more than 20 industry sectors, including hospitality, retail, fitness facilities and many more.

a. <https://www.covid19.qld.gov.au/government-actions/covid-safe-checklist-for-restricted-businesses>

14. The RT-PCR test developed for testing Covid-19 positive cases was developed and tested on a synthetic material (not a real Covid-19 infection) because ‘... no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted...’

a. <https://www.fda.gov/media/134922/download>

15. The WHO clearly indicates that a positive PCR test for a healthy subject should not be trusted and should be re-done “Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested... Most PCR assays are indicated as an aid for diagnosis...”. The WHO says that healthy people testing positive to Covid-19 via a PCR test should not be assumed to have the Covid-19 disease, and that the PCR test is only an aid to diagnosis.

a. <https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

16. The FDA clearly indicated that when developing the PCR test, the CDC did not have a sample of the Corona virus, and attempted to ‘mimic’ the virus artificially: “Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/ μ L) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen.”

a. https://www.fda.gov/media/134922/download_p41

17. Covid-19 is very rarely fatal in children and young people (CYP) (~2/million) – less dangerous than the flu according to some studies. Chance of Covid-19 inoculation injuries for CYP’s is much higher. Why are we jabbing the young

a. <https://www.medrxiv.org/content/10.1101/2021.07.07.21259779v1.full>

18. Covid-19 shot development director clearly states that inoculation results in a diminished immune system, and booster shots will be necessary in mid 2021. Why is UQ mandating this shot, despite government recommendations, if it is known not to work as originally intended? Why was the Australian community advised that the shots are 95% effective and that 2 shots will allow us to ‘go back to normal’ when it was known that booster shots would be necessary due to a diminished immune system after the shots?:

a. <https://www.youtube.com/watch?v=FVvr5lfd2gU>

19. Why did the WA government call the Covid-19 shots a POISON?, and why is UQ not investigating this before requiring its own people to receive the shot?:

a. <https://www.wa.gov.au/government/publications/authorisation-supply-or-administer-poison-sars-cov-2-covid-19-vaccine-australian-defence-force-no-7-2021>

20. Overall mortality rates in Australia across 2020 and 2021 are comparable to previous years (2015-2019): what is the reason for the call of a pandemic? According to ABS: for 2021 in Australia, “Both the number of deaths and mortality rate were below historical averages in August”

a. <https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release#measuring-excess-deaths>

b. Does UQ acknowledge this information, and if so, why is it supporting the mandating of a shot for a pandemic with no significant increase in mortality?

21. The FDA (with other groups) developed the Covid-19 diagnostic PCR test in early 2020 based on contrived samples of SARS Cov 2, and admits that it is “not feasible to precisely compare the performance of various tests that used contrived specimens..”

a. <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-reference-panel-comparative-data>

b. Furthermore, the CDC is withdrawing this PCR test at the end of 2020 as it is admitted not to be accurate:

https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html and implies that the PCR test may not differentiate between

Covid-19 and the flu: "CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses."

c. Has UQ considered and investigated (in detail) the possibility that many Covid-19 diagnoses in Australia may have been the flu?

22. Finally, UQ suggests staff and students consider consulting their GP regarding their Covid shot concerns. How can this help when AHPRA has clearly disallowed all GP's (and medical practitioners in general) from speaking out about their own concerns about the shot with threats of de-registration: "There is no place for anti-vaccination messages in professional health practice,..." and "Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action."

a. How can a GP or medical practitioner be honest and voice their concerns about the safety and/or efficacy of the Covid shot, when their governing body forbids it?

b. <https://www.ahpra.gov.au/News/2021-03-09-vaccination-statement.aspx>

<https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html?fbclid=IwAR0LW5aRhlaTnIP1G6PcaLnZGEqDNtrKqe4WspEbgnNhZFesZkzoBPLETyY>

<https://www.wa.gov.au/government/publications/authorisation-supply-or-administer-poison-sars-cov-2-covid-19-vaccine-australian-defence-force-no-7-2021>

<https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00768-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00768-4/fulltext)

Risk Matrix Level	
Low	Task can proceed upon approval of the risk assessment by relevant Line Manager or supervisor is received.
Medium	Task can proceed upon approval of the risk assessment by relevant Line Manager or Supervisor is received. It is recommended that a plan is developed to reduce the risk within a reasonable timeframe.
High	Task can only proceed in extraordinary circumstances and provided there is authorisation by relevant Head of Function and a plan is in place to promptly reduce the risk to an acceptable level.
Extreme	Task must not proceed. Appropriate and prompt action must be taken to reduce the risk to an acceptable level.

ATTACHMENTS